

## **HEALTH QUARTERLY STATEMENT**

AS OF JUNE 30, 2022

OF THE CONDITION AND AFFAIRS OF THE

## HarvestPlains Health of Iowa

NAI			ode <u>15752</u> Employer's ID	Number 47-3451750
Organized under the Laws of		Prior) va	, State of Domicile or Port of Ent	yIA
Country of Domicile		United States	of America	
Licensed as business type:		Health Maintenan	ce Organization	
Is HMO Federally Qualified?	Yes[X]No[]			
Incorporated/Organized	03/18/2015		Commenced Business	01/01/2016
Statutory Home Office	207 Croker St,	Ste 200		es Moines, IA, US 50309
	(Street and Nu			wn, State, Country and Zip Code)
Main Administrative Office		33820 Weyerha	euser Way S	
	Federal Way, WA, US 98001	(Street and	Number)	763-321-3631
	Town, State, Country and Zip C	code)	(Area	Code) (Telephone Number)
Mail Address	33820 Weyerhaeuser V	Vay S .	Fed	deral Way, WA, US 98001
	(Street and Number or P.			wn, State, Country and Zip Code)
Primary Location of Books and	Records	33820 Weyerh	aeuser Way S	
	Federal Way, WA, US 98001	(Street and	Number)	763-321-3631
	Town, State, Country and Zip C	rode)	(Area	Code) (Telephone Number)
Internet Website Address		www.HarvestPla	insHealth.com	
Statutory Statement Contact	Th	nuy Le		253-517-4340
		(Name)		Area Code) (Telephone Number)
t	huy.le501@commonspirit.org (E-mail Address)	· · · · · · · · · · · · · · · · · · ·		253-517-4385 (FAX Number)
CEO/President _ Corporate Secretary _			  ER	
		0111		
Mark Fred	Bjornson	DIRECTORS O Charles Will		Gregory Porter Moore
State of County of Pierce	ngton	SS:		
all of the nerein described ass statement, together with relater condition and affairs of the said in accordance with the NAIC A rules or regulations require d respectively. Furthermore, the	tets were the absolute property of exhibits, schedules and explaid reporting entity as of the report nanual Statement Instructions a differences in reporting not relascope of this attestation by the	of the said reporting entity, nations therein contained, an ting period stated above, and nd Accounting Practices and ated to accounting practices described officers also incl	free and clear from any liens or nexed or referred to, is a full and of the first of the first of the first order and deductions the procedures manual except to the sand procedures, according to udes the related corresponding elements.	ng entity, and that on the reporting period stated above claims thereon, except as herein stated, and that this true statement of all the assets and liabilities and of the refrom for the period ended, and have been completed e extent that: (1) state law may differ; or, (2) that state the best of their information, knowledge and belief ectronic filing with the NAIC, when required, that is ar requested by various regulators in lieu of or in addition
NA		Smilings	John	N/A
Charles William F CEO/Preside		Shirley Ann Corporate S		
Subscribed and sworn to before day of	e me this JULY	2022	a. Is this an original filing? b. If no,  1. State the amendment 2. Date filed	number

SOPHIYA GALANESI Notary Public State of Washington Commission # 22012195 My Comm. Expires Mar 17, 2026



