



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

HealthPartners UnityPoint Health, Inc.

NAIC Group Code 4870 1258 NAIC Company Code 15888 Employer's ID Number 32-0484314
(Owner 1) (Owner 2)
 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
(Street and Number)
West Des Moines, IA, US 50266 515-695-3801
(City or Town, State, Country and Zip Code) (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
(Street and Number)
Minneapolis, MN, US 55440-1309 952-883-6584
(City or Town, State, Country and Zip Code) (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 Sharilyn A. Campbell
 Secretary Marcel P. Devetten

OTHER

Dan Carpenter, Chair Scott Aebischer, Vice Chair

DIRECTORS OR TRUSTEES

Dan Carpenter Scott Aebischer Marcel Devetten
Jim Eppel Mary Ann Osborn Sharilyn Campbell

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

Marcel P. Devetten
 Secretary

Sharilyn A. Campbell
 Treasurer

Subscribed and sworn to before me this _____ day of _____, 2021

- 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 Marcel Devetten appeared before me this _____ day of _____, 2021.

ASSETS

| | Current Year | | | Prior Year |
|--|--------------|-------------------------|---|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D) | | | 0 | 0 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate (Schedule A): | | | | |
| 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 (\$254,223 , Schedule E - Part 1), cash equivalents (\$10,156,057 , Schedule E - Part 2) and short-term investments (\$, Schedule DA) | 10,410,280 | | 10,410,280 | 16,345,793 |
| 6. Contract loans, (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives (Schedule DB) | | | 0 | 0 |
| 8. Other invested assets (Schedule BA) | | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL) | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 10,410,280 | 0 | 10,410,280 | 16,345,793 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 340 | | 340 | 29,991 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 437,293 | | 437,293 | 94,034 |
| 15.2 Deferred premiums and 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 | 321,742 |
| 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 | 2,952,986 | | 2,952,986 | 7,056,988 |
| 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 | 1,123,306 | | 1,123,306 | 231,325 |
| 24. Health care (\$419,000) and other amounts receivable | 11,362,500 | | 11,362,500 | 418,354 |
| 25. Aggregate write-ins for other than invested assets | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 26,286,705 | 0 | 26,286,705 | 24,498,227 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 26,286,705 | 0 | 26,286,705 | 24,498,227 |
| 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 thru 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | 0 | 0 | 0 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Year | | | Prior Year |
|---|--------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$0 reinsurance ceded) | 5,605,600 | | 5,605,600 | 4,708,000 |
| 2. Accrued medical incentive pool and bonus amounts | 737,468 | | 737,468 | 96,916 |
| 3. Unpaid claims adjustment expenses | 127,400 | | 127,400 | 107,000 |
| 4. Aggregate health policy reserves, including the liability of \$0 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 reserves | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | 1,530,618 | | 1,530,618 | 616,455 |
| 9. General expenses due or accrued | 9,037,692 | | 9,037,692 | 8,797,391 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital 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, \$0 unauthorized reinsurers and \$0 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 | 1,770,387 | | 1,770,387 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23) | 18,809,165 | 0 | 18,809,165 | 14,325,762 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 606,000 |
| 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 | 30,000,000 | 30,000,000 |
| 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 | (23,522,460) | (21,433,535) |
| 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 | 7,477,540 | 10,172,465 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 26,286,705 | 24,498,227 |
| 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 thru 2303 plus 2398)(Line 23 above) | 0 | 0 | 0 | 0 |
| 2501. 2020 Estimated ACA Health Insurance Fee | XXX | XXX | | 606,000 |
| 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 thru 2503 plus 2598)(Line 25 above) | XXX | XXX | 0 | 606,000 |
| 3001. Change in Prepaid Expenses | XXX | XXX | | 0 |
| 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 thru 3003 plus 3098)(Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year | | Prior Year |
|--|----------------|-------------|-------------|
| | 1 Uncovered | 2 Total | 3 Total |
| 1. Member Months..... | XXX | 144,973 | 142,857 |
| 2. Net premium income (including \$ non-health premium income) | XXX | 72,848,248 | 64,365,627 |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX | 0 | |
| 4. Fee-for-service (net of \$ medical expenses) | XXX | 0 | |
| 5. Risk revenue | XXX | 0 | |
| 6. Aggregate write-ins for other health care related revenues | XXX | 0 | 0 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 72,848,248 | 64,365,627 |
| Hospital and Medical: | | | |
| 9. Hospital/medical benefits | | 55,305,581 | 57,060,450 |
| 10. Other professional services | | 0 | |
| 11. Outside referrals | | 0 | |
| 12. Emergency room and out-of-area | | 0 | |
| 13. Prescription drugs | | 10,001,407 | 9,052,532 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | 737,468 | |
| 16. Subtotal (Lines 9 to 15) | 0 | 66,044,456 | 66,112,982 |
| Less: | | | |
| 17. Net reinsurance recoveries | | 4,388 | 21,701 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 66,040,068 | 66,091,281 |
| 19. Non-health claims (net) | | | |
| 20. Claims adjustment expenses, including \$ 2,072,442 cost containment expenses | | 4,043,300 | 3,750,378 |
| 21. General administrative expenses | | 5,470,687 | 4,199,137 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) | | 0 | 0 |
| 23. Total underwriting deductions (Lines 18 through 22) | 0 | 75,554,055 | 74,040,796 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | (2,705,807) | (9,675,169) |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17) | | 10,882 | 443,541 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 10,882 | 443,541 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)] | | | |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX | (2,694,925) | (9,231,628) |
| 31. Federal and foreign income taxes incurred | XXX | | |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (2,694,925) | (9,231,628) |
| 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 |
| 0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) | XXX | 0 | 0 |
| 0701. | XXX | | |
| 0702. | XXX | | |
| 0703. | XXX | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | 0 | 0 |
| 0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) | XXX | 0 | 0 |
| 1401. | | | |
| 1402. | | | |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 |
| 1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 |
| 2901. | | | |
| 2902. | | | |
| 2903. | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| CAPITAL AND SURPLUS ACCOUNT | | |
| 33. Capital and surplus prior reporting year..... | 10,172,465 | 13,404,093 |
| 34. Net income or (loss) from Line 32..... | (2,694,925) | (9,231,628) |
| 35. Change in valuation basis of aggregate policy and claim reserves..... | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$..... | | |
| 37. Change in net unrealized foreign exchange capital gain or (loss)..... | | |
| 38. Change in net deferred income tax..... | | |
| 39. Change in nonadmitted assets..... | | 0 |
| 40. Change in unauthorized and certified reinsurance..... | 0 | 0 |
| 41. Change in treasury stock..... | 0 | 0 |
| 42. Change in surplus notes..... | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles..... | | |
| 44. Capital Changes: | | |
| 44.1 Paid in..... | 0 | (10,000,000) |
| 44.2 Transferred from surplus (Stock Dividend)..... | 0 | 0 |
| 44.3 Transferred to surplus..... | | |
| 45. Surplus adjustments: | | |
| 45.1 Paid in..... | 0 | 16,000,000 |
| 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 |
| 48. Net change in capital and surplus (Lines 34 to 47)..... | (2,694,925) | (3,231,628) |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 7,477,540 | 10,172,465 |
| DETAILS OF WRITE-INS | | |
| 4701. | | |
| 4702. | | |
| 4703. | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page..... | 0 | 0 |
| 4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above) | 0 | 0 |

CASH FLOW

| | 1 | 2 |
|---|--------------|-------------|
| | Current Year | Prior Year |
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | 73,419,152 | 64,226,989 |
| 2. Net investment income | 40,533 | 422,950 |
| 3. Miscellaneous income | 0 | 0 |
| 4. Total (Lines 1 through 3) | 73,459,685 | 64,649,939 |
| 5. Benefit and loss related payments | 64,599,174 | 65,113,626 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 3,378,897 | 9,417,101 |
| 8. Dividends paid to policyholders | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 0 | 0 |
| 10. Total (Lines 5 through 9) | 67,978,071 | 74,530,727 |
| 11. Net cash from operations (Line 4 minus Line 10) | 5,481,614 | (9,880,788) |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | 0 | 0 |
| 12.2 Stocks | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 |
| 12.4 Real estate | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 0 | 0 |
| 13.2 Stocks | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 |
| 13.4 Real estate | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 0 |
| 14. Net increase (decrease) in contract loans and premium notes | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | 0 | 0 |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 6,000,000 |
| 16.3 Borrowed funds | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 |
| 16.6 Other cash provided (applied) | (11,417,127) | (1,659,888) |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | (11,417,127) | 4,340,112 |
| 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) | (5,935,513) | (5,540,676) |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 16,345,793 | 21,886,469 |
| 19.2 End of year (Line 18 plus Line 19.1) | 10,410,280 | 16,345,793 |

