



HEALTH QUARTERLY STATEMENT
AS OF JUNE 30, 2023
OF THE CONDITION AND AFFAIRS OF THE
HealthPartners UnityPoint Health, Inc.

NAIC Group Code 4870 1258 (Owner 1) (Owner 2) NAIC Company Code 15888 Employer's ID Number 32-0484314

Organized under the Laws of Iowa, State of Domicile or Port of Entry IA

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 01/28/2016 Commenced Business 01/28/2016

Statutory Home Office 3737 Woodland Ave, Suite 310 West Des Moines, IA, US 50266
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3737 Woodland Ave, Suite 310 West Des Moines, IA, US 50266
(Street and Number) (City or Town, State, Country and Zip Code)
515-695-3801 (Area Code) (Telephone Number)

Mail Address 3737 Woodland Ave, Suite 310 West Des Moines, IA, US 50266
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 8170 33rd Avenue South Minneapolis, MN, US 55440-1309
(Street and Number) (City or Town, State, Country and Zip Code)
952-883-6584 (Area Code) (Telephone Number)

Internet Website Address www.HealthPartnersunitypointhealth.com

Statutory Statement Contact Kevin Brandt 952-883-6584
(Name) (Area Code) (Telephone Number)
Kevin.J.Brandt@HealthPartners.com 952-883-6500
(E-mail Address) (FAX Number)

OFFICERS

President Rebecca A. Woody Treasurer Kathy A. Johnson #
Secretary Mallary A. McKinney

OTHER

Dan Carpenter, Chair Megan Schmidt #, Vice Chair

DIRECTORS OR TRUSTEES

Dan Carpenter Megan Schmidt Megan Romine
Mallary A. McKinney Kathy A. Johnson Randy Billings

State of Iowa SS:
County of Polk

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

Rebecca A. Woody
President

Mallary A. McKinney
Secretary

Kathy A. Johnson
Treasurer

Subscribed and sworn to before me this day of , 2023

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

Rebecca Woody and Mallary McKinney appeared before me this day of , 2023.

STATEMENT AS OF JUNE 30, 2023 OF THE HealthPartners UnityPoint Health, Inc.

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | | | 0 | 0 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens..... | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$ 4,203,223), cash equivalents (\$ 7,091,536) and short-term investments (\$) | 11,294,759 | | 11,294,759 | 11,414,566 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | | | 0 | 0 |
| 8. Other invested assets | | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 11,294,759 | 0 | 11,294,759 | 11,414,566 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 45,057 | | 45,057 | 50,595 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 2,115,541 | | 2,115,541 | 1,198,209 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 2,034,671 | | 2,034,671 | 3,369,248 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | | | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 3,225,404 | | 3,225,404 | 3,535,949 |
| 24. Health care (\$ 2,956,000) and other amounts receivable | 40,727,956 | | 40,727,956 | 26,371,528 |
| 25. Aggregate write-ins for other than invested assets | 1,228,581 | 1,228,581 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 60,671,969 | 1,228,581 | 59,443,388 | 45,940,095 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 60,671,969 | 1,228,581 | 59,443,388 | 45,940,095 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Prepaid reinsurance premiums | 121,581 | 121,581 | 0 | 0 |
| 2502. Prepaid broker commissions | 1,107,000 | 1,107,000 | 0 | 0 |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 1,228,581 | 1,228,581 | 0 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | 14,596,000 | | 14,596,000 | 11,462,500 |
| 2. Accrued medical incentive pool and bonus amounts | 8,696 | | 8,696 | 9,247 |
| 3. Unpaid claims adjustment expenses | 309,000 | | 309,000 | 260,500 |
| 4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act | | | 0 | 0 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | 12,093,318 | | 12,093,318 | 1,340,588 |
| 9. General expenses due or accrued | 16,857,541 | | 16,857,541 | 13,146,629 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | | | 0 | 0 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others..... | | | 0 | 0 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | | | 0 | 0 |
| 16. Derivatives | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)..... | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | 239,666 | | 239,666 | 1,496,074 |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23) | 44,104,221 | 0 | 44,104,221 | 27,715,538 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 1,000,000 | 1,000,000 |
| 27. Preferred capital stock | XXX | XXX | | |
| 28. Gross paid in and contributed surplus | XXX | XXX | 52,000,000 | 52,000,000 |
| 29. Surplus notes | XXX | XXX | | |
| 30. Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | (37,660,833) | (34,775,443) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 15,339,167 | 18,224,557 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 59,443,388 | 45,940,095 |
| DETAILS OF WRITE-INS | | | | |
| 2301. | | | | |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) | 0 | 0 | 0 | 0 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|-------------|--------------------|------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months | XXX | 127,476 | 88,980 | 181,295 |
| 2. Net premium income (including \$ non-health premium income) | XXX | 82,772,714 | 57,716,452 | 116,827,239 |
| 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 | XXX | 0 | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 82,772,714 | 57,716,452 | 116,827,239 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 63,858,908 | 44,863,462 | 90,572,621 |
| 10. Other professional services | | | | |
| 11. Outside referrals | | | | |
| 12. Emergency room and out-of-area | | | | |
| 13. Prescription drugs | | 12,163,827 | 7,022,890 | 15,141,427 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | 5,440 | 4,899 | 9,734 |
| 16. Subtotal (Lines 9 to 15) | 0 | 76,028,175 | 51,891,251 | 105,723,782 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | | 244,985 | 244,772 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 76,028,175 | 51,646,266 | 105,479,010 |
| 19. Non-health claims (net) | | | | |
| 20. Claims adjustment expenses, including \$ 1,537,707 cost containment expenses | | 3,095,492 | 2,349,786 | 5,017,823 |
| 21. General administrative expenses | | 5,915,795 | 3,931,590 | 7,169,199 |
| 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) | 0 | 85,039,462 | 57,927,642 | 117,666,032 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (2,266,748) | (211,190) | (838,793) |
| 25. Net investment income earned | | 479,396 | (3,063) | 210,295 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | | |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 479,396 | (3,063) | 210,295 |
| 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 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | (1,787,352) | (214,253) | (628,498) |
| 31. Federal and foreign income taxes incurred | XXX | | | |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (1,787,352) | (214,253) | (628,498) |
| DETAILS OF WRITE-INS | | | | |
| 0601. | XXX | | | |
| 0602. | XXX | | | |
| 0603. | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) | XXX | 0 | 0 | 0 |
| 0701. | XXX | | | |
| 0702. | XXX | | | |
| 0703. | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 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 | 0 | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 18,224,557 | 10,911,472 | 10,911,472 |
| 34. Net income or (loss) from Line 32 | (1,787,352) | (214,253) | (628,498) |
| 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 | (1,098,038) | (541,074) | (58,417) |
| 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 | 5,000,000 | 8,000,000 |
| 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) | (2,885,390) | 4,244,673 | 7,313,085 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 15,339,167 | 15,156,145 | 18,224,557 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 | 0 |

STATEMENT AS OF JUNE 30, 2023 OF THE HealthPartners UnityPoint Health, Inc.

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 92,608,112 | 56,831,842 | 116,002,453 |
| 2. Net investment income | 484,934 | (17,686) | 159,807 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 93,093,046 | 56,814,156 | 116,162,260 |
| 5. Benefit and loss related payments | 73,114,226 | 50,415,100 | 101,526,611 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 5,173,706 | 6,801,338 | 10,328,695 |
| 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) | 78,287,932 | 57,216,438 | 111,855,306 |
| 11. Net cash from operations (Line 4 minus Line 10) | 14,805,114 | (402,282) | 4,306,954 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 0 | 0 | 0 |
| 12.2 Stocks | 0 | 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 | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 0 | 0 | 0 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 0 | 0 |
| 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) | 0 | 0 | 0 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 5,000,000 | 8,000,000 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 0 |
| 16.6 Other cash provided (applied) | (14,924,921) | (3,058,703) | (9,118,472) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (14,924,921) | 1,941,297 | (1,118,472) |
| 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) | (119,807) | 1,539,015 | 3,188,482 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 11,414,566 | 8,226,084 | 8,226,084 |
| 19.2 End of period (Line 18 plus Line 19.1) | 11,294,759 | 9,765,099 | 11,414,566 |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

| | | |
|--|--|--|
| | | |
|--|--|--|

STATEMENT AS OF JUNE 30, 2023 OF THE HealthPartners UnityPoint Health, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health | 14 Other Non-Health |
|--|------------|---------------------------------------|------------|-----------------------------|------------------|------------------|--|------------------------------|----------------------------|------------------|----------------------------|-------------------------|--------------------|---------------------------|
| | | 2 Individual | 3 Group | | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | 16,089 | 0 | 8,191 | 0 | 0 | 0 | 0 | 7,898 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 21,254 | 0 | 11,675 | 0 | 0 | 0 | 0 | 9,579 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 21,666 | | 11,855 | | | | | 9,811 | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | | | | | |
| 6. Current Year Member Months | 127,476 | | 69,753 | | | | | 57,723 | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | | | | | |
| 7. Physician | 116,837 | | 35,160 | | | | | 81,677 | | | | | | |
| 8. Non-Physician | 28,520 | | 5,854 | | | | | 22,666 | | | | | | |
| 9. Total | 145,357 | 0 | 41,014 | 0 | 0 | 0 | 0 | 104,343 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 5,389 | | 661 | | | | | 4,728 | | | | | | |
| 11. Number of Inpatient Admissions | 629 | | 160 | | | | | 469 | | | | | | |
| 12. Health Premiums Written (a) | 83,397,015 | | 37,536,682 | | | | | 45,860,333 | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | 83,397,015 | | 37,536,682 | | | | | 45,860,333 | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | 72,894,675 | | 32,235,093 | | | | | 40,659,582 | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 76,028,175 | | 34,135,493 | | | | | 41,892,682 | | | | | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 45,860,333