## **HEALTH QUARTERLY STATEMENT**

AS OF JUNE 30, 2022 OF THE CONDITION AND AFFAIRS OF THE

### HarvestPlains Health of Iowa

N/	AIC Group Code	4807 (Current)	4807 (Prior)	NAIC Company (	Code _	15752	Employer	's ID Number	47-3451750
Organized under the Laws of	Y	100 To 10			, State	of Domic	ile or Port o	f Entry	IA
Country of Domicile				United State	s of Ame	rica			
Licensed as business type:				Health Maintena	nce Orga	nization			
Is HMO Federally Qualified?	Yes [ X ] No [	1							
Incorporated/Organized		03/18/201	5		Con	nmenced	Business		01/01/2016
Statutory Home Office		207 Croker S	St, Ste 200			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Des Moines	, IA, US 50309
		(Street and	Number)				(City	or Town, State,	Country and Zip Code)
Main Administrative Office	inized under the Laws of Icurent Icwa States of Domicile Current Icwa States of Domicile United States of America Issed as business type: Health Maintenance Organization  Mo Federally Qualified? Yes [ X ] No [ ]  Poporated/Organized 03/18/2015 Commenced Business  Itory Home Office 207 Croker St, Ste 200 Des Moines, IA, US.  (Sireet and Number) (City or Town, State, Country Administrative Office 33820 Weyerhaeuser Way S (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Area Code) (Telephone Address (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Area Code) (Telephone Address (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Area Code) (Telephone Address (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Area Code) (Telephone Address (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Area Code) (Telephone Address (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Area Code) (Telephone Address (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Area Code) (Telephone Address (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Area Code) (Telephone Address (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Area Code) (Telephone Address (Street and Number) 763-321-3631  (City or Town, State, Country and Zip Code) (Area Code) (Telephone Address (Street and Number) 763-321-3631  (City or Town, State, Country a								
(City o					,			The second secon	
Mail Address							(City		
Primary Location of Books an	d Records			33820 Weyerh	haeuser \	Way S			
	Federal Way W	A US 98001	8	(Street and	d Numbe			762.2	21.2621
(City o							(		
Internet Website Address	2			www.HarvestPla	lainsHeal	th.com			
Statutory Statement Contact			Thuy Le					2	253-517-4340
	thuy.le501@com	monspirit.org							e) (Telephone Number) 17-4385
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				отн	HER				
Mod For	d Diamean								
- Mark Fre	u bjornson			Chanes vvii	lliam Har	ison			Gregory Porter Moore
Machin	ntim								
State of County of	PIUNI		ss	S:					
1117									
all of the herein described as statement, together with relate condition and affairs of the sa	sets were the ab ed exhibits, sched id reporting entity	solute prope ules and exp as of the rep	erty of the sa planations the porting perio	aid reporting entity, erein contained, and d stated above, an	nnexed on no of its in	d clear fr or referred ncome an	om any lien to, is a full ad deduction	and true staten as therefrom for	ereon, except as herein stated, and that the next of all the assets and liabilities and of the period ended, and have been complete.
in accordance with the NAIC rules or regulations require respectively. Furthermore, th	Annual Statemer differences in re e scope of this a	t Instructions porting not testation by	s and Account related to a the describe	unting Practices an accounting practice ed officers also inc	nd Proced es and p cludes the	dures mai procedure e related	nual except s, accordin correspondi	to the extent the g to the best and electronic file	nat: (1) state law may differ; or, (2) that st of their information, knowledge and belling with the NAIC, when required, that is
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Subscribed and swom to befo	re me this		2000				original filir	ng?	Yes [ X ] No [ ]
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		}		Vashington	5				



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AS OF JUNE 30, 2022 OF THE CONDITION AND AFFAIRS OF THE

## HarvestPlains Health of Iowa

NA	IC Group Code 4807 (Current)	4807 NAIC Compan	ny Code <u>15752</u> Employer	s ID Number <u>47-3451750</u>
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Country of Domicile		United Sta	ates of America	
Licensed as business type:		Health Mainte	nance Organization	
Is HMO Federally Qualified?	Yes [X] No []			
Incorporated/Organized	03/18/2015	<u> </u>	Commenced Business	01/01/2016
Statutory Home Office	207 Croker S	t, Ste 200		Des Moines, IA, US 50309
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	(Street and Number or		(City	or Town, State, Country and Zip Code)
Primary Location of Books and	d Records	33820 Wey	verhaeuser Way S	
•	F		and Number)	702 204 2024
	Federal Way, WA, US 98001 Town, State, Country and Zip			763-321-3631 (Area Code) (Telephone Number)
Internet Website Address		www.Harves	tPlainsHealth.com	
-			a lamor loainnoom	0-0-1-1-10-10
Statutory Statement Contact		Thuy Le (Name)	·	253-517-4340 (Area Code) (Telephone Number)
	thuy.le501@commonspirit.org (E-mail Address)			253-517-4385 (FAX Number)
CEO/President _ Corporate Secretary _	Charles Willi Shirley Ann	Johnson #		
			THER	
Mark Fre	d Bjornson		OR TRUSTEES William Hanson	Gregory Porter Moore
State of		SS:		
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Charles William CEO/Presio		•	Ann Johnson ate Secretary	
Subscribed and sworn to befo	re me this		a. Is this an original fili b. If no,  1. State the amendi 2. Date filed 3. Number of pages	ment number