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

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HealthPartners UnityPoint Health, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|-------------|---------------------------------------|------------------------|----------------|----------------|---|----------------------------|--------------------------|--------------|---------------------|
| | Total | Comprehensive (Hospital & Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Net premium income | 72,848,248 | 56,566,951 | | | | | 16,281,297 | | | |
| 2. Change in unearned premium reserves and reserve for rate credit | 0 | | | | | | | | | |
| 3. Fee-for-service (net of \$ medical expenses) | 0 | | | | | | | | | XXX |
| 4. Risk revenue | 0 | | | | | | | | | XXX |
| 5. Aggregate write-ins for other health care related revenues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 6. Aggregate write-ins for other non-health care related revenues | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 7. Total revenues (Lines 1 to 6) | 72,848,248 | 56,566,951 | 0 | 0 | 0 | 0 | 16,281,297 | 0 | 0 | 0 |
| 8. Hospital/medical benefits | 55,305,581 | 43,771,342 | | | | | 11,534,239 | | | XXX |
| 9. Other professional services | 0 | | | | | | | | | XXX |
| 10. Outside referrals | 0 | | | | | | | | | XXX |
| 11. Emergency room and out-of-area | 0 | | | | | | | | | XXX |
| 12. Prescription drugs | 10,001,407 | 8,078,321 | | | | | 1,923,086 | | | XXX |
| 13. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 14. Incentive pool, withhold adjustments and bonus amounts | 737,468 | 737,468 | | | | | | | | XXX |
| 15. Subtotal (Lines 8 to 14) | 66,044,456 | 52,587,131 | 0 | 0 | 0 | 0 | 13,457,325 | 0 | 0 | XXX |
| 16. Net reinsurance recoveries | 4,388 | 4,388 | | | | | | | | XXX |
| 17. Total medical and hospital (Lines 15 minus 16) | 66,040,068 | 52,582,743 | 0 | 0 | 0 | 0 | 13,457,325 | 0 | 0 | XXX |
| 18. Non-health claims (net) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 19. Claims adjustment expenses including \$ 2,072,442 cost containment expenses | 4,043,300 | 3,139,638 | | | | | 903,662 | | | |
| 20. General administrative expenses | 5,470,687 | 2,299,785 | | | | | 3,170,902 | | | |
| 21. Increase in reserves for accident and health contracts | 0 | | | | | | | | | XXX |
| 22. Increase in reserves for life contracts | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 23. Total underwriting deductions (Lines 17 to 22) | 75,554,055 | 58,022,166 | 0 | 0 | 0 | 0 | 17,531,889 | 0 | 0 | 0 |
| 24. Total underwriting gain or (loss) (Line 7 minus Line 23) | (2,705,807) | (1,455,215) | 0 | 0 | 0 | 0 | (1,250,592) | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 0501. | | | | | | | | | | XXX |
| 0502. | | | | | | | | | | XXX |
| 0503. | | | | | | | | | | XXX |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0601. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0602. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0603. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 1301. | | | | | | | | | | XXX |
| 1302. | | | | | | | | | | XXX |
| 1303. | | | | | | | | | | XXX |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

| Line of Business | 1 Direct Business | 2 Reinsurance Assumed | 3 Reinsurance Ceded | 4 Net Premium Income (Cols. 1 + 2 - 3) |
|---|-------------------------|-----------------------------|---------------------------|---|
| 1. Comprehensive (hospital and medical) | 57,274,868 | | 707,917 | 56,566,951 |
| 2. Medicare Supplement | | | | 0 |
| 3. Dental only | | | | 0 |
| 4. Vision only | | | | 0 |
| 5. Federal Employees Health Benefits Plan | 0 | | | 0 |
| 6. Title XVIII - Medicare | 16,290,183 | | 8,886 | 16,281,297 |
| 7. Title XIX - Medicaid | 0 | | | 0 |
| 8. Other health | | | | 0 |
| 9. Health subtotal (Lines 1 through 8) | 73,565,051 | 0 | 716,803 | 72,848,248 |
| 10. Life | 0 | | | 0 |
| 11. Property/casualty | 0 | | | 0 |
| 12. Totals (Lines 9 to 11) | 73,565,051 | 0 | 716,803 | 72,848,248 |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|------------|---------------------------------------|------------------------|-------------|-------------|---|----------------------------|--------------------------|--------------|---------------------|
| | Total | Comprehensive (Hospital & Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Payments during the year: | | | | | | | | | | |
| 1.1 Direct | 64,828,388 | 51,371,063 | | | | | 13,457,325 | | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | |
| 1.3 Reinsurance ceded | 326,130 | 326,130 | | | | | | | | |
| 1.4 Net | 64,502,258 | 51,044,933 | 0 | 0 | 0 | 0 | 13,457,325 | 0 | 0 | 0 |
| 2. Paid medical incentive pools and bonuses | 96,916 | 96,916 | | | | | | | | |
| 3. Claim liability December 31, current year from Part 2A: | | | | | | | | | | |
| 3.1 Direct | 5,605,600 | 4,303,200 | 0 | 0 | 0 | 0 | 1,302,400 | 0 | 0 | 0 |
| 3.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.4 Net | 5,605,600 | 4,303,200 | 0 | 0 | 0 | 0 | 1,302,400 | 0 | 0 | 0 |
| 4. Claim reserve December 31, current year from Part 2D: | | | | | | | | | | |
| 4.1 Direct | 0 | | | | | | | | | |
| 4.2 Reinsurance assumed | 0 | | | | | | | | | |
| 4.3 Reinsurance ceded | 0 | | | | | | | | | |
| 4.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Accrued medical incentive pools and bonuses, current year | 737,468 | 737,468 | | | | | | | | |
| 6. Net healthcare receivables (a) | 419,000 | 419,000 | | | | | | | | |
| 7. Amounts recoverable from reinsurers December 31, current year | 0 | | | | | | | | | |
| 8. Claim liability December 31, prior year from Part 2A: | | | | | | | | | | |
| 8.1 Direct | 4,708,000 | 4,030,400 | 0 | 0 | 0 | 0 | 677,600 | 0 | 0 | 0 |
| 8.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.4 Net | 4,708,000 | 4,030,400 | 0 | 0 | 0 | 0 | 677,600 | 0 | 0 | 0 |
| 9. Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | |
| 9.1 Direct | 0 | | | | | | | | | |
| 9.2 Reinsurance assumed | 0 | | | | | | | | | |
| 9.3 Reinsurance ceded | 0 | | | | | | | | | |
| 9.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Accrued medical incentive pools and bonuses, prior year | 96,916 | 96,916 | | | | | | | | |
| 11. Amounts recoverable from reinsurers December 31, prior year | 321,742 | 321,742 | | | | | | | | |
| 12. Incurred Benefits: | | | | | | | | | | |
| 12.1 Direct | 65,306,988 | 51,224,863 | 0 | 0 | 0 | 0 | 14,082,125 | 0 | 0 | 0 |
| 12.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.3 Reinsurance ceded | 4,388 | 4,388 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.4 Net | 65,302,600 | 51,220,475 | 0 | 0 | 0 | 0 | 14,082,125 | 0 | 0 | 0 |
| 13. Incurred medical incentive pools and bonuses | 737,468 | 737,468 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|-----------|---------------------------------------|------------------------|-------------|-------------|---|----------------------------|--------------------------|--------------|---------------------|
| | Total | Comprehensive (Hospital & Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other Health | Other Non-Health |
| 1. Reported in Process of Adjustment: | | | | | | | | | | |
| 1.1 Direct | 5,605,600 | 4,303,200 | | | | | 1,302,400 | | | |
| 1.2 Reinsurance assumed | .0 | | | | | | | | | |
| 1.3 Reinsurance ceded | .0 | | | | | | | | | |
| 1.4 Net | 5,605,600 | 4,303,200 | .0 | .0 | .0 | .0 | 1,302,400 | .0 | .0 | .0 |
| 2. Incurred but Unreported: | | | | | | | | | | |
| 2.1 Direct | .0 | | | | | | | | | |
| 2.2 Reinsurance assumed | .0 | | | | | | | | | |
| 2.3 Reinsurance ceded | .0 | | | | | | | | | |
| 2.4 Net | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | |
| 3.1 Direct | .0 | | | | | | | | | |
| 3.2 Reinsurance assumed | .0 | | | | | | | | | |
| 3.3 Reinsurance ceded | .0 | | | | | | | | | |
| 3.4 Net | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 4. TOTALS: | | | | | | | | | | |
| 4.1 Direct | 5,605,600 | 4,303,200 | .0 | .0 | .0 | .0 | 1,302,400 | .0 | .0 | .0 |
| 4.2 Reinsurance assumed | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 4.3 Reinsurance ceded | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 4.4 Net | 5,605,600 | 4,303,200 | 0 | 0 | 0 | 0 | 1,302,400 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HealthPartners UnityPoint Health, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid During the Year | | Claim Reserve and Claim Liability December 31 of Current Year | | 5 Claims Incurred In Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|---|---|---------------------------------------|--|---------------------------------------|---|--|
| | 1 | 2 | 3 | 4 | | |
| | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid December 31 of Prior Year | On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) | 4,331,079 | 46,906,753 | | 4,303,200 | 4,331,079 | 4,030,400 |
| 2. Medicare Supplement | | | | | 0 | 0 |
| 3. Dental Only | | | | | 0 | 0 |
| 4. Vision Only | | | | | 0 | 0 |
| 5. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 6. Title XVIII - Medicare | 552,356 | 13,033,812 | | 1,302,400 | 552,356 | 677,600 |
| 7. Title XIX - Medicaid | | | | | 0 | 0 |
| 8. Other health | | | | | 0 | 0 |
| 9. Health subtotal (Lines 1 to 8) | 4,883,435 | 59,940,565 | 0 | 5,605,600 | 4,883,435 | 4,708,000 |
| 10. Healthcare receivables (a) | | 419,000 | | | 0 | 0 |
| 11. Other non-health | | | | | 0 | 0 |
| 12. Medical incentive pools and bonus amounts | 96,916 | | | 737,468 | 96,916 | 96,916 |
| 13. Totals (Lines 9 - 10 + 11 + 12) | 4,980,351 | 59,521,565 | 0 | 6,343,068 | 4,980,351 | 4,804,916 |