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|--|---|---|--|---|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) individual | | | | | 0 | 0 |
| 2. Comprehensive (hospital and medical) group | 3,782,048 | 28,518,237 | 264,000 | 6,828,900 | 4,046,048 | 5,192,500 |
| 3. Medicare Supplement | | | | | 0 | 0 |
| 4. Dental Only | | | | | 0 | 0 |
| 5. Vision Only | | | | | 0 | 0 |
| 6. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 7. Title XVIII - Medicare | 6,166,683 | 34,641,267 | 174,000 | 7,329,100 | 6,340,683 | 6,270,000 |
| 8. Title XIX - Medicaid | | | | | 0 | 0 |
| 9. Credit A&H | | | | | 0 | 0 |
| 10. Disability Income | | | | | 0 | 0 |
| 11. Long-term care | | | | | 0 | 0 |
| 12. Other health | | | | | 0 | 0 |
| 13. Health subtotal (Lines 1 to 12) | 9,948,731 | 63,159,504 | 438,000 | 14,158,000 | 10,386,731 | 11,462,500 |
| 14. Health care receivables (a) | 2,280,416 | 675,584 | | | 2,280,416 | 2,737,000 |
| 15. Other non-health | | | | | 0 | 0 |
| 16. Medical incentive pools and bonus amounts | 5,991 | | 3,256 | 5,440 | 9,247 | 9,247 |
| 17. Totals (Lines 13 - 14 + 15 + 16) | 7,674,306 | 62,483,920 | 441,256 | 14,163,440 | 8,115,562 | 8,734,747 |

(a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of HealthPartners UnityPoint Health, Inc. (the Company) are prepared in accordance with accounting practices prescribed or permitted by the Insurance Division of the State of Iowa (IID).

Prescribed accounting practices are defined in the National Association of Insurance Commissioner's (NAIC's), *Accounting Practices and Procedures* manual. "Permitted" statutory accounting practices (SAP) encompass all accounting practices that are not prescribed. The Company does not currently utilize any permitted statutory accounting practices.

A reconciliation of the Company's net income and surplus between NAIC SAP and practices prescribed and permitted by the State is shown below.

| | SSAP # | F/S Page | F/S Line # | 6/30/2023 | 12/31/2022 |
|---|--------|-------------|---------------|-----------------------|----------------------|
| NET INCOME | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 4) | | | | \$ (1,787,352) | \$ (628,498) |
| (2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: | N/A | N/A | N/A | \$ - | \$ - |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP: | N/A | N/A | N/A | \$ - | \$ - |
| (4) NAIC SAP (1-2-3=4) | | | | <u>\$ (1,787,352)</u> | <u>\$ (628,498)</u> |
| SURPLUS | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | | | | \$ 15,339,167 | \$ 18,224,557 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: | N/A | N/A | N/A | \$ - | \$ - |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP: | N/A | N/A | N/A | \$ - | \$ - |
| (8) NAIC SAP (5-6-7=8) | | | | <u>\$ 15,339,167</u> | <u>\$ 18,224,557</u> |

B. Use of Estimates in the Preparation of the Financial Statements - No change

C. Accounting Policies

(1)-(13) No change

D. Going Concern

Not Applicable

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

A.-K. - None

L. Restricted Assets

1. Restricted Assets (Including Pledged)

| Restricted Asset Category | 1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year | 2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year | 3 Increase/ (Decrease) (1 minus 2) | 4 Total Current Year Nonadmitted Restricted | 5 Total Current Year Admitted Restricted (1 minus 4) | 6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a) | 7 Admitted Restricted to Total Admitted Assets (b) |
|--|--|--|---|--|--|---|--|
| a. Subject to contractual obligation for which liability is not shown | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| b. Collateral held under security lending agreements | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| c. Subject to repurchase agreements | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| d. Subject to reverse repurchase agreements | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| e. Subject to dollar repurchase agreements | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| f. Subject to dollar reverse repurchase agreements | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| g. Placed under option contracts | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| i. FHLB capital stock | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| j. On deposit with states | \$ 5,433,329 | \$ 5,316,006 | \$ 117,323 | \$ - | \$ 5,433,329 | 8.955% | 9.140% |
| k. On deposit with other regulatory bodies | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| l. Pledged collateral to FHLB (including assets backing funding agreements) | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| m. Pledged as collateral not captured in other categories | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| n. Other restricted assets | \$ - | \$ - | \$ - | \$ - | \$ - | 0.000% | 0.000% |
| o. Total Restricted Assets | \$ 5,433,329 | \$ 5,316,006 | \$ 117,323 | \$ - | \$ 5,433,329 | 8.955% | 9.140% |

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2.-4. None

NOTES TO FINANCIAL STATEMENTS

M. Working Capital Finance Investments - None

N. Offsetting and Netting of Assets and Liabilities - Not Applicable

O. Structured Notes - None

P. 5GI Securities - None

Q. Short Sales - None

R. Prepayment Penalty and Acceleration Fees - None

6. Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income - No change

8. Derivative Instruments - None

9. Income Taxes - No change

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

A - C. Not Applicable

D. At June 30, 2023 and December 31, 2022, the Company reported \$3,225,404 and \$3,535,949, respectively, amounts due from parent, subsidiaries and affiliates. These amounts are the net amounts from the month's activity related to premiums, claims, and administrative expenses related to the management services agreement. These balances are settled on a monthly basis.

E. HealthPartners Administrators, Inc. provides sales, underwriting, enrollment, billing, collection, claims processing, and other management support.

F. Not Applicable

G. Not Applicable

H. None

I. Not Applicable

J. Not Applicable

K. None

L. None

M. None

N. None

O. None

11. Debt

A.-B. None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

A - H. No change

I. No change

J - M. No change

14. Liabilities, Contingencies and Assessments

A. None

B. No change

C. None

D. None

E. None

F. No change

15. Leases

A.-B. None

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A.-C. None

NOTES TO FINANCIAL STATEMENTS

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans are as follows as of June 30, 2023 and December 31, 2022:

| | 2023 | 2022 |
|--|----------------|----------------|
| a. Net reimbursement for administrative expenses (including administrative fees) in excess of or (under) actual expenses | \$ 254,052 | \$ 1,160,508 |
| b. Total net other income or expenses (including interest paid to or received from plans) | \$ 39,859 | \$ 24,715 |
| c. Net gain or (loss) from operations | \$ 293,911 | \$ 1,185,223 |
| d. Total claim payment volume | \$ 161,381,133 | \$ 326,098,474 |

B.-C. None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - No change
20. Fair Value Measurements

A.-B. None

C. No Change

D. Not Applicable

E. None

21. Other Items

A.-H. None

22. Events Subsequent

There have been no events occurring subsequent to June 30, 2023, which have a material effect on the statutory basis financial position, results of operations, or cash flows of the Company.

23. Reinsurance

A. Ceded Reinsurance Report - No change

B. None

C. None

D. None

E. None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not Applicable

B. Not Applicable

C. Not Applicable

D. None

NOTES TO FINANCIAL STATEMENTS

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions?