## **ASSETS**

	_		Current Statement Date		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1	Bonds	3.282.456	Tronadimited 7100010		3,288,930
۱.					
2.	Stocks:			0	0
	2.1 Preferred stocks				0
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less \$				
	encumbrances)			0	0
	4.2 Properties held for the production of income (less				
	\$ encumbrances)			0	0
	4.3 Properties held for sale (less \$				
	encumbrances)			0	0
5.	Cash (\$				
0.	(\$				
	investments (\$0 )	EQ 100		EQ 100	07 660
	,				
6.	Contract loans (including \$ premium notes)				0
7.	Derivatives				0
8.	Other invested assets				0
9.	Receivables for securities				0
10.	Securities lending reinvested collateral assets	0		0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	3,334,645	0	3,334,645	3,326,593
13.	Title plants less \$ charged off (for Title insurers				
	only)			0	0
14.	Investment income due and accrued				9,408
15.	Premiums and considerations:			,	······
10.	15.1 Uncollected premiums and agents' balances in the course of collection			0	0
	15.2 Deferred premiums, agents' balances and installments booked but				
	, , ,				
	deferred and not yet due (including \$			0	0
	earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums (\$			_	
	contracts subject to redetermination (\$			0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	0
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts			0	0
17.	Amounts receivable relating to uninsured plans			0	0
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
	Receivables from parent, subsidiaries and affiliates				0
23.	•				
24.	Health care (\$ ) and other amounts receivable				0
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)	3 344 829	0	3,344,829	3 336 001
27	From Separate Accounts, Segregated Accounts and Protected Cell	0,044,023		0,044,020	
21.				0	0
28.	Total (Lines 26 and 27)	3,344,829	0	3,344,829	3,336,001
	DETAILS OF WRITE-INS	, ,		, ,	, ,
1101					
1101.				<u> </u>	
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page		0		0
1199.	Totals (Lines 1101 through 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 through 2503 plus 2598)(Line 25 above)	0	0	0	0
	,		·		<u>*</u>

## LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAP	1171271112	Current Period		Prior Year
ĺ		1	2	3	4
<u> </u>		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)				0
2.	Accrued medical incentive pool and bonus amounts	•		0	0
3.	Unpaid claims adjustment expenses			0	0
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 reserve				0
7.	Aggregate health claim reserves				0
8.					0
_	Premiums received in advance				
9.	General expenses due or accrued	2,870		2,870	2,947
10.1	Current federal and foreign income tax payable and interest thereon				
	(including \$ on realized gains (losses))	40,858		40,858	40,858
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			26,666	22,059
				,	_
16.	Derivatives				0
17.	Payable for securities				0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$				
	companies			0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates	•		0	0
22.	Liability for amounts held under uninsured plans			0	0
23.	Aggregate write-ins for other liabilities (including \$				
	current)	0	0	0	0
24	Total liabilities (Lines 1 to 23)			70,394	65,864
25.	Aggregate write-ins for special surplus funds			0	0
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				
29.	Surplus notes				0
30.	Aggregate write-ins for other than special surplus funds				0
31.	Unassigned funds (surplus)	XXX	XXX	274,436	270 , 137
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)			3,274,436	3,270,137
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,344,830	3,336,001
34.		***	***	0,044,000	0,000,001
	DETAILS OF WRITE-INS				
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501.		xxx	xxx		
2502.					
2503.					
	Summary of remaining write-ins for Line 25 from overflow page				0
2598.				0	
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	•	0
3001.					
3002.					
		YYY	XXX		
3003.					
3003. 3098.	Summary of remaining write-ins for Line 30 from overflow page			0	0