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

| Year in Which Losses Were Incurred | | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-------------|-----------------------------|-----------|-----------|-----------|-----------|
| | | 1 2016 | 2 2017 | 3 2018 | 4 2019 | 5 2020 |
| 1. | Prior | 0 | 0 | 0 | 0 | 0 |
| 2. | 2016 | | | | | |
| 3. | 2017 | XXX | 3,592 | 3,967 | 3,766 | 3,766 |
| 4. | 2018 | XXX | XXX | 24,474 | 27,266 | 27,245 |
| 5. | 2019 | XXX | XXX | XXX | 54,110 | 58,559 |
| 6. | 2020 | XXX | XXX | XXX | XXX | 46,617 |

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

| Year in Which Losses Were Incurred | | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|-------------|--|-----------|-----------|-----------|-----------|
| | | 1 2016 | 2 2017 | 3 2018 | 4 2019 | 5 2020 |
| 1. | Prior | 0 | 0 | 0 | 0 | 0 |
| 2. | 2016 | | | | | |
| 3. | 2017 | XXX | 4,054 | 3,967 | 3,766 | 3,766 |
| 4. | 2018 | XXX | XXX | 27,921 | 27,266 | 27,245 |
| 5. | 2019 | XXX | XXX | XXX | 58,140 | 58,559 |
| 6. | 2020 | XXX | XXX | XXX | XXX | 50,920 |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payment | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|---------------------|---|----------------------------|--|----------------------------|--------------------|--|--|-----------------------------|
| 1. | 2016 | | | 0.0 | 0 | 0.0 | | | 0 | 0.0 |
| 2. | 2017 | 3,077 | 3,766 | 0.0 | 3,766 | 122.4 | | | 3,766 | 122.4 |
| 3. | 2018 | 25,568 | 27,245 | 0.0 | 27,245 | 106.6 | | | 27,245 | 106.6 |
| 4. | 2019 | 55,524 | 58,559 | 0.0 | 58,559 | 105.5 | | | 58,559 | 105.5 |
| 5. | 2020 | 57,275 | 46,617 | 0.0 | 46,617 | 81.4 | 5,040 | 98 | 51,755 | 90.4 |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

| Year in Which Losses Were Incurred | | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-------------|-----------------------------|-----------|-----------|-----------|-----------|
| | | 1 2016 | 2 2017 | 3 2018 | 4 2019 | 5 2020 |
| 1. | Prior | 0 | 0 | 0 | 0 | 0 |
| 2. | 2016 | | | | | |
| 3. | 2017 | XXX | 1,945 | 2,103 | 2,118 | 2,118 |
| 4. | 2018 | XXX | XXX | 5,521 | 5,996 | 6,004 |
| 5. | 2019 | XXX | XXX | XXX | 8,295 | 8,839 |
| 6. | 2020 | XXX | XXX | XXX | XXX | 12,905 |

Section B - Incurred Health Claims - Title XVIII

| Year in Which Losses Were Incurred | | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|-------------|--|-----------|-----------|-----------|-----------|
| | | 1 2016 | 2 2017 | 3 2018 | 4 2019 | 5 2020 |
| 1. | Prior | 0 | 0 | 0 | 0 | 0 |
| 2. | 2016 | | | | | |
| 3. | 2017 | XXX | 2,275 | 2,103 | 2,118 | 2,118 |
| 4. | 2018 | XXX | XXX | 6,177 | 5,996 | 6,004 |
| 5. | 2019 | XXX | XXX | XXX | 8,973 | 8,839 |
| 6. | 2020 | XXX | XXX | XXX | XXX | 14,208 |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payment | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|---------------------|---|----------------------------|--|----------------------------|--------------------|--|--|-----------------------------|
| 1. | 2016 | | | 0.0 | 0 | 0.0 | | | 0 | 0.0 |
| 2. | 2017 | 2,273 | 2,118 | 0.0 | 2,118 | 93.2 | | | 2,118 | 93.2 |
| 3. | 2018 | 7,746 | 6,004 | 0.0 | 6,004 | 77.5 | | | 6,004 | 77.5 |
| 4. | 2019 | 9,537 | 8,839 | 0.0 | 8,839 | 92.7 | | | 8,839 | 92.7 |
| 5. | 2020 | 16,290 | 12,905 | 0.0 | 12,905 | 79.2 | 1,303 | 29 | 14,237 | 87.4 |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

| Year in Which Losses Were Incurred | | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-------------|-----------------------------|-----------|-----------|-----------|-----------|
| | | 1 2016 | 2 2017 | 3 2018 | 4 2019 | 5 2020 |
| 1. | Prior | 0 | 0 | 0 | 0 | 0 |
| 2. | 2016 | 0 | 0 | 0 | 0 | 0 |
| 3. | 2017 | XXX | 5,537 | 6,070 | 5,884 | 5,884 |
| 4. | 2018 | XXX | XXX | 29,995 | 33,262 | 33,249 |
| 5. | 2019 | XXX | XXX | XXX | 62,405 | 67,398 |
| 6. | 2020 | XXX | XXX | XXX | XXX | 59,522 |

Section B - Incurred Health Claims - Grand Total

| Year in Which Losses Were Incurred | | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|-------------|--|-----------|-----------|-----------|-----------|
| | | 1 2016 | 2 2017 | 3 2018 | 4 2019 | 5 2020 |
| 1. | Prior | 0 | 0 | 0 | 0 | 0 |
| 2. | 2016 | 0 | 0 | 0 | 0 | 0 |
| 3. | 2017 | XXX | 6,329 | 6,070 | 5,884 | 5,884 |
| 4. | 2018 | XXX | XXX | 34,098 | 33,262 | 33,249 |
| 5. | 2019 | XXX | XXX | XXX | 67,113 | 67,398 |
| 6. | 2020 | XXX | XXX | XXX | XXX | 65,128 |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payment | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|---------------------|---|----------------------------|--|----------------------------|--------------------|--|--|-----------------------------|
| 1. 2016 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 | 0 | 0.0 |
| 2. 2017 | 5,350 | 5,884 | 0 | 0.0 | 5,884 | 110.0 | 0 | 0 | 5,884 | 110.0 |
| 3. 2018 | 33,314 | 33,249 | 0 | 0.0 | 33,249 | 99.8 | 0 | 0 | 33,249 | 99.8 |
| 4. 2019 | 65,061 | 67,398 | 0 | 0.0 | 67,398 | 103.6 | 0 | 0 | 67,398 | 103.6 |
| 5. 2020 | 73,565 | 59,522 | 0 | 0.0 | 59,522 | 80.9 | 6,343 | 127 | 65,992 | 89.7 |

12.GT

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|-------|---------------------------------------|------------------------|-------------|-------------|---|----------------------------|--------------------------|-------|
| | Total | Comprehensive (Hospital & Medical) | Medicare Supplement | Dental Only | Vision Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| 1. Unearned premium reserves | | | | | | | | | |
| 2. Additional policy reserves (a) | | | | | | | | | |
| 3. Reserve for future contingent benefits | | | | | | | | | |
| 4. Reserve for rate credits or experience rating refunds (including \$) for investment income | | | | | | | | | |
| 5. Aggregate write-ins for other policy reserves | | | | | | | | | |
| 6. Totals (gross) | | | | | | | | | |
| 7. Reinsurance ceded | | | | | | | | | |
| 8. Totals (Net)(Page 3, Line 4) | | | | | | | | | |
| 9. Present value of amounts not yet due on claims | | | | | | | | | |
| 10. Reserve for future contingent benefits | | | | | | | | | |
| 11. Aggregate write-ins for other claim reserves | | | | | | | | | |
| 12. Totals (gross) | | | | | | | | | |
| 13. Reinsurance ceded | | | | | | | | | |
| 14. Totals (Net)(Page 3, Line 7) | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 0501. | | | | | | | | | |
| 0502. | | | | | | | | | |
| 0503. | | | | | | | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page..... | | | | | | | | | |
| 0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) | | | | | | | | | |
| 1101. | | | | | | | | | |
| 1102. | | | | | | | | | |
| 1103. | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | | | | | | |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) | | | | | | | | | |