Yes [] No [X]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Amount

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)

\$ -

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment

\$ -

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)

\$ -

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment

\$ -

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)

\$ -

b. Transitional ACA Reinsurance Program

Assets

1. Amounts recoverable for claims paid due to ACA Reinsurance

\$ -

2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)

\$ -

3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance

\$ -

Liabilities

4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium

\$ -

5. Ceded reinsurance premiums payable due to ACA Reinsurance

\$ -

6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance

\$ -

Operations (Revenue & Expense)

7. Ceded reinsurance premiums due to ACA Reinsurance

\$ -

8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments

\$ -

9. ACA Reinsurance contributions – not reported as ceded premium

\$ -

c. Temporary ACA Risk Corridors Program

Assets

1. Accrued retrospective premium due to ACA Risk Corridors

\$ -

Liabilities

2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors

\$ -

Operations (Revenue & Expense)

3. Effect of ACA Risk Corridors on net premium income (paid/received)

\$ -

4. Effect of ACA Risk Corridors on change in reserves for rate credits

\$ -

(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 - Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for claims attributable to the events of prior years have decreased from \$11,462,500 at December 31, 2022 to \$10,386,731 at June 30, 2023.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

| Quarter | Estimated Pharmacy Rebates as Reported on Financial Statements | Pharmacy Rebates as Billed or Otherwise Confirmed | Actual Rebates Received Within 90 Days of Billing | Actual Rebates Received Within 91 to 180 Days of Billing | Actual Rebates Received More Than 180 Days After Billing |
|------------|--|---|---|--|--|
| 6/30/2023 | \$ 2,956 | \$ 3,660 | \$ 1,619 | 0 | 0 |
| 3/31/2023 | \$ 2,989 | \$ 2,657 | \$ 2,115 | 0 | 0 |
| 12/31/2022 | \$ 2,737 | \$ 2,407 | \$ 2,021 | 0 | 0 |
| 9/30/2022 | \$ 3,229 | \$ 1,541 | \$ 2,304 | 0 | 0 |
| 6/30/2022 | \$ 3,684 | \$ 1,918 | \$ 1,604 | 0 | 0 |
| 3/31/2022 | \$ 3,252 | \$ 1,715 | \$ 1,561 | 0 | 0 |
| 12/31/2021 | \$ 1,917 | \$ 1,216 | \$ 2,238 | 0 | 0 |
| 9/30/2021 | \$ 2,790 | \$ 1,322 | \$ 2,201 | 0 | 0 |
| 6/30/2021 | \$ 2,595 | \$ 1,323 | \$ 1,924 | 0 | 0 |
| 3/31/2021 | \$ 2,395 | \$ 681 | \$ 1,927 | 0 | 0 |

B. Risk-Sharing Receivables - None

29. Participating Policies - None

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

\$0

2. Date of the most recent evaluation of this liability

06/30/2023

3. Was anticipated investment income utilized in the calculation?

Yes [] No [X]

31. Anticipated Salvage and Subrogation - No change

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? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 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 | 2 | 3 |
|----------------|-------------------|-------------------|
| 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? Yes [] No [X] N/A []
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2021
- 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. 12/31/2021
- 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). 05/30/2023
- 6.4 By what department or departments?
Iowa Insurance Division
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [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.

| 1 | 2 | 3 | 4 | 5 | 6 |
|----------------|------------------------|-----|-----|------|-----|
| Affiliate Name | Location (City, State) | FRB | OCC | FDIC | SEC |
| | | | | | |

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 No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
.....
- 9.2 Has the code of ethics for senior managers been amended? Yes No
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 3,225,404

INVESTMENT

- 11.1 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
- 11.2 If yes, give full and complete information relating thereto:
.....
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No
- 14.2 If yes, please complete the following:
- | | 1
Prior Year-End
Book/Adjusted
Carrying Value | 2
Current Quarter
Book/Adjusted
Carrying Value |
|---|--|---|
| 14.21 Bonds | \$ 0 | \$ 0 |
| 14.22 Preferred Stock | \$ 0 | \$ 0 |
| 14.23 Common Stock | \$ 0 | \$ 0 |
| 14.24 Short-Term Investments | \$ 0 | \$ 0 |
| 14.25 Mortgage Loans on Real Estate | \$ 0 | \$ 0 |
| 14.26 All Other | \$ 0 | \$ 0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ 0 | \$ 0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ 0 | \$ 0 |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
- If no, attach a description with this statement.
.....
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. \$ 0
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 16.3 Total payable for securities lending reported on the liability page. \$ 0

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------|---|
| Principal Bank | 711 High Street Des Moines, IA 50392 |

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
| Principal Bank | U..... |

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [X] No []

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [X] No []

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 | 2 | 3 | 4 | 5 |
|--|----------------------------|-------------------------------|---|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| 2925 | Principal Bank | | Not a Registered Investment Advisor | NO..... |

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent93.7 %
 - 1.2 A&H cost containment percent 1.9 %
 - 1.3 A&H expense percent excluding cost containment expenses 9.0 %
- 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 [X] No []
- 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 []

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Type of Reinsurer | 9 Certified Reinsurer Rating (1 through 6) | 10 Effective Date of Certified Reinsurer Rating |
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|--------------------------------------|-----------------------------------|------------------------|--|--|
| NONE | | | | | | | | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

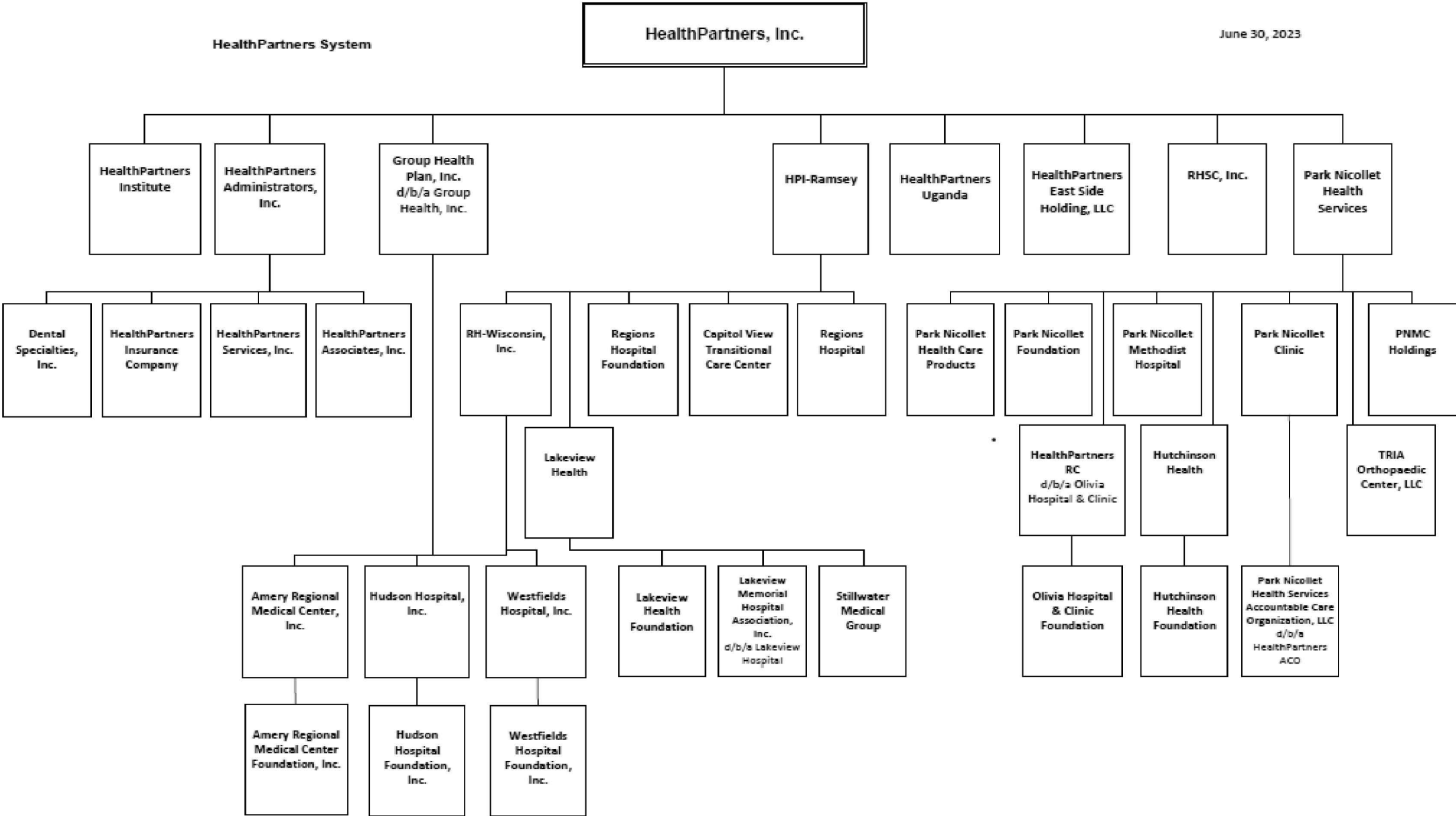
Current Year to Date - Allocated by States and Territories