## **STATEMENT OF REVENUE AND EXPENSES**

			ent Year o Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX		0	Total
2.	Net premium income ( including \$ non-health				
	premium income)	XXX			0
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	0
7.	Aggregate write-ins for other non-health revenues	XXX	0	0	0
8.	Total revenues (Lines 2 to 7)	XXX	0	0	0
	Hospital and Medical:				
9.	Hospital/medical benefits				0
10.	Other professional services				0
11.	Outside referrals				0
12.	Emergency room and out-of-area				0
13.	Prescription drugs				0
14.	Aggregate write-ins for other hospital and medical	(	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts				0
16.	Subtotal (Lines 9 to 15)	(	0	0	0
	Less:				
17.	Net reinsurance recoveries				0
18.	Total hospital and medical (Lines 16 minus 17)	(	0	0	0
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$ cost				
	containment expenses				0
21.	General administrative expenses		4,870	3,675	10,467
22.	Increase in reserves for life and accident and health contracts				
	(including \$ increase in reserves for life only)				0
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned			19,605	35,231
26.	Net realized capital gains (losses) less capital gains tax of		(0.000)		0.440
	\$				6,413
	Net investment gains (losses) (Lines 25 plus 26)		9,169	23,949	41,644
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	4,299	20,274	31,177
31.	Federal and foreign income taxes incurred	XXX			6,547
32.	Net income (loss) (Lines 30 minus 31)	XXX	4,299	20,274	24,630
	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 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.		XXX			
0702.		xxx			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	xxx	0	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.					
1402.					
1403					
1498.		(	)	n	n
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)		0	0	۰ ۱
2901.			<u> </u>	•	0
2901.					
2902. 2903					
11 11 1.3					
2998.	Summary of remaining write-ins for Line 29 from overflow page		0		-

**STATEMENT OF REVENUE AND EXPENSES (Continued)** 

	STATEMENT OF REVENUE AND	1 Current Year	2 Prior Year	3 Prior Year Ended
		to Date	to Date	December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year			
34.	Net income or (loss) from Line 32	4,299	20,274	24,630
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets			0
40	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	0	0	0
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)			24,630
49.	Capital and surplus end of reporting period (Line 33 plus 48)	3,274,436	3,265,781	3,270,137
73.		0,214,400	0,200,701	0,270,107
4704	DETAILS OF WRITE-INS  PV tay adjustment		0	^
4701.	PY tax adjustment		0	0
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page		0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

## **CASH FLOW**

	CASH FLOW	4	2	2
		Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	0	0	0
2.	Net investment income	18,797	29,474	54,308
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	18,797	29,474	54,308
5.	Benefit and loss related payments	0	0	0
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	4,947	3,654	10,711
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital			
	gains (losses)	0	0	0
10.	Total (Lines 5 through 9)	4,947	3,654	10,711
11.	Net cash from operations (Line 4 minus Line 10)	13,850	25,820	43,597
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	920,904	626,404	1,219,936
	12.2 Stocks	0	0	0
	12.3 Mortgage loans	0	0	0
	12.4 Real estate	0	0	0
	12.5 Other invested assets	0	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	2	0
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	920,904	626,406	1,219,936
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	924,835	689,003	1,277,827
	13.2 Stocks	0	0	0
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	924,835	689,003	1,277,827
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(3,931)	(62,597)	(57,891
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock		0	0
	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)	4,607	0	7,059
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	4,607	0	7,059
	DECONCILIATION OF CASH CASH EQUIVALENTS AND SHOOT TERM INVESTMENTS			
19	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS  Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	14,526	(36,777)	(7,235
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)  Cash, cash equivalents and short-term investments:	14,320	(30,777)	(1,233
10	CASIC CASIC PURIVATEURS AND SUDD-TERM INVESTMENTS			
19.	•	37,663	44,898	44,898