NONE

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

| | Claim Adjustment Expenses | | 3 General Administrative Expenses | 4 Investment Expenses | 5 Total |
|--|--------------------------------------|--|--|-----------------------------|---------------|
| | 1 Cost Containment Expenses | 2 Other Claim Adjustment Expenses | | | |
| 1. Rent (\$ for occupancy of own building) | | | 80,558 | | 80,558 |
| 2. Salary, wages and other benefits | | | 511,214 | | 511,214 |
| 3. Commissions (less \$ ceded plus \$ assumed) | | | 2,032,049 | | 2,032,049 |
| 4. Legal fees and expenses | | | | | 0 |
| 5. Certifications and accreditation fees | | | | | 0 |
| 6. Auditing, actuarial and other consulting services | | | 518,687 | | 518,687 |
| 7. Traveling expenses | | | 2,274 | | 2,274 |
| 8. Marketing and advertising | | | 1,162,331 | | 1,162,331 |
| 9. Postage, express and telephone | | | 47,204 | | 47,204 |
| 10. Printing and office supplies | | | 4,354 | | 4,354 |
| 11. Occupancy, depreciation and amortization | | | | | 0 |
| 12. Equipment | | | (1,575) | | (1,575) |
| 13. Cost or depreciation of EDP equipment and software | | | 273 | | 273 |
| 14. Outsourced services including EDP, claims, and other services | | | | | 0 |
| 15. Boards, bureaus and association fees | | | 12,858 | | 12,858 |
| 16. Insurance, except on real estate | | | 5,747 | | 5,747 |
| 17. Collection and bank service charges | | | | | 0 |
| 18. Group service and administration fees | | | | | 0 |
| 19. Reimbursements by uninsured plans | (280,840) | (233,740) | (12,514,042) | | (13,028,622) |
| 20. Reimbursements from fiscal intermediaries | | | | | 0 |
| 21. Real estate expenses | | | | | 0 |
| 22. Real estate taxes | | | | | 0 |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes | | | | | 0 |
| 23.2 State premium taxes | | | 572,749 | | 572,749 |
| 23.3 Regulatory authority licenses and fees | | | 6,154 | | 6,154 |
| 23.4 Payroll taxes | | | | | 0 |
| 23.5 Other (excluding federal income and real estate taxes) | | | 527,202 | | 527,202 |
| 24. Investment expenses not included elsewhere | | | | 69,423 | 69,423 |
| 25. Aggregate write-ins for expenses | 2,353,282 | 2,204,598 | 12,502,650 | 0 | 17,060,530 |
| 26. Total expenses incurred (Lines 1 to 25) | 2,072,442 | 1,970,858 | 5,470,687 | 69,423 | (a) 9,583,410 |
| 27. Less expenses unpaid December 31, current year | | 127,400 | 9,037,692 | | 9,165,092 |
| 28. Add expenses unpaid December 31, prior year | | 107,000 | 8,894,307 | | 9,001,307 |
| 29. Amounts receivable relating to uninsured plans, prior year | | | 7,056,988 | | 7,056,988 |
| 30. Amounts receivable relating to uninsured plans, current year | | | 2,952,986 | | 2,952,986 |
| 31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) | 2,072,442 | 1,950,458 | 1,223,300 | 69,423 | 5,315,623 |
| DETAILS OF WRITE-INS | | | | | |
| 2501. Admin services provided by HealthPartners Administrators, Inc. | 2,353,282 | 1,958,611 | 12,340,448 | | 16,652,341 |
| 2502. Network access fees | | 245,987 | | | 245,987 |
| 2503. Medicare Advantage risk share with UnityPoint Health | | | 140,948 | | 140,948 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 21,254 | 0 | 21,254 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | 2,353,282 | 2,204,598 | 12,502,650 | 0 | 17,060,530 |

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|---|----------------------------|-------------------------|
| 1. U.S. government bonds | (a) | |
| 1.1 Bonds exempt from U.S. tax | (a) | |
| 1.2 Other bonds (unaffiliated) | (a) | |
| 1.3 Bonds of affiliates | (a) | |
| 2.1 Preferred stocks (unaffiliated) | (b) | |
| 2.11 Preferred stocks of affiliates | (b) | |
| 2.2 Common stocks (unaffiliated) | | |
| 2.21 Common stocks of affiliates | | |
| 3. Mortgage loans | (c) | |
| 4. Real estate | (d) | |
| 5. Contract Loans | | |
| 6. Cash, cash equivalents and short-term investments | (e) 109,956 | 80,305 |
| 7. Derivative instruments | (f) | |
| 8. Other invested assets | | |
| 9. Aggregate write-ins for investment income | 0 | 0 |
| 10. Total gross investment income | 109,956 | 80,305 |
| 11. Investment expenses | | (g) 69,423 |
| 12. Investment taxes, licenses and fees, excluding federal income taxes | | (g) 0 |
| 13. Interest expense | | (h) |
| 14. Depreciation on real estate and other invested assets | | (i) |
| 15. Aggregate write-ins for deductions from investment income | | 0 |
| 16. Total deductions (Lines 11 through 15) | | 69,423 |
| 17. Net investment income (Line 10 minus Line 16) | | 10,882 |
| DETAILS OF WRITE-INS | | |
| 0901. | | |
| 0902. | | |
| 0903. | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | 0 | 0 |
| 0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) | 0 | 0 |
| 1501. | | |
| 1502. | | |
| 1503. | | |
| 1598. Summary of remaining write-ins for Line 15 from overflow page | | 0 |
| 1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) | | 0 |

- (a) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ 69,423 investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 | 2 | 3 | 4 | 5 |
|--|--|-------------------------------|--|--|---|
| | Realized Gain (Loss) On Sales or Maturity | Other Realized Adjustments | Total Realized Capital Gain (Loss) (Columns 1 + 2) | Change in Unrealized Capital Gain (Loss) | Change in Unrealized Foreign Exchange Capital Gain (Loss) |
| 1. U.S. Government bonds | | | | | |
| 1.1 Bonds exempt from U.S. tax | | | | | |
| 1.2 Other bonds (unaffiliated) | | | | | |
| 1.3 Bonds of affiliates | | | | | |
| 2.1 Preferred stocks (unaffiliated) | | | | | |
| 2.11 Preferred stocks of affiliates | | | | | |
| 2.2 Common stocks (unaffiliated) | | | | | |
| 2.21 Common stocks of affiliates | | | | | |
| 3. Mortgage loans | | | | | |
| 4. Real estate | | | | | |
| 5. Contract loans | | | | | |
| 6. Cash, cash equivalents and short-term investments | | | | | |
| 7. Derivative instruments | | | | | |
| 8. Other invested assets | | | | | |
| 9. Aggregate write-ins for capital gains (losses) | | | | | |
| 10. Total capital gains (losses) | | | | | |
| NONE | | | | | |
| DETAILS OF WRITE-INS | | | | | |
| 0901. | | | | | |
| 0902. | | | | | |
| 0903. | | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | | | | | |
| 0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) | | | | | |

Exhibit of Nonadmitted Assets

N O N E

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment | Total Members at End of | | | | | 6 Current Year Member Months |
|--|-------------------------|--------------------|---------------------|--------------------|-------------------|------------------------------------|
| | 1 Prior Year | 2 First Quarter | 3 Second Quarter | 4 Third Quarter | 5 Current Year | |
| 1. Health Maintenance Organizations | | | | | | |
| 2. Provider Service Organizations | | | | | | |
| 3. Preferred Provider Organizations | | | | | | |
| 4. Point of Service | 12,449 | 11,995 | 12,057 | 12,182 | 12,079 | 144,973 |
| 5. Indemnity Only | | | | | | |
| 6. Aggregate write-ins for other lines of business | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total | 12,449 | 11,995 | 12,057 | 12,182 | 12,079 | 144,973 |
| DETAILS OF WRITE-INS | | | | | | |
| 0601. | | | | | | |
| 0602. | | | | | | |
| 0603. | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) | 0 | 0 | 0 | 0 | 0 | 0 |

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 # | 2020 | 2019 |
|---|--------|-------------|---------------|-----------------------|-----------------------|
| NET INCOME | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 3) | | | | \$ (2,694,925) | \$ (9,231,628) |
| (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 | <u>\$ -</u> | <u>\$ -</u> |
| (4) NAIC SAP (1-2-3=4) | | | | <u>\$ (2,694,925)</u> | <u>\$ (9,231,628)</u> |
| SURPLUS | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | | | | \$ 7,477,540 | \$ 10,172,465 |
| (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 | <u>\$ -</u> | <u>\$ -</u> |
| (8) NAIC SAP (5-6-7=8) | | | | <u>\$ 7,477,540</u> | <u>\$ 10,172,465</u> |

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with the Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policies

Premium revenue is recognized in the period in which enrollees are entitled to receive healthcare services. Premiums received in advance of a coverage period are recorded as premiums received in advance.

In addition, the Company uses the following accounting policies:

(1)-(9) None

(10) The Company does not consider anticipated investment income in the premium deficiency calculations.