| States, etc. | 1 Active Status (a) | Direct Business Only | | | | | | | | | |
|--|------------------------|-----------------------------------|---------------------------|-------------------------|---------------------|---|---|---------------------------------|--------------------------------|------------------------------|----|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 CHIP Title XXI | 6 Federal Employees Health Benefits Program Premiums | 7 Life and Annuity Premiums & Other Considerations | 8 Property/Casualty Premiums | 9 Total Columns 2 Through 8 | 10 Deposit-Type Contracts | |
| 1. Alabama | AL | .N | | | | | | | | .0 | |
| 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. Idaho | ID | .N | | | | | | | | .0 | |
| 14. Illinois | IL | .L | 6,113,155 | | | | | | | 6,113,155 | |
| 15. Indiana | IN | .N | | | | | | | | .0 | |
| 16. Iowa | IA | .L | 37,536,682 | 39,747,178 | | | | | | 77,283,860 | |
| 17. Kansas | KS | .N | | | | | | | | .0 | |
| 18. Kentucky | KY | .N | | | | | | | | .0 | |
| 19. Louisiana | LA | .N | | | | | | | | .0 | |
| 20. Maine | ME | .N | | | | | | | | .0 | |
| 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. New York | NY | .N | | | | | | | | .0 | |
| 34. North Carolina | NC | .N | | | | | | | | .0 | |
| 35. 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 | |
| 48. Washington | WA | .N | | | | | | | | .0 | |
| 49. West Virginia | WV | .N | | | | | | | | .0 | |
| 50. Wisconsin | WI | .N | | | | | | | | .0 | |
| 51. Wyoming | WY | .N | | | | | | | | .0 | |
| 52. American Samoa | AS | .N | | | | | | | | .0 | |
| 53. Guam | GU | .N | | | | | | | | .0 | |
| 54. Puerto Rico | PR | .N | | | | | | | | .0 | |
| 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 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 59. Subtotal | .XXX | 37,536,682 | 45,860,333 | .0 | .0 | .0 | .0 | .0 | 83,397,015 | .0 | .0 |
| 60. Reporting Entity Contributions for Employee Benefit Plans | .XXX | | | | | | | | | .0 | |
| 61. Totals (Direct Business) | .XXX | 37,536,682 | 45,860,333 | 0 | 0 | 0 | 0 | 0 | 83,397,015 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | |
| 58001. | .XXX | | | | | | | | | | |
| 58002. | .XXX | | | | | | | | | | |
| 58003. | .XXX | | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | .XXX | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | .XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

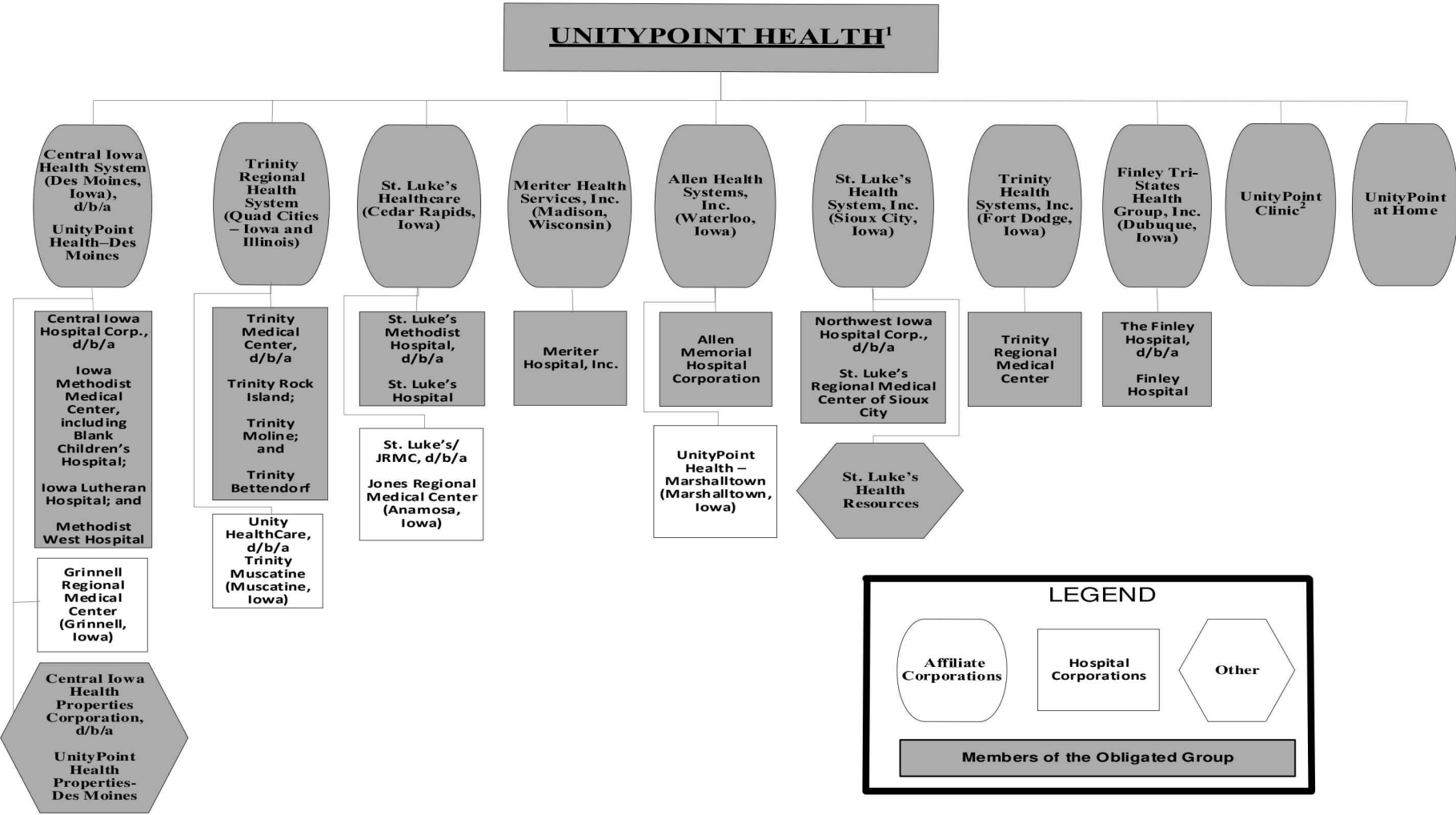
(a) Active Status Counts:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. N - None of the above - Not allowed to write business in the state..... 55

STATEMENT AS OF JUNE 30, 2023 OF THE HealthPartners UnityPoint Health, Inc.



STATEMENT AS OF JUNE 30, 2023 OF THE HealthPartners UnityPoint Health, Inc.



15.1

¹ UnityPoint Health and logo is a registered trademark of Iowa Health System, d/b/a UnityPoint Health.

² UnityPoint Clinic is a d/b/a of Iowa Physicians Clinic Medical Foundation, an Iowa nonprofit corporation and a Tax Exempt Organization.

This chart reflects the primary entities which provide, directly or indirectly, patient care or services. All are controlled by UnityPoint Health, except for Quincy Medical Group. This chart does not reflect all UnityPoint Health controlled entities, including those providing insurance services.