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

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	Comprehe (Hospital &	ensive Medical)	4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	
2. First Quarter	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Period:										
7 Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

<sup>(</sup>a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

# CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

Aging Analysis of Unpaid Claims								
1	2	3	4	5	6	7		
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total		
Claims Unpaid (Reported)								
		+						
		+						
				•	•			
0299999 Aggregate accounts not individually listed-uncovered						0		
0399999 Aggregate accounts not individually listed-covered						0		
0499999 Subtotals	0	0	0	0	0	0		
0599999 Unreported claims and other claim reserves		•		•	•			
0699999 Total amounts withheld								
0799999 Total claims unpaid						0		
0899999 Accrued medical incentive pool and bonus amounts								

## **UNDERWRITING AND INVESTMENT EXHIBIT**

#### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR					_	
	Claims			bility	5	6
	Year to			rent Quarter	-	
	1	2	3	4		F. C
			_			Estimated Claim
	On	_	On	_		Reserve and
	Claims Incurred Prior	On	Claims Unpaid	On	Claims Incurred in	Claim Liability
	to January 1 of	Claims Incurred	Dec. 31	Claims Incurred	Prior Years	December 31 of
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year
4. Company to a river (house that and modified)					0	٥
Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	n
2. Indicate Suppliment						
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare					0	0
7 Title XIX - Medicaid					0	0
0.00					0	0
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	0	0	0	0	0	0
5. 110dill 6001010 [E1100 1 to 9]						
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	n
12. International internation points and points amounts						
13. Totals (Lines 9-10+11+12)	0	0	0	0	0	0

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

### NOTE 1 Summary of Significant Accounting Policies and Going Concern

#### Accounting Practices

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

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

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

	SSAP#	F/S Page	F/S Line #	 2022	2021
NET INCOME (1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 4,299	\$ 24,630
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 4,299	\$ 24,630
SURPLUS (5) State basis (Page 3, Line 33, Columns 3 & 4)	xxx	XXX	XXX	\$ 3,274,436	\$ 3,270,137
(6) State Prescribed Practices that are an increase/(decrease)	from NAIC SA	ιP:			
(7) State Permitted Practices that are an increase/(decrease) f	from NAIC SAF	P:			
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 3,274,436	\$ 3,270,137

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

#### C. Accounting Policy

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

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

(1) Basis for Short-Term Investments

No significant changes

- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method Bonds are stated at amortized cost using the interest method.
- (3) Basis for Common Stocks

No significant changes

- (4) Basis for Preferred Stocks
- No significant changes
- (5) Basis for Mortgage Loans

No significant changes

- (6) Basis for Loan-Backed Securities and Adjustment Methodology None
- (7) Accounting Policies for Investments in Subsidiaries. Controlled and Affiliated Entities No significant changes

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

(9) Accounting Policies for Derivatives No significant changes

(10)Anticipated Investment Income Used in Premium Deficiency Calculation

No significant changes

(11)Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses No significant changes

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

No significant changes

(13)Method Used to Estimate Pharmaceutical Rebate Receivables

Going Concern

Disclosures specific to going concern is not required because it is not probable that the entity will be unable to meet obligations within the next year.

#### NOTE 2 Accounting Changes and Corrections of Errors

#### NOTE 3 Business Combinations and Goodwill

Statutory Purchase Method: None

В. Statutory Merger

Assumption Reinsurance None

Impairment Loss

None

- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill None.
  - (1) Capital & Surplus

Less:

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

#### NOTE 4 Discontinued Operations

No significant changes.