(11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are periodically reviewed and any adjustments are reflected in the period determined.

(12) The Company has not modified its capitalization policy from the prior period.

(13) The Company estimates pharmacy rebates based on historical data, modified for current trends.

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

NOTES TO FINANCIAL STATEMENTS

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 | \$ 5,254,389 | \$ 5,229,888 | \$ 24,501 | \$ - | \$ 5,254,389 | 19.989% | 19.989% |
| 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 | \$ 5,254,389 | \$ 5,229,888 | \$ 24,501 | \$ - | \$ 5,254,389 | 19.989% | 19.989% |

(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

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

A. The Company non-admits all investment income due and accrued amounts that are over 90 days past due and all amounts deemed to be uncollectible.

B. The total amount non-admitted was \$0.

8. Derivative Instruments - None

9. Income Taxes

A. Not Applicable

1-3. Not Applicable

4. Not Applicable

b. Do the Company's tax-planning strategies include the use of reinsurance?

Yes [] No [X]

B. None

NOTES TO FINANCIAL STATEMENTS

C. Current income taxes incurred consist of the following major components:

| | (1) 12/31/2020 | (2) 12/31/2019 | (3) (Col. 1 - 2) Change |
|---|-------------------|-------------------|-------------------------------|
| 1. Current Income Tax | | | |
| (a) Federal | \$ - | \$ - | \$ - |
| (b) Foreign | \$ - | \$ - | \$ - |
| (c) Subtotal | \$ - | \$ - | \$ - |
| (d) Federal income tax on net capital gains | \$ - | \$ - | \$ - |
| (e) Utilization of capital loss carry-forwards | \$ - | \$ - | \$ - |
| (f) Other | \$ - | \$ - | \$ - |
| (g) Federal and foreign income taxes incurred | \$ - | \$ - | \$ - |
| 2. Deferred Tax Assets: | | | |
| (a) Ordinary: | | | |
| (1) Discounting of unpaid losses | \$ - | \$ - | \$ - |
| (2) Unearned premium reserve | \$ - | \$ - | \$ - |
| (3) Policyholder reserves | \$ - | \$ - | \$ - |
| (4) Investments | \$ - | \$ - | \$ - |
| (5) Deferred acquisition costs | \$ - | \$ - | \$ - |
| (6) Policyholder dividends accrual | \$ - | \$ - | \$ - |
| (7) Fixed Assets | \$ - | \$ - | \$ - |
| (8) Compensation and benefits accrual | \$ - | \$ - | \$ - |
| (9) Pension accrual | \$ - | \$ - | \$ - |
| (10) Receivables - nonadmitted | \$ - | \$ - | \$ - |
| (11) Net operating loss carry-forward | \$ - | \$ - | \$ - |
| (12) Tax credit carry-forward | \$ - | \$ - | \$ - |
| (13) Other (including items <5% of total ordinary tax assets) | \$ - | \$ - | \$ - |
| (99) Subtotal | \$ - | \$ - | \$ - |
| (b) Statutory valuation allowance adjustment | \$ - | \$ - | \$ - |
| (c) Nonadmitted | \$ - | \$ - | \$ - |
| (d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) | \$ - | \$ - | \$ - |
| (e) Capital: | | | |
| (1) Investments | \$ - | \$ - | \$ - |
| (2) Net capital loss carry-forward | \$ - | \$ - | \$ - |
| (3) Real estate | \$ - | \$ - | \$ - |
| (4) Other (including items <5% of total ordinary tax assets) | \$ - | \$ - | \$ - |
| (99) Subtotal | \$ - | \$ - | \$ - |
| (f) Statutory valuation allowance adjustment | \$ - | \$ - | \$ - |
| (g) Nonadmitted | \$ - | \$ - | \$ - |
| (h) Admitted capital deferred tax assets (2e99 - 2f - 2g) | \$ - | \$ - | \$ - |
| (i) Admitted deferred tax assets (2d + 2h) | \$ - | \$ - | \$ - |
| 3. Deferred Tax Liabilities: | | | |
| (a) Ordinary: | | | |
| (1) Investments | \$ - | \$ - | \$ - |
| (2) Fixed Assets | \$ - | \$ - | \$ - |
| (3) Deferred and uncollected premium | \$ - | \$ - | \$ - |
| (4) Policyholder reserves | \$ - | \$ - | \$ - |
| (5) Other (including items <5% of total ordinary tax liabilities) | \$ - | \$ - | \$ - |
| (99) Subtotal | \$ - | \$ - | \$ - |
| (b) Capital: | | | |
| (1) Investments | \$ - | \$ - | \$ - |
| (2) Real estate | \$ - | \$ - | \$ - |
| (3) Other (including items <5% of total capital tax liabilities) | \$ - | \$ - | \$ - |
| (99) Subtotal | \$ - | \$ - | \$ - |
| (c) Deferred tax liabilities (3a99 + 3b99) | \$ - | \$ - | \$ - |
| 4. Net deferred tax assets/liabilities (2i - 3c) | \$ - | \$ - | \$ - |

D. The tax provision for income tax incurred is different from that which would be obtained by applying the Federal income tax rate to income before taxes due to the following:

| | 12/31/2020 | Effective tax rate |
|---|----------------|--------------------|
| Net income (loss) before tax | \$ (2,694,925) | |
| Statutory tax rate | 21% | |
| Expected income tax expense (benefit) at 21% statutory rate | \$ (565,934) | 21% |
| Permanent differences | \$ - | 0% |
| Tax on nonadmitted assets | \$ - | 0% |
| Tax contingency | \$ - | 0% |
| Valuation allowance | \$ - | 0% |
| Other adjustments | \$ 565,934 | 0% |
| Total | \$ (0) | 0% |
| Federal income taxes incurred | \$ - | 0% |
| Change in net deferred income taxes | \$ - | 0% |
| Total statutory income taxes | \$ - | 0% |

E. Carryforward, recoverable taxes, and IRS section 6603 deposits:

1.-3. None

F. The Company's federal income tax return is not consolidated with any other entities.

G. None

H. Not Applicable

I. Not Applicable

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

A-C. Not Applicable

D. At December 31, 2020 and 2019, the Company reported \$1,123,306 and \$231,325, respectively, receivables 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

NOTES TO FINANCIAL STATEMENTS

- 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. The Company has 250,000 Class A shares and 250,000 of Class B shares authorized. At December 31, 2020 the Company had 5,000 Class A and 5,000 Class B shares, issued and outstanding, with a par value of \$100 per share.

B. None

C. The ability of the Company to pay cash dividends to HealthPartners or UnityPoint Health is restricted by law or subject to approval of the insurance regulatory authorities of Iowa. These authorities recognize only statutory accounting practices for determining the ability of an insurer to pay dividends to its shareholders. Under Iowa insurance law regulating the payment of dividends by the Company, dividends must be paid solely from the adjusted surplus of the Company. Earned surplus, also known as unassigned funds, shall be determined in accordance with statutory accounting practices governing preparation of its annual statements. Further, pursuant to Iowa legal requirements, dividend payments from the Company to its shareholders are limited in any year to 10% of statutory capital and surplus at the prior year end. In addition, any dividends paid, which, when combined with other dividends paid within the previous 12 month period, exceed the greater of 10% of statutory capital and surplus at the prior year end or 100% of the Company's statutory net gain from operations (not including realized capital gains and losses) for the preceding year require the prior consent of the IID. Based on these limitations and 2020 statutory results, the maximum amount available for the payment of dividends during 2021 by the Company without prior regulatory approval is \$747,754. Dividends are paid as determined by the board of directors, subject to the limitation described above.

D. None

E. None

F. None

G. None

H. None

I. None

J. None

K. None

L. None

M. None

14. Liabilities, Contingencies and Assessments

A. None

B. The State of Iowa has imposed a premium tax on every domestic and foreign insurance company. The rate of tax is equal to 1% of all gross premiums on all direct business received by the insurer or agents of the insurer in Iowa. Premium tax expense was \$572,749 and \$553,719 for 2020 and 2019, respectively, and is recorded in general administrative expenses on the statutory statements of revenues and expenses.

C. None

D. None

E. None

F. The Company is involved in litigation, regulatory investigations, and audits arising in the normal course of business. It is management's opinion that these matters will be resolved without material adverse effect on the Company's statutory statements of assets, liabilities, and capital and surplus or the statutory statements of revenues and expenses.