STATEMENT AS OF JUNE 30, 2023 OF THE HealthPartners UnityPoint Health, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|--------------------|-------------------|------------|--------------|-----|--|--|-----------------------|-----------------------------------|--|--|--|--|--------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| | | | 39-1726539 | | | | Amery Regional Medical Center Foundation, Inc. | WI | NIA | Amery Regional Medical Center, Inc. | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 39-0908320 | | | | Amery Regional Medical Center, Inc. | WI | NIA | RH-Wisconsin and Group Health Plan, Inc. | Board/Reserve | | HealthPartners, Inc. | NO | 1 |
| | | | 41-2011453 | | | | Capitol View Transitional Care Center | MN | NIA | HPI-Ramsey | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 45-1297583 | | | | Dental Specialties, Inc. | MN | NIA | HealthPartners Administrators, Inc. | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| 1258 | HealthPartners GRP | 52628 | 41-0797853 | | | | Group Health Plan, Inc. | MN | IA | HealthPartners, Inc. | Reserve Powers | | HealthPartners, Inc. | NO | |
| | | | 52-2365151 | | | | HealthPartners Associates, Inc. | MN | NIA | HealthPartners Administrators, Inc. | Ownership | 100.000 | HealthPartners, Inc. | NO | |
| | | | 20-1282428 | | | | HealthPartners East Side Holding, LLC | DE | NIA | HealthPartners, Inc. | Member | | HealthPartners, Inc. | NO | |
| 1258 | HealthPartners GRP | 44547 | 41-1683523 | | | | HealthPartners Insurance Company | MN | RE | HealthPartners Administrators, Inc. | Ownership | 100.000 | HealthPartners, Inc. | NO | |
| | | | 41-1683568 | | | | HealthPartners Services, Inc. | MN | NIA | HealthPartners Administrators, Inc. | Ownership | 100.000 | HealthPartners, Inc. | NO | |
| | | | 41-1629390 | | | | HealthPartners, Administrators, Inc. | MN | NIA | HealthPartners, Inc. | Ownership | 100.000 | HealthPartners, Inc. | NO | |
| 1258 | HealthPartners GRP | 95766 | 41-1693838 | | | | HealthPartners, Inc. | MN | IA | HealthPartners, Inc. | | | HealthPartners, Inc. | NO | |
| | | | 41-1670163 | | | | HealthPartners Institute | MN | NIA | HealthPartners, Inc. | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 84-1715908 | | | | Hutchinson Health | MN | NIA | Park Nicollet Health Services | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 36-3317820 | | | | Hutchinson Health Foundation | MN | NIA | Hutchinson Health | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| 1258 | HealthPartners GRP | 15888 | 32-0484314 | | | | HealthPartners UnityPoint Health, Inc. | IA | IA | HealthPartners, Inc. | Ownership | 50.000 | HealthPartners, Inc. | NO | 2 |
| | | | 41-1793333 | | | | HPI-Ramsey | MN | NIA | HealthPartners, Inc. | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 39-1279567 | | | | Hudson Hospital Foundation | WI | NIA | Hudson Hospital, Inc. | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 39-0804125 | | | | Hudson Hospital, Inc. | WI | NIA | RH-Wisconsin and Group Health Plan, Inc. | Board/Reserve | | HealthPartners, Inc. | NO | 1 |
| | | | 41-0811697 | | | | Lakeview Memorial Hospital Association, Inc. | MN | NIA | Stillwater Health System | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 41-1386635 | | | | Lakeview Health Foundation | MN | NIA | Stillwater Health System | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 41-0834920 | | | | Park Nicollet Clinic | MN | NIA | Park Nicollet Health Services | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 23-7346465 | | | | Park Nicollet Foundation | MN | NIA | Park Nicollet Health Services | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 01-0638901 | | | | Park Nicollet Health Care Products | MN | NIA | Park Nicollet Health Services | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 36-3465840 | | | | Park Nicollet Health Services | MN | NIA | HealthPartners, Inc. | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 41-0132080 | | | | Park Nicollet Methodist Hospital | MN | NIA | Park Nicollet Health Services | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | | | | | Park Nicollet Health Services Accountable Care Organization, LLC | MN | NIA | Park Nicollet Health Services | Member | | HealthPartners, Inc. | NO | 3 |
| | | | 41-1741792 | | | | PNMC Holdings | MN | NIA | Park Nicollet Health Services | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 41-0956618 | | | | Regions Hospital | MN | NIA | HPI-Ramsey | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 41-1888902 | | | | Regions Hospital Foundation | MN | NIA | HPI-Ramsey | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 41-1891928 | | | | RHSC, Inc. | MN | NIA | HealthPartners, Inc. | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 20-2287016 | | | | RH-Wisconsin, Inc. | WI | NIA | HPI-Ramsey | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 30-0221189 | | | | Lakeview Health | MN | NIA | HPI-Ramsey | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 83-0379473 | | | | Stillwater Medical Group | MN | NIA | Stillwater Health System | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 20-0034003 | | | | TRIA Orthopaedic Center, LLC | MN | NIA | Park Nicollet Health Services | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 39-1770913 | | | | HealthPartners Uganda | UGA | NIA | HealthPartners, Inc. | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 39-0808442 | | | | Westfields Hospital Foundation, Inc. | WI | NIA | Westfields Hospital, Inc. | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 84-4261122 | | | | Westfields Hospital, Inc. | WI | NIA | RH-Wisconsin and Group Health Plan, Inc. | Board/Reserve | | HealthPartners, Inc. | NO | 1 |
| | | | 41-1839619 | | | | HealthPartners RC | MN | NIA | Park Nicollet Health Services | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | | | | | Olivia Hospital & Clinic Foundation | MN | NIA | HealthPartners RC | Board/Reserve | | HealthPartners, Inc. | NO | 3 |
| | | | 42-1435199 | | | | Iowa Health System dba UnityPoint Health (UPH) | IA | UDP | UPH is the ultimate parent entity | N/A | 0.000 | None | NO | |
| | | | 27-3819741 | | | | Broadband, Inc. | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 42-1201924 | | | | Allen Health Systems, Inc. | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 42-1189791 | | | | Central Iowa Health System | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 42-1307495 | | | | Finley Tri-States Health Group, Inc. | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |

STATEMENT AS OF JUNE 30, 2023 OF THE HealthPartners UnityPoint Health, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| | | | 42-1477471 | | | | UnityPoint at Home | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 27-0987243 | | | | HMc Services, Inc. | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 26-3300536 | | | | West Lakes Medical Equipment, L.L.C. | IA | NIA | UnityPoint at Home | Ownership | 50.000 | UPH | NO | |
| | | | 45-4550692 | | | | Iowa Health Accountable Care, L.C. | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 42-1411630 | | | | Iowa Physicians Clinic Medical Foundation | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 42-1019872 | | | | Northwest Iowa Hospital Corporation | IA | NIA | St. Luke's Health System, Inc. | Ownership | 100.000 | UPH | NO | |
| | | | | | | | Iowa Health System Contracting Services, L.C. | | | | | | | | |
| | | | 42-1511142 | | | | | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 42-1294091 | | | | St. Lukes Health System, Inc. | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 42-1509042 | | | | Iowa Statewide Poison Control Center | IA | NIA | UPH | Ownership | 50.000 | UPH | NO | |
| | | | 42-1487968 | | | | St. Lukes Healthcare | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 42-1222877 | | | | Trinity Health Systems, Inc. | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 42-1414390 | | | | Medimore, Inc. | IA | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 36-3351952 | | | | Trinity Regional Health System | IL | NIA | UPH | Ownership | 100.000 | UPH | NO | |
| | | | 42-1487967 | | | | St. Lukes/Jones Regional Medical Center | IA | NIA | St. Lukes Healthcare | Ownership | 100.000 | UPH | NO | |
| | | | 42-1466284 | | | | Anamosa Area Ambulance Service | IA | NIA | St. Lukes/Jones Regional Medical Center | Ownership | 100.000 | UPH | NO | |
| | | | 42-0504780 | | | | St. Lukes Methodist Hospital | IA | NIA | St. Lukes Healthcare | Ownership | 100.000 | UPH | NO | |
| | | | 42-1276632 | | | | STL Care Company | IA | NIA | St. Lukes Healthcare | Ownership | 100.000 | UPH | NO | |
| | | | | | | | Cedar Rapids Community Cancer Center Foundation | IA | NIA | St. Lukes Methodist Hospital | Ownership | 44.000 | UPH | NO | |
| | | | 45-2671609 | | | | | IA | NIA | St. Lukes Methodist Hospital | Ownership | 50.000 | UPH | NO | |
| | | | 39-1894395 | | | | Cedar Rapids Medical Education Foundation | IA | NIA | St. Lukes Methodist Hospital | Ownership | 50.000 | UPH | NO | |
| | | | 26-0310416 | | | | Eastern Iowa Sleep Center, LLC | IA | NIA | St. Lukes Methodist Hospital | Ownership | 33.330 | UPH | NO | |
| | | | 27-1814458 | | | | Medical Laboratories of Eastern Iowa, L.C. | IA | NIA | St. Lukes Methodist Hospital | Ownership | 100.000 | UPH | NO | |
| | | | 42-1260463 | | | | MR Associates, LLP | IA | NIA | St. Lukes Methodist Hospital | Ownership | 33.330 | UPH | NO | |
| | | | | | | | The Outpatient Surgery Center of Cedar Rapids, L.L.C. | IA | NIA | St. Lukes Methodist Hospital | Ownership | 50.000 | UPH | NO | |
| | | | 72-1550812 | | | | | IA | NIA | St. Lukes Methodist Hospital | Ownership | 50.000 | UPH | NO | |
| | | | 27-1349596 | | | | St. Lukes Coe Steam, Inc. | IA | NIA | St. Lukes Methodist Hospital | Ownership | 50.000 | UPH | NO | |
| | | | 42-1193499 | | | | STL Health Resources Co. | IA | NIA | St. Lukes Methodist Hospital | Ownership | 100.000 | UPH | NO | |
| | | | 42-1233759 | | | | Central Iowa Health Properties Corporation | IA | NIA | Central Iowa Health System | Ownership | 100.000 | UPH | NO | |
| | | | 42-0680452 | | | | Central Iowa Hospital Corporation | IA | NIA | Central Iowa Health System | Ownership | 100.000 | UPH | NO | |
| | | | 42-1467682 | | | | Iowa Health Foundation | IA | NIA | Central Iowa Health System | Ownership | 100.000 | UPH | NO | |
| | | | 20-5031651 | | | | 1776 Westlakes Parkway, L.C. | IA | NIA | Central Iowa Hospital Corporation | Ownership | 33.330 | UPH | NO | |
| | | | | | | | Des Moines Area Medical Education Consortium, Inc. | IA | NIA | Central Iowa Hospital Corporation | Ownership | 33.000 | UPH | NO | |
| | | | 42-1412497 | | | | | | | | | | | | |
| | | | 03-0482623 | | | | Iowa Diagnostic Imaging and Procedure Center, L.C. | IA | NIA | Central Iowa Hospital Corporation | Ownership | 50.000 | UPH | NO | |
| | | | 42-1516120 | | | | Lakeview Surgery Center, L.C. | IA | NIA | Central Iowa Hospital Corporation | Ownership | 50.000 | UPH | NO | |
| | | | 42-1508092 | | | | Orthopaedic Outpatient Surgery Center, L.C. | IA | NIA | Central Iowa Hospital Corporation | Ownership | 50.000 | UPH | NO | |
| | | | 26-3193923 | | | | West Lakes Sleep Center, L.L.C. | IA | NIA | Central Iowa Hospital Corporation | Ownership | 50.000 | UPH | NO | |
| | | | 42-0680410 | | | | The Dubuque Visiting Nurse Association | IA | NIA | Finley Tri-States Health Group, Inc. | Ownership | 100.000 | UPH | NO | |
| | | | 42-0680354 | | | | The Finley Hospital | IA | NIA | Finley Tri-States Health Group, Inc. | Ownership | 100.000 | UPH | NO | |
| | | | | | | | Health Care Affiliates of the Tri-States, L.L.C. | IA | NIA | Finley Tri-States Health Group, Inc. | Ownership | 50.000 | UPH | NO | |
| | | | 42-1428503 | | | | | IA | NIA | The Finley Hospital | Ownership | 50.000 | UPH | NO | |
| | | | 42-1467002 | | | | Delhi Point Condo Association | IA | NIA | The Finley Hospital | Ownership | 50.000 | UPH | NO | |
| | | | 20-1597161 | | | | Dubuque Endoscopy Center, L.C. | IA | NIA | The Finley Hospital | Ownership | 51.000 | UPH | NO | |
| | | | 42-1487138 | | | | Finley/Hartig Homecare, L.L.C. | IA | NIA | The Finley Hospital | Ownership | 50.000 | UPH | NO | |
| | | | | | | | North Central Iowa Mental Health Center, Incorporated | IA | NIA | Trinity Health Systems, Inc. | Ownership | 100.000 | UPH | NO | |
| | | | 42-0937390 | | | | | IA | NIA | Trinity Health Systems, Inc. | Ownership | 100.000 | UPH | NO | |
| | | | 45-3791448 | | | | Trimark Physicians Group | IA | NIA | Trinity Health Systems, Inc. | Ownership | 100.000 | UPH | NO | |
| | | | 42-1222381 | | | | Trinity Health Foundation | IA | NIA | Trinity Health Systems, Inc. | Ownership | 100.000 | UPH | NO | |