#### NOTE 5 Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans No significant changes.
- B. Debt Restructuring No significant changes
- C. Reverse Mortgages No significant changes
- D. Loan-Backed Securities
  - (1) Description of Sources Used to Determine Prepayment Assumptions None
  - (2) OTTI recognized 1st Quarter None
  - (3) Recognized OTTI securities None
  - (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains): None.
  - (5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
  - (1) Policy for Requiring Collateral or Other Security
    - No significant changes
  - (2) Disclose the Carrying Amount and Classification of Both Assets and Liabilities No significant changes
  - (3) Collateral Received
    - a. Aggregate Amount Collateral Received No significant changes.b. The fair value of that collateral and of the portion of that collateral that it has sold or
    - The fair value of that collateral and of the portion of that collateral that it has sold or repledged - None.
    - c. Information about Sources and Uses of Collateral No significant changes
  - (4) Aggregate Value of the Reinvested Collateral No significant changes
  - (5) Collateral Reinvestment None
  - (6) Detail on Collateral Transactions Not Permitted by Contract or Custom to Sell or Repledge None.
  - (7) Collateral for securities lending transactions that extend beyond one year from the reporting date None.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
  - (1) Company Policies or Strategies for Repo Programs None
  - (2) Type of Repo Trades Used None
  - (3) Original (Flow) & Residual Maturity None
  - (4) Fair Value Securities Sold and/or Acquired that Resulted in Default None
  - (5) Securities "Sold" Under Repo Secured Borrowing None
  - (6) Securities Sold Under Repo Secured Borrowing by NAIC Designation None
  - (7) Collateral Received Secured Borrowing None
  - (8) Cash & Non-Cash Collateral Received Secured Borrowing by NAIC Designation None
  - (9) Allocation of Aggregate Collateral by Remaining Contractual Maturity None
  - (10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity None
  - (11) Liability to Return Collateral Secured Borrowing (Total) None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
  - (1) Company Policy or Strategies for Engaging in Repo Programs None

Calculatio Limitation U Prior Qua Number	Jsing rter	Current Reporting Period
\$	,	XXX
\$ \$ \$	-	XXX XXX XXX
\$		XXX
\$	-	XXX
XXX		\$ -
XXX		0.0%

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

None

- K. Low Income Housing tax Credits (LIHTC) None
- L. Restricted Assets
  No significant changes
- M. Working Capital Finance Investments
  - 1. Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation: No significant changes.
  - 2. Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs None

	Book/Adjusted Carrying Value	
a. Up to 180 Days	\$ -	
b. 181 to 365 Days	\$ -	
c. Total	\$ -	

- 3. Any Events of Default or Working Capital Finance Investments None
- N. Offsetting and Netting of Assets and Liabilities None
- O. 5GI Securities None
- P. Short Sales None
- Q. Prepayment Penalty and Acceleration Fees No significant changes
- R. Reporting Entity's Share of Cash Pool by Asset Type

Not applicable

Asset Type	Percent Share
(1) Cash	0.0%
(2) Cash Equivalents	0.0%
(3) Short-Term Investments	0.0%
(4) Total	0.0%

Joint Ventures, Partnerships and Limited Liability Companies

## NOTE 7 Investment Income No significant changes

#### NOTE 8 Derivative Instruments

- Derivatives under SSAP No. 86—Derivatives
  (1) Market Risk, Credit Risk and Cash Requirements No significant changes
  - (2) Objectives for Derivative Use No significant changes
  - (3) Accounting Policies for Recognition and Measurement No significant changes
  - (4) Identification of Whether Derivative Contracts with Financing Premiums No significant changes
  - (5) Net Gain or Loss Recognized No significant changes
  - (6) Net Gain or Loss Recognized from Derivatives that no Longer Qualify for Hedge Accounting No significant changes
  - (7) Derivatives Accounted for as Cash Flow Hedges No significant changes
  - (8) Total Premium Costs for Contracts None
- Derivatives under SSAP No. 108—Derivative Hedging Variable Annuity Guarantees (1) Discussion of Hedged Item/Hedging Instruments and Hedging Strategy No significant changes

- (2) Recognition of gains/losses and deferred assets and liabilities
  - a. Scheduled Amortization None
  - b. Total Deferred