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 (loss)/gain from operations from Administrative Services Only (ASO) uninsured plans was as follows during 2020 and 2019:

| | 2020 | 2019 |
|--|----------------|----------------|
| a. Net reimbursement for administrative expenses (including administrative fees) in excess of or (under) actual expenses | \$ (62,367) | \$ 96,942 |
| b. Total net other income or expenses (including interest paid to or received from plans) | \$ 1,675 | \$ 67,317 |
| c. Net gain or (loss) from operations | \$ (60,692) | \$ 164,259 |
| d. Total claim payment volume | \$ 256,119,378 | \$ 241,667,722 |

B.-C. None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

| Name and Address of Managing General Agent or Third Party Administrator | FEIN NUMBER | Exclusive Contract | Types of Business Written | Type of Authority Granted | Total Direct Premiums Written/Produced By |
|---|-------------|--------------------|---------------------------|---------------------------|---|
| HealthPartners Administrators, Inc. 8170 33rd Avenue S. Minneapolis, MN 55440 | 41-1629390 | No | Health | C CA B P U | \$ 73,565,051 - - - - |
| Total | | | | | \$ 73,565,051 |

C - Claims Payment
CA - Claims Adjustment
R - Reinsurance Ceding
B - Binding Authority
P - Premium Collection
U - Underwriting

20. Fair Value Measurements

A.-B. None

C. The following table summarizes fair value measurements and admitted asset values for all financial instruments as of December 31, 2020.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|----------------------|----------------------|-------------|-------------|-----------------------|----------------------------------|
| Cash Equivalents | \$ 10,156,057 | \$ 10,156,057 | \$ 10,156,057 | \$ - | \$ - | \$ - | \$ - |
| | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total | \$ 10,156,057 | \$ 10,156,057 | \$ 10,156,057 | \$ - | \$ - | \$ - | \$ - |

D. Not Applicable

E. None

21. Other Items

A.-H. None

22. Events Subsequent

There is a 2021 suspension of the annual insurer fee under section 9010 of the Federal Affordable Care Act.

| Description | Current Year | Prior Year |
|--|--------------|---------------|
| A. Did the reporting entity write accident and health insurance premium that is subject to Section 9101 of the federal Affordable Care Act (YES/NO)? | No | Yes |
| B. ACA fee assessment payable for the upcoming year | \$ - | \$ - |
| C. ACA fee assessment paid | \$ - | \$ 527,202 |
| D. Premium written subject to ACA 9010 assessment | \$ - | \$ 65,061,500 |
| E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14) | \$ 7,477,540 | \$ 10,172,465 |
| F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above) | \$ 7,477,540 | \$ 10,172,465 |
| G. Authorized Control Level (Five-Year Historical Line 15) | \$ 3,276,316 | \$ 3,374,659 |
| H. Would reporting the ACA assessment as of December 31, 2020 have triggered an RBC action level (YES/NO)? | No | No |

There have been no other events occurring subsequent to December 31, 2020, which have a material effect on the statutory basis financial position, results of operations, or cash flows of the Company.

NOTES TO FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
() Yes (X) No
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?
() Yes (X) No

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?
() Yes (X) No
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?
() Yes (X) No

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contract that were in force or which had existing reserves established by the company as of the effective date of the agreement?
() Yes (X) No

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

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

NOTES TO FINANCIAL STATEMENTS**25. Change in Incurred Claims and Claim Adjustment Expenses**

As the unpaid claims and claims adjustment expenses liability includes various actuarially developed estimates, the Company's actual claims experience may be more or less than the Company's previously developed estimates. The Company's unpaid claims decreased at December 31, 2019 and 2018 by \$49,391 and \$1,394,160, respectively, in the following year for claims that had occurred on or prior to those balance sheet dates. These adjustments resulted from the Company's actual claims expenses related to prior years totaling less than the estimates previously made by the Company. These changes in reserves are generally the result of ongoing analysis of recent loss development trends. Adjustments of prior-year estimates may result in additional claims expenses or a reduction in claims expenses may be offset as the Company establishes its accrual for current-year claims expenses. No return premiums were due as a result of the adjustments in the claims liability. Adjustments made to the claims liability for unpaid claims processing expense during 2020 and 2019 were immaterial.

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 |
|------------|--|---|---|--|--|
| 12/31/2020 | \$ 976 | \$ 976 | \$ 142 | 0 | 0 |
| 9/30/2020 | \$ 1,099 | \$ 1,099 | \$ 916 | 0 | 0 |
| 6/30/2020 | \$ 1,002 | \$ 1,002 | \$ 833 | 0 | 0 |
| 3/31/2020 | \$ 735 | \$ 735 | \$ 745 | 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 12/31/2020
3. Was anticipated investment income utilized in the calculation? Yes [] No [X]

31. Anticipated Salvage and Subrogation

Due to the type of business being written, the Company has no salvage. As of December 31, 2020 and 2019, the Company has no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculation used to develop the estimates of unpaid claims.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 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, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? Iowa
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2019
- 3.2 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.
- 3.3 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).
- 3.4 By what department or departments?
Iowa Insurance Division
- 3.5 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]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No []
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

- 6.1 Has the 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]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
7.21 State the percentage of foreign control; %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

| 1 Nationality | 2 Type of Entity |
|------------------|---------------------|
| | |

GENERAL INTERROGATORIES

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG LLP, 4200 Wells Fargo Center, 90 South Seventh Street, Minneapolis, MN 55402
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Alisa Widmer, KPMG LLP, KPMG Plaza, 2323 Ross Avenue, Suite 1400, Dallas, TX 75201
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value \$
- 12.2 If, yes provide explanation:
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- 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.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1 American Bankers Association (ABA) Routing Number | 2 Issuing or Confirming Bank Name | 3 Circumstances That Can Trigger the Letter of Credit | 4 Amount |
|--|--------------------------------------|--|-------------|
| | | | |

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|---|----|--|
| 20.11 To directors or other officers..... | \$ | |
| 20.12 To stockholders not officers..... | \$ | |
| 20.13 Trustees, supreme or grand (Fraternal Only) | \$ | |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|---|----|--|
| 20.21 To directors or other officers..... | \$ | |
| 20.22 To stockholders not officers..... | \$ | |
| 20.23 Trustees, supreme or grand (Fraternal Only) | \$ | |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|---------------------------------|----|--|
| 21.21 Rented from others..... | \$ | |
| 21.22 Borrowed from others..... | \$ | |
| 21.23 Leased from others | \$ | |
| 21.24 Other | \$ | |
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- | | | |
|---|----|--|
| 22.21 Amount paid as losses or risk adjustment \$ | | |
| 22.22 Amount paid as expenses | \$ | |
| 22.23 Other amounts paid | \$ | |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [X] No []
- 24.02 If no, give full and complete information relating thereto
.....
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
.....
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES

24.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

| | | |
|--|----------|---|
| 24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ | 0 |
| 24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ | 0 |
| 24.093 Total payable for securities lending reported on the liability page | \$ | 0 |

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)..... Yes [] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

| | | |
|--|----------|-----------|
| 25.21 Subject to repurchase agreements | \$ | |
| 25.22 Subject to reverse repurchase agreements | \$ | |
| 25.23 Subject to dollar repurchase agreements | \$ | |
| 25.24 Subject to reverse dollar repurchase agreements | \$ | |
| 25.25 Placed under option agreements | \$ | |
| 25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock | \$ | |
| 25.27 FHLB Capital Stock | \$ | |
| 25.28 On deposit with states | \$ | 5,254,389 |
| 25.29 On deposit with other regulatory bodies | \$ | |
| 25.30 Pledged as collateral - excluding collateral pledged to an FHLB | \$ | |
| 25.31 Pledged as collateral to FHLB - including assets backing funding agreements | \$ | |
| 25.32 Other | \$ | |

25.3 For category (25.26) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | |

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?..... Yes [] No []

26.2 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.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [] No []

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

| | |
|--|--|
| 26.41 Special accounting provision of SSAP No. 108 | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 26.42 Permitted accounting practice | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| 26.43 Other accounting guidance | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:..... Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?..... Yes [] No []

27.2 If yes, state the amount thereof at December 31 of the current year..... \$

28. 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 [] No []

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian's Address |
|--|--|
| Wells Fargo Institutional Trust Services | 608 2nd Avenue South MAC N9303-08B Minneapolis, MN 54799 |

GENERAL INTERROGATORIES

28.02 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) |
|--------------|------------------|------------------------------|
| | | |

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [] No []

28.04 If yes, give full and complete information relating thereto:

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

28.05 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 |
|---------------------------------|------------------|
| | |

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 [] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No []

28.06 For those firms or individuals listed in the table for 28.05 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 |
| DTC2027 | Wells Fargo Institutional Trust Services | | Not a Registered Investment Advisor | NO..... |

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No []

29.2 If yes, complete the following schedule:

| 1 | 2 | 3 |
|-----------------|---------------------|------------------------------|
| CUSIP # | Name of Mutual Fund | Book/Adjusted Carrying Value |
| 29.2999 - Total | | 0 |

29.3 For each mutual fund listed in the table above, complete the following schedule:

| 1 | 2 | 3 | 4 |
|--|--|--|-------------------|
| Name of Mutual Fund (from above table) | Name of Significant Holding of the Mutual Fund | Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | Date of Valuation |
| | | | |

GENERAL INTERROGATORIES

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

| | 1 | 2 | 3 |
|-----------------------------|-------------------------------|------------|--|
| | Statement (Admitted) Value | Fair Value | Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
| 30.1 Bonds | 0 | 0 | 0 |
| 30.2 Preferred stocks | 0 | 0 | 0 |
| 30.3 Totals | 0 | 0 | 0 |