STATEMENT AS OF JUNE 30, 2023 OF THE HealthPartners UnityPoint Health, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|-------------------|------------|--------------|-----|--|---|-----------------------|-----------------------------------|---|--|--|--|--------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| | | | 42-1009175 | | | | Trinity Regional Medical Center | .. IA..... | .. NIA..... | Trinity Health Systems, Inc. | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 36-3678909 | | | | The Robert Young Center for Community Mental Health | .. IL..... | .. NIA..... | Trinity Regional Health System | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 36-3320141 | | | | Trinity Health Enterprises, Inc. | .. IL..... | .. NIA..... | Trinity Regional Health System | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 36-3321751 | | | | Trinity Health Foundation | .. IL..... | .. NIA..... | Trinity Regional Health System | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 36-2739299 | | | | Trinity Medical Center | .. IL..... | .. NIA..... | Trinity Regional Health System | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 42-0680337 | | | | Unity HealthCare | .. IA..... | .. NIA..... | Trinity Regional Health System | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 42-1525031 | | | | Unity HealthCare Foundation | .. IA..... | .. NIA..... | Unity HealthCare | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 37-1288604 | | | | Precedence, Inc. | .. IL..... | .. NIA..... | The Robert Young Center for Community Mental Health | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 45-5470017 | | | | Precedence Care Coordination Entity, LLC | .. IL..... | .. NIA..... | Mental Health | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 36-4140096 | | | | Precedence Plus | .. IL..... | .. NIA..... | Precedence, Inc. | Ownership..... | 50.000 | UPH | .. NO..... | |
| | | | 36-3710164 | | | | Metro MRI Center Limited Partnership | .. IL..... | .. NIA..... | Trinity Medical Center | Ownership..... | 33.970 | UPH | .. NO..... | |
| | | | 36-4356301 | | | | Advanced Imaging Center, LLC | .. IL..... | .. NIA..... | Trinity Medical Center | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 36-4471903 | | | | Quad City Ambulatory Surgery Center, L.L.C. | .. IL..... | .. NIA..... | Trinity Medical Center | Ownership..... | 49.720 | UPH | .. NO..... | |
| | | | 20-5895205 | | | | Pierce Street Same Day Surgery, L.C. | .. IA..... | .. NIA..... | Northwest Iowa Hospital Corporation | Ownership..... | 50.000 | UPH | .. NO..... | |
| | | | 42-1036971 | | | | Siouxland Medical Education Foundation, Inc. | .. IA..... | .. NIA..... | Northwest Iowa Hospital Corporation | Ownership..... | 25.000 | UPH | .. NO..... | |
| | | | 31-1712115 | | | | Health, Incorporated | .. IA..... | .. NIA..... | St. Lukes Health System, Inc. | Ownership..... | 50.000 | UPH | .. NO..... | |
| | | | 26-1120134 | | | | Siouxland PACE, Inc. | .. IA..... | .. NIA..... | St. Lukes Health System, Inc. | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 42-1059182 | | | | St. Lukes Health Resources | .. IA..... | .. NIA..... | St. Lukes Health System, Inc. | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 38-3320710 | | | | Hospice of Siouxland | .. IA..... | .. NIA..... | Health, Incorporated | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 42-1185707 | | | | Siouxland Paramedics, Inc. | .. IA..... | .. NIA..... | Health, Incorporated | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 42-1411233 | | | | Siouxland Regional Cancer Center | .. IA..... | .. NIA..... | Health, Incorporated | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 42-1201924 | | | | Allen College | .. IA..... | .. NIA..... | Allen Health Systems, Inc. | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 42-0698265 | | | | Allen Memorial Hospital Corporation | .. IA..... | .. NIA..... | Allen Health Systems, Inc. | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 42-1201138 | | | | Memorial Foundation of Allen Hospital | .. IA..... | .. NIA..... | Allen Health Systems, Inc. | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 39-1412318 | | | | Meriter Health Services, Inc. | .. WI..... | .. NIA..... | UPH | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 39-1458235 | | | | Meriter Management Services, Inc. | .. WI..... | .. NIA..... | Meriter Health Services, Inc. | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 39-1293620 | | | | Meriter Health Enterprises, Inc. | .. WI..... | .. NIA..... | Meriter Management Services, Inc. | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 23-7098688 | | | | Meriter Foundation, Inc. | .. WI..... | .. NIA..... | Meriter Health Services, Inc. | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 39-0806367 | | | | Meriter Hospital, Inc. | .. WI..... | .. NIA..... | Meriter Health Services, Inc. | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 30-0072647 | | | | Wisconsin Dialysis, Inc. | .. WI..... | .. NIA..... | Meriter Hospital, Inc. | Ownership..... | 45.000 | UPH | .. NO..... | |
| | | | 39-1531753 | | | | Madison Environmental Resourcing, Inc. | .. WI..... | .. NIA..... | Meriter Hospital, Inc. | Ownership..... | 36.000 | UPH | .. NO..... | |
| | | | 39-1948840 | | | | Transformations Surgery Center, Inc. | .. WI..... | .. NIA..... | Meriter Hospital, Inc. | Ownership..... | 50.000 | UPH | .. NO..... | |
| | | | 26-0902344 | | | | Wisconsin Sleep, Inc. | .. WI..... | .. NIA..... | Meriter Hospital, Inc. | Ownership..... | 50.000 | UPH | .. NO..... | |
| | | | 39-1940656 | | | | Madison Surgery Center, Inc. | .. WI..... | .. NIA..... | Meriter Hospital, Inc. | Ownership..... | 33.330 | UPH | .. NO..... | |
| | | | 39-1091317 | | | | Madison United Healthcare Linen, Ltd. | .. WI..... | .. NIA..... | Meriter Hospital, Inc. | Ownership..... | 33.330 | UPH | .. NO..... | |
| | | | 27-1081808 | | | | Center for Healthcare Education and Simulation, Inc. | .. WI..... | .. NIA..... | Meriter Hospital, Inc. | Ownership..... | 33.330 | UPH | .. NO..... | |
| | | | 27-3496527 | | | | Generations Fertility Care, Inc. | .. WI..... | .. NIA..... | Meriter Hospital, Inc. | Ownership..... | 33.330 | UPH | .. NO..... | |
| 4870 | | 95341 | 39-1565691 | | | | Quartz Health Insurance Corporation | .. WI..... | .. NIA..... | Quartz Holding Company | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 42-1489697 | | | | Mississippi Valley Sleep Disorder Center, L.C. | .. IA..... | .. NIA..... | Trinity Medical Center | Ownership..... | 51.000 | UPH | .. NO..... | |
| | | | 45-4699315 | | | | Medical Environmental Recovery, Inc. | .. WI..... | .. NIA..... | Madison Environmental Resourcing, Inc. | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | | 42-0733463 | | | | Black Hawk-Grundy Mental Health Center, Inc. | .. IA..... | .. NIA..... | Allen Health Systems, Inc. | Ownership..... | 100.000 | UPH | .. NO..... | |
| | | 15888 | 32-0484314 | | | | HealthPartners UnityPoint Health, Inc. | .. IA..... | .. NIA..... | UPH | Ownership..... | 50.000 | UPH | .. NO..... | |
| | | | 47-5453680 | | | | North Ankeny Medical Park, L.L.C. | .. IA..... | .. NIA..... | Central Iowa Hospital Corporation | Ownership..... | 25.330 | UPH | .. NO..... | |

STATEMENT AS OF JUNE 30, 2023 OF THE HealthPartners UnityPoint Health, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|-------------------|------------|--------------|-----|--|--|-----------------------|-----------------------------------|---|--|--|--|--------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| | | | 47-3564984 | | | | UPHT-SCA Holdings, LLC | ..DE.... | ..NIA.... | Trinity Medical Center | Ownership..... | ..51.000... | UPH | ..NO.... | |
| | | | 42-1429641 | | | | Mississippi Medical Plaza, L.C. | ..IA.... | ..NIA.... | UPHT-SCA Holdings, LLC | Ownership..... | ..51.390... | UPH | ..NO.... | |
| | | | 81-0872241 | | | | UnityPoint Health at Work Trinity College of Nursing & Health Sciences | ..IA.... | ..NIA.... | Iowa Physicians Clinic Medical Foundation | Ownership..... | ..100.000... | UPH | ..NO.... | |
| | | | 81-0994377 | | | | | ..IL.... | ..NIA.... | Trinity Medical Center | Ownership..... | ..100.000... | UPH | ..NO.... | |
| | | | 81-5034179 | | | | UnityPoint Health - Marshalltown | ..IA.... | ..NIA.... | Allen Health Systems, Inc. | Ownership..... | ..100.000... | UPH | ..NO.... | |
| | | | 46-3262602 | | | | Madison Rehabilitation Hospital, LLC Abbe Center For Community Mental Health, Inc. | ..WI.... | ..NIA.... | Meriter Hospital, Inc. | Ownership..... | ..19.000... | UPH | ..NO.... | |
| | | | 42-1045257 | | | | | ..IA.... | ..NIA.... | AbbeHealth, Inc. | Ownership..... | ..100.000... | UPH | ..NO.... | |
| | | | 42-1373123 | | | | AbbeHealth, Inc. | ..IA.... | ..NIA.... | St. Luke's Healthcare | Ownership..... | ..100.000... | UPH | ..NO.... | |
| | | | 23-7085316 | | | | Aging Services, Inc. Yunker Rehabilitation Therapy Services, LLC | ..IA.... | ..NIA.... | AbbeHealth, Inc. | Ownership..... | ..100.000... | UPH | ..NO.... | |
| | | | 81-5031103 | | | | | ..IA.... | ..NIA.... | Central Iowa Hospital Corporation | Ownership..... | ..100.000... | UPH | ..NO.... | |
| | | | 42-1361755 | | | | Abbe Management Corporation | ..IA.... | ..NIA.... | AbbeHealth, Inc. | Ownership..... | ..100.000... | UPH | ..NO.... | |
| | | | 39-1177562 | | | | HCP Corporation | ..WI.... | ..NIA.... | Meriter Hospital, Inc. | Ownership..... | ..100.000... | UPH | ..NO.... | |
| | | | 42-1134273 | | | | Center for Alcohol and Drug Services, Inc. Top of the World Ranch - Milan, L.L.C. Series 1 | ..IA.... | ..NIA.... | The Robert Young Center for Community Mental Health | Ownership..... | ..100.000... | UPH | ..NO.... | |
| | | | 82-1846069 | | | | Top of the World Ranch - Milan, L.L.C. Series 2 | ..IL.... | ..NIA.... | The Robert Young Center for Community Mental Health | Ownership..... | | UPH | ..NO.... | |
| | | | 82-1854077 | | | | | ..IL.... | ..NIA.... | Mental Health | Ownership..... | | UPH | ..NO.... | |
| 4870 | | | 39-1807071 | | | | Quartz Holding Company | ..WI.... | ..NIA.... | UPH | Ownership..... | | UPH | ..NO.... | |
| | | | 45-2633920 | | | | Quartz Health Plan Corporation | ..WI.... | ..NIA.... | UPH | Ownership..... | | UPH | ..NO.... | |
| | | | 46-5710709 | | | | Quartz Health Plan MN Corporation Quartz Health Solutions, Inc. (f/k/a SPWI TPA, Inc.) | ..MN.... | ..NIA.... | Quartz Health Plan Corporation | Ownership..... | | UPH | ..NO.... | |
| 4870 | | | 39-1450766 | | | | Quartz Health Benefit Plans Corporation (f/k/a Unity Health Plans Insurance Corporation) Eyerly-Ball Community Mental Health Services | ..WI.... | ..NIA.... | Quartz Holding Company Quartz Health Insurance Corporation | Ownership..... | | UPH | ..NO.... | |
| | | | 42-0942273 | | | | | ..IA.... | ..NIA.... | Central Iowa Health System | Ownership..... | | UPH | ..NO.... | |
| | | | 42-1436490 | | | | Health Advantage Plus, Inc. | ..IA.... | ..NIA.... | Grinnell Regional Medical Center | Ownership..... | | UPH | ..NO.... | |
| | | | 42-0933383 | | | | Grinnell Regional Medical Center | ..IA.... | ..NIA.... | Central Iowa Health System | Ownership..... | | UPH | ..NO.... | |
| | | | 42-1454737 | | | | Grinnell Regional Medical Center Foundation | ..IA.... | ..NIA.... | Grinnell Regional Medical Center | Ownership..... | | UPH | ..NO.... | |
| | | | 36-4799633 | | | | Central Iowa Physio, LLC | ..IA.... | ..NIA.... | UnityPoint Health-Marshalltown | Ownership..... | | UPH | ..NO.... | |
| | | | 83-1281114 | | | | Ankeny Medical Park Surgery Center, L.C. Unitypoint Broadlawn Psychiatry Education Foundation | ..IA.... | ..NIA.... | Central Iowa Hospital Corporation | Ownership..... | | UPH | ..NO.... | |
| | | | 83-2074985 | | | | | ..IA.... | ..NIA.... | Central Iowa Health System | Ownership..... | | UPH | ..NO.... | |
| | | | 83-1720113 | | | | United Medical Park ASC, LLC | ..IA.... | ..NIA.... | Allen Memorial Hospital Corporation | Ownership..... | | UPH | ..NO.... | |
| | | | 45-2224777 | | | | Honeyman Dialysis, LLC | ..DE.... | ..NIA.... | St. Luke's Methodist Hospital | Ownership..... | | UPH | ..NO.... | |
| | | | 27-3955535 | | | | PCI Regional Medical Mall, LLC | ..IA.... | ..NIA.... | St. Luke's Methodist Hospital | Ownership..... | | UPH | ..NO.... | |
| | | | 26-4589328 | | | | HealthNet Connect, L.C. | ..IA.... | ..NIA.... | UPH | Ownership..... | | UPH | ..NO.... | |
| | | | 27-5406624 | | | | Davis Dialysis, LLC | ..DE.... | ..NIA.... | Northwest Iowa Hospital Corporation | Ownership..... | | UPH | ..NO.... | |
| | | | 02-0738699 | | | | Rural Health Alliance, LLC | ..MN.... | ..NIA.... | Grinnell Regional Medical Center | Ownership..... | | UPH | ..NO.... | |
| | | | 82-1118502 | | | | Legacy Senior Housing Investors, LLC | ..IA.... | ..NIA.... | Central Iowa Hospital Corporation | Ownership..... | | UPH | ..NO.... | |
| | | | 82-3442909 | | | | Pathware, Inc. | ..DE.... | ..NIA.... | UPH | Ownership..... | | UPH | ..NO.... | |
| | | | 81-4644959 | | | | Kaizen Health, Inc. | ..DE.... | ..NIA.... | UPH | Ownership..... | | UPH | ..NO.... | |
| | | | 47-3885665 | | | | b.well Connected Health Inc. | ..MD.... | ..NIA.... | UPH | Ownership..... | | UPH | ..NO.... | |
| | | | 46-4594972 | | | | Bright.md Inc. | ..OR.... | ..NIA.... | UPH | Ownership..... | | UPH | ..NO.... | |
| | | | 20-3348862 | | | | Vida Diagnostics Inc. | ..IA.... | ..NIA.... | UPH | Ownership..... | | UPH | ..NO.... | |