30.4 Describe the sources or methods utilized in determining the fair values:
Not applicable.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

32.2 If no, list exceptions:
.....

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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]

34. 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]

35. 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]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES

OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| N/A | 0 |

38.1 Amount of payments for legal expenses, if any?\$0

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| N/A | 0 |

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| N/A | 0 |

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only. \$ _____

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ _____

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ _____ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ _____ 0

1.62 Total incurred claims \$ _____ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ _____ 0

1.65 Total incurred claims \$ _____ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ _____ 0

1.72 Total incurred claims \$ _____ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ _____ 0

1.75 Total incurred claims \$ _____ 0

1.76 Number of covered lives 0

2. Health Test:

| | 1 Current Year | 2 Prior Year |
|-----------------------------------|-------------------|-----------------|
| 2.1 Premium Numerator | 72,848,248 | 64,365,627 |
| 2.2 Premium Denominator | 72,848,248 | 64,365,627 |
| 2.3 Premium Ratio (2.1/2.2) | 1.000 | 1.000 |
| 2.4 Reserve Numerator | 6,343,068 | 4,708,000 |
| 2.5 Reserve Denominator | 6,343,068 | 4,708,000 |
| 2.6 Reserve Ratio (2.4/2.5) | 1.000 | 1.000 |

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No [X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ _____

5.32 Medical Only \$ _____ 750,000

5.33 Medicare Supplement \$ _____

5.34 Dental & Vision \$ _____

5.35 Other Limited Benefit Plan \$ _____

5.36 Other \$ _____

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 85,336

8.2 Number of providers at end of reporting year 91,808

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [X] No []

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months..\$ 460,000

9.22 Business with rate guarantees over 36 months \$ _____

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No

10.2 If yes:

| | | |
|--|----|---------|
| 10.21 Maximum amount payable bonuses..... | \$ | 737,468 |
| 10.22 Amount actually paid for year bonuses..... | \$ | 730,093 |
| 10.23 Maximum amount payable withholds..... | \$ | 0 |
| 10.24 Amount actually paid for year withholds..... | \$ | 0 |

11.1 Is the reporting entity organized as:

| | | |
|---|------------------------------|--|
| 11.12 A Medical Group/Staff Model, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.13 An Individual Practice Association (IPA), or, | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.14 A Mixed Model (combination of above)? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes No

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Iowa

11.4 If yes, show the amount required. \$ 5,000,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

| 1 Name of Service Area |
|---|
| All 99 counties in Iowa for Commercial. For Medicare Advantage, the following counties in Iowa: Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cherokee, Clarke, Clayton, Dallas, Delaware, Fayette, Greene, Grundy, Hamilton, Hardin, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Linn, Marion, Marshall, Muscatine, Plymouth, Polk, Poweshiek, Scott, Story, Tama, Warren, Webster, Woodbury and Wright. Also, for Medicare Advantage, the following counties in Illinois: Fulton, JoDaviess, Peoria, Rock Island, Stark and Tazewell. ... |

13.1 Do you act as a custodian for health savings accounts? Yes No

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

13.3 Do you act as an administrator for health savings accounts? Yes No

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes No N/A

14.2 If the answer to 14.1 is yes, please provide the following:

| 1 Company Name | 2 NAIC Company Code | 3 Domiciliary Jurisdiction | 4 Reserve Credit | Assets Supporting Reserve Credit | | |
|-------------------|------------------------|-------------------------------|---------------------|----------------------------------|-----------------------|------------|
| | | | | 5 Letters of Credit | 6 Trust Agreements | 7 Other |
| | | | | | | |

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

| | | |
|------------------------------------|----|--|
| 15.1 Direct Premium Written | \$ | |
| 15.2 Total Incurred Claims | \$ | |
| 15.3 Number of Covered Lives | | |

| *Ordinary Life Insurance Includes |
|---|
| Term(whether full underwriting, limited underwriting, jet issue, "short form app") |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without secondary gurarantee) |
| Universal Life (with or without secondary gurarantee) |
| Variable Universal Life (with or without secondary gurarantee) |

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes No

16.1 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

FIVE-YEAR HISTORICAL DATA

| | 1 2020 | 2 2019 | 3 2018 | 4 2017 | 5 2016 |
|--|-------------|-------------|-------------|-------------|-------------|
| Balance Sheet (Pages 2 and 3) | | | | | |
| 1. Total admitted assets (Page 2, Line 28) | 26,286,705 | 24,498,227 | 27,880,688 | 21,716,868 | 19,151,000 |
| 2. Total liabilities (Page 3, Line 24) | 18,809,165 | 14,325,762 | 14,476,595 | 6,738,658 | 743,000 |
| 3. Statutory minimum capital and surplus requirement | 5,000,000 | 5,000,000 | 3,113,828 | 1,266,192 | 3,000 |
| 4. Total capital and surplus (Page 3, Line 33) | 7,477,540 | 10,172,465 | 13,404,093 | 14,978,210 | 18,408,000 |
| Income Statement (Page 4) | | | | | |
| 5. Total revenues (Line 8) | 72,848,248 | 64,365,627 | 45,075,381 | 15,147,693 | 0 |
| 6. Total medical and hospital expenses (Line 18) | 66,040,068 | 66,091,281 | 33,839,080 | 6,329,268 | 0 |
| 7. Claims adjustment expenses (Line 20) | 4,043,300 | 3,750,378 | 3,800,360 | 2,812,235 | 0 |
| 8. Total administrative expenses (Line 21) | 5,470,687 | 4,199,137 | 13,316,993 | 9,476,490 | 2,566,000 |
| 9. Net underwriting gain (loss) (Line 24) | (2,705,807) | (9,675,169) | (5,881,052) | (3,470,300) | (2,566,000) |
| 10. Net investment gain (loss) (Line 27) | 10,882 | 443,541 | 299,199 | 48,028 | 17,000 |
| 11. Total other income (Lines 28 plus 29) | 0 | 0 | 0 | 0 | 0 |
| 12. Net income or (loss) (Line 32) | (2,694,925) | (9,231,628) | (5,581,853) | (3,425,139) | (2,549,000) |
| Cash Flow (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | 5,481,614 | (9,880,788) | (1,534,226) | (165,114) | (2,451,000) |
| Risk-Based Capital Analysis | | | | | |
| 14. Total adjusted capital | 7,477,540 | 10,172,465 | 13,404,093 | 14,978,210 | 18,408,000 |
| 15. Authorized control level risk-based capital | 3,260,888 | 3,374,659 | 2,075,885 | 844,128 | 2,000 |
| Enrollment (Exhibit 1) | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | 12,079 | 12,449 | 8,431 | 1,350 | |
| 17. Total members months (Column 6, Line 7) | 144,973 | 142,857 | 75,690 | 11,579 | |
| Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) | 90.7 | 102.7 | 101.6 | 118.3 | 0.0 |
| 20. Cost containment expenses | 2.8 | 3.1 | 6.0 | 30.3 | 0.0 |
| 21. Other claims adjustment expenses | 2.7 | 2.7 | 5.4 | 22.3 | 0.0 |
| 22. Total underwriting deductions (Line 23) | 103.7 | 115.0 | 153.0 | 348.0 | 0.0 |
| 23. Total underwriting gain (loss) (Line 24) | (3.7) | (15.0) | (17.7) | (64.9) | 0.0 |
| Unpaid Claims Analysis (U&I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 13, Col. 5) | 4,980,351 | 3,080,995 | 532,840 | 0 | |
| 25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] | 4,804,916 | 4,102,750 | 792,000 | 0 | |
| Investments In Parent, Subsidiaries and Affiliates | | | | | |
| 26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) | | | | | |
| 27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) | | | | | |
| 28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) | | | | | |
| 29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) | | | | 0 | 0 |
| 30. Affiliated mortgage loans on real estate | | | | | |
| 31. All other affiliated | | | | | |
| 32. Total of above Lines 26 to 31 | 0 | 0 | 0 | 0 | 0 |
| 33. Total investment in parent included in Lines 26 to 31 above | | | | | |

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []
 If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HealthPartners UnityPoint Health, Inc.
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

| 1 States, etc. | Active Status (a) | Direct Business Only | | | | | | | 9 Deposit-Type Contracts | |
|--|-------------------|---------------------------------|---------------------------|-------------------------|--|---|---------------------------------|--------------------------------|-----------------------------|---|
| | | 2 Accident & Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 Federal Employees Health Benefits Plan Premiums | 6 Life & Annuity Premiums & Other Considerations | 7 Property/Casualty Premiums | 8 Total Columns 2 Through 7 | | |
| 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 | | 4,221,528 | | | | | 4,221,528 | |
| 15. Indiana | IN | N | | | | | | | 0 | |
| 16. Iowa | IA | L | 57,274,868 | 12,068,655 | | | | | 69,343,523 | |
| 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 alien | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | | 57,274,868 | 16,290,183 | 0 | 0 | 0 | 0 | 73,565,051 | 0 |
| 60. Reporting entity contributions for Employee Benefit Plans | XXX | | | | | | | | 0 | |
| 61. Total (Direct Business) | XXX | | 57,274,868 | 16,290,183 | 0 | 0 | 0 | 0 | 73,565,051 | 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 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts:
 L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....2 R - Registered - Non-domiciled RRGs.....0
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0
 N - None of the above - Not allowed to write business in the state.....55

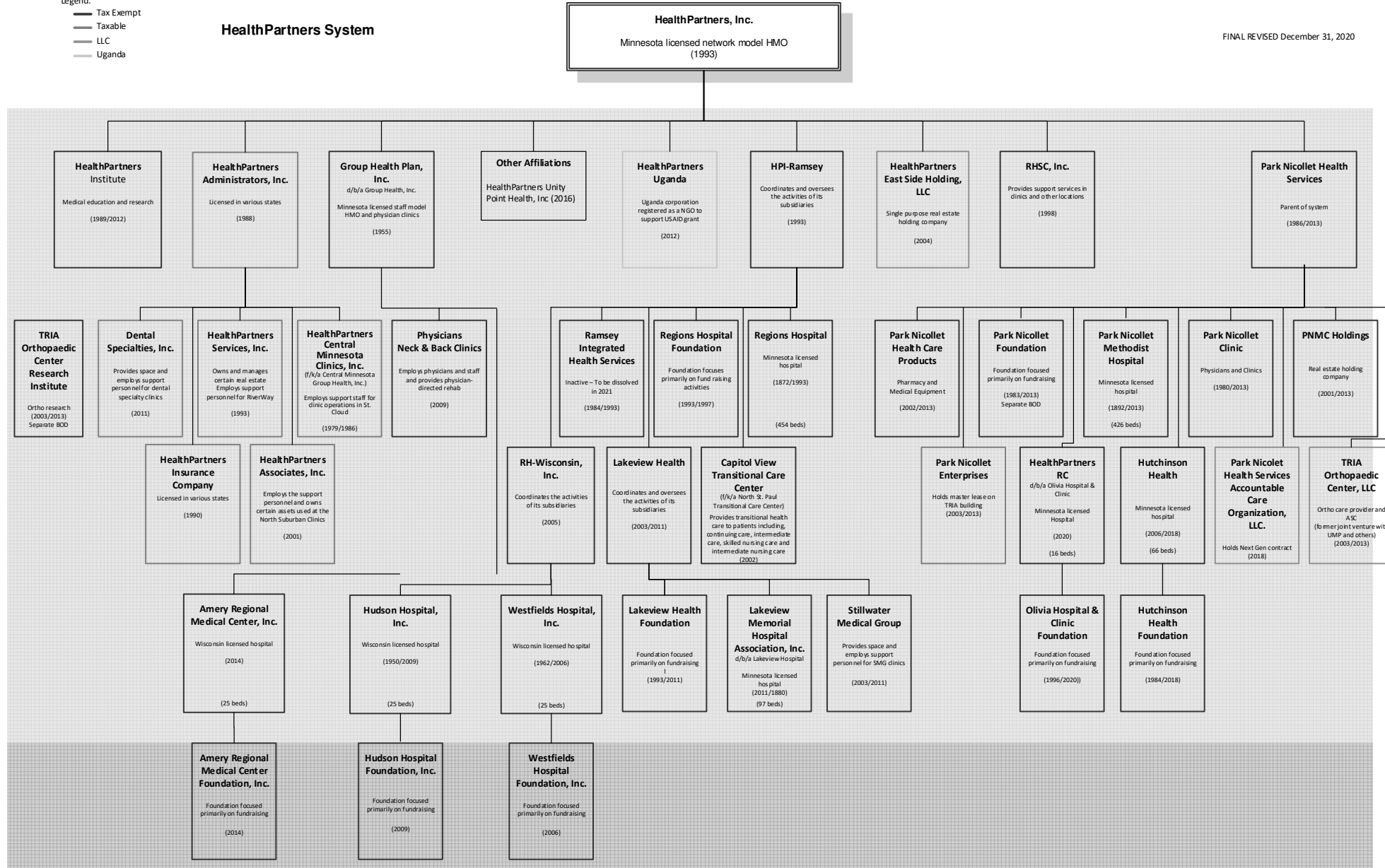
(b) Explanation of basis of allocation by states, premiums by state, etc.
 Premiums are charged directly to each state based upon product designation. No allocation method is used.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HealthPartners UnityPoint Health, Inc.

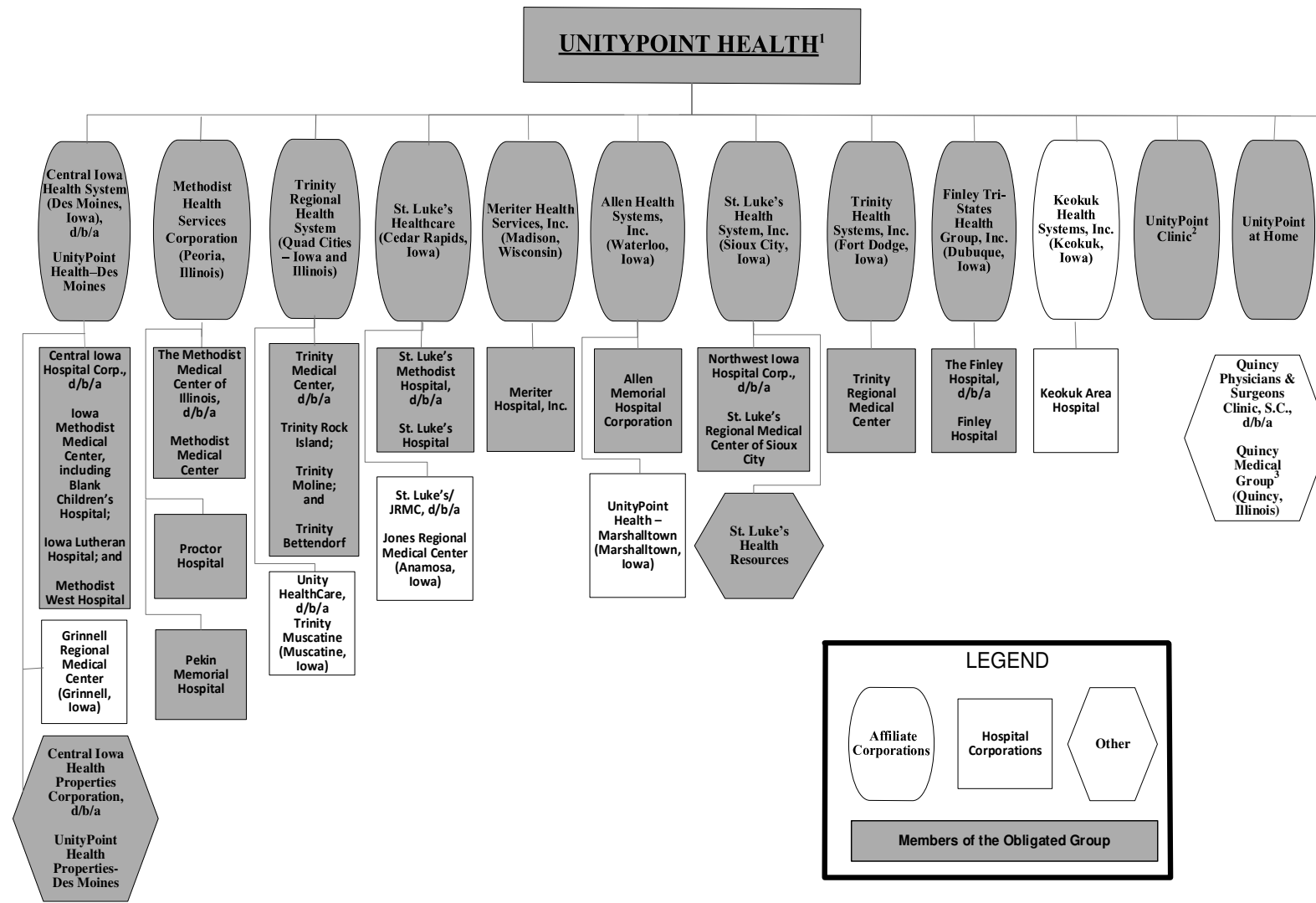
- Legend:
 — Tax Exempt
 — Taxable
 — LLC
 — Uganda

HealthPartners System

FINAL REVISED December 31, 2020



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HealthPartners UnityPoint Health, Inc.



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

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

³UnityPoint Health, through a physician designee, owns or controls 45% of the stock of Quincy Physicians & Surgeons Clinic, S.C., d/b/a Quincy Medical Group, an Illinois service corporation.

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.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

| | Claim Adjustment Expenses | | 3 General Administrative Expenses | 4 Investment Expenses | 5 Total |
|--|--------------------------------------|--|--|-----------------------------|------------|
| | 1 Cost Containment Expenses | 2 Other Claim Adjustment Expenses | | | |
| 2504. Miscellaneous expenses | | | 21,254 | | 21,254 |
| 2597. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 21,254 | 0 | 21,254 |