STATEMENT AS OF JUNE 30, 2023 OF THE HealthPartners UnityPoint Health, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|-------------------|------------|--------------|-----|--|---|------------------------|-----------------------------------|--|--|---|--|--------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Loca-tion | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | * |
| | | | 42-1466719 | | | | Grinnell Private Investment Co., LLC | .. IA..... | NIA..... | Health Advantage Plus, Inc. | Ownership..... | | UPH | NO..... | |
| | | | 82-1941000 | | | | Health Velocity Capital I, LP | .. CA..... | NIA..... | UPH | Ownership..... | | UPH | NO..... | |
| | | | 85-1990451 | | | | Eastern Iowa Sleep Supply, LLC | .. IA..... | NIA..... | UnityPoint at Home | Ownership..... | | UPH | NO..... | |
| | | | 27-3820391 | | | | BHC, L.C. | .. IA..... | NIA..... | UPH | Ownership..... | | UPH | NO..... | |
| | | | 84-3864099 | | | | The Quad Cities Rehabilitation Institute, LLC | .. DE..... | NIA..... | Trinity Medical Center | Ownership..... | | UPH | NO..... | |
| | | | 82-5327208 | | | | CCRC of West Des Moines, LLC | .. IA..... | NIA..... | Central Iowa Hospital Corporation | Ownership..... | | UPH | NO..... | |
| | | | 37-1850807 | | | | SEI Global Private Assets IV, LP | .. PA..... | NIA..... | UPH | Ownership..... | | UPH | NO..... | |
| | | | 30-0811749 | | | | SEI Global Private Assets III, LP | .. PA..... | NIA..... | UPH | Ownership..... | | UPH | NO..... | |
| | | | 27-3999686 | | | | SEI Core Property Fund, LP | .. PA..... | NIA..... | UPH | Ownership..... | | UPH | NO..... | |
| | | | 30-0867768 | | | | SEI Energy Debt Fund, LP | .. PA..... | NIA..... | UPH | Ownership..... | | UPH | NO..... | |
| | | | 27-4355527 | | | | Heritage Healthcare Innovation Fund, LP | .. TN..... | NIA..... | UPH | Ownership..... | | UPH | NO..... | |
| | | | 87-3455481 | | | | Up Fit, LLC | .. IA..... | NIA..... | Allen Memorial Hospital Corporation | Ownership..... | | UPH | NO..... | |
| | | | 81-5313244 | | | | DocStation, Inc. | .. DE..... | NIA..... | UPH | Ownership..... | | UPH | NO..... | |
| | | | 84-3075305 | | | | Proluent Health, Inc. | .. DE..... | NIA..... | UPH | Ownership..... | | UPH | NO..... | |
| | | | 37-1874135 | | | | TaylorMed Medical Ltd. | .. ISR..... | NIA..... | UPH | Ownership..... | | UPH | NO..... | |
| | | | 42-1439662 | | | | Amity Fellowserve - Iowa, Inc. | .. IA..... | NIA..... | Allen Memorial Hospital Corporation | Ownership..... | | UPH | NO..... | |
| | | | 85-0877059 | | | | Cardiosense, Inc. | .. DE..... | NIA..... | UPH | Ownership..... | | UPH | NO..... | |

| Asterisk | Explanation |
|----------|---|
| 1 | This corporation has two corporate members (RH-Wisconsin and Group Health Plan, Inc.) with each corporate member having certain rights respecting Board representation and reserve powers. This entity also "directly controls" its subsidiary or affiliate through its right to name and/or approve certain of the Board members and its subsidiary or affiliate and through reserved powers (approval rights) respecting significant decisions of the Board of its subsidiary or affiliate. |
| 2 | HealthPartners Unity Point Health, Inc. is equally owned and controlled by its two corporate members - HealthPartners, Inc. and Iowa Health System d/b/a Unity Point Health. |
| 3 | This entity "directly controls" its subsidiary or affiliate through its right to name and/or approve certain of the Board members and its subsidiary or affiliate and through reserved powers (approval rights) respecting significant decisions of the Board of its subsidiary or affiliate. |

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 |

AUGUST FILING

| | |
|--|----|
| 2. 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.

Bar Code:

1. 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

NONE

Schedule B - Verification - Mortgage Loans

NONE

Schedule BA - Verification - Other Long-Term Invested Assets

NONE

Schedule D - Verification - Bonds and Stock

NONE

Schedule D - Part 1B - Bonds and Preferred Stock by NAIC Designation

NONE

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

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)

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 9,967,651 | 7,588,263 |
| 2. Cost of cash equivalents acquired | 15,637,690 | 48,757,367 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | 18,513,805 | 46,377,979 |
| 7. Deduct amortization of premium | | 0 |
| 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) | 7,091,536 | 9,967,651 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 7,091,536 | 9,967,651 |

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

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 - Long-Term Bonds and Stocks Acquired

NONE

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

NONE

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

NONE

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

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

STATEMENT AS OF JUNE 30, 2023 OF THE HealthPartners UnityPoint Health, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 CUSIP | 2 Description | 3 Code | 4 Date Acquired | 5 Rate of Interest | 6 Maturity Date | 7 Book/Adjusted Carrying Value | 8 Amount of Interest Due and Accrued | 9 Amount Received During Year |
|-------------|--|-----------|--------------------|-----------------------|--------------------|-----------------------------------|---|----------------------------------|
| 0109999999 | Total - U.S. Government Bonds | | | | | 0 | 0 | 0 |
| 0309999999 | Total - All Other Government Bonds | | | | | 0 | 0 | 0 |
| 0509999999 | Total - U.S. States, Territories and Possessions Bonds | | | | | 0 | 0 | 0 |
| 0709999999 | Total - U.S. Political Subdivisions Bonds | | | | | 0 | 0 | 0 |
| 0909999999 | Total - U.S. Special Revenues Bonds | | | | | 0 | 0 | 0 |
| 1109999999 | Total - Industrial and Miscellaneous (Unaffiliated) Bonds | | | | | 0 | 0 | 0 |
| 1309999999 | Total - Hybrid Securities | | | | | 0 | 0 | 0 |
| 1509999999 | Total - Parent, Subsidiaries and Affiliates Bonds | | | | | 0 | 0 | 0 |
| 1909999999 | Subtotal - Unaffiliated Bank Loans | | | | | 0 | 0 | 0 |
| 2419999999 | Total - Issuer Obligations | | | | | 0 | 0 | 0 |
| 2429999999 | Total - Residential Mortgage-Backed Securities | | | | | 0 | 0 | 0 |
| 2439999999 | Total - Commercial Mortgage-Backed Securities | | | | | 0 | 0 | 0 |
| 2449999999 | Total - Other Loan-Backed and Structured Securities | | | | | 0 | 0 | 0 |
| 2459999999 | Total - SVO Identified Funds | | | | | 0 | 0 | 0 |
| 2469999999 | Total - Affiliated Bank Loans | | | | | 0 | 0 | 0 |
| 2479999999 | Total - Unaffiliated Bank Loans | | | | | 0 | 0 | 0 |
| 2509999999 | Total Bonds | | | | | 0 | 0 | 0 |
| 94975P-40-5 | JP Morgan Government MMF | | 12/31/2022 | | | 1,658,207 | 45,057 | 401,359 |
| VP4560-00-0 | Allspring Govt MM FD-Instl | | 12/31/2022 | | | 5,433,329 | | 116,948 |
| 8209999999 | Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO | | | | | 7,091,536 | 45,057 | 518,307 |
| 8609999999 | Total Cash Equivalents | | | | | 7,091,536 | 45,057 | 518,307 |

E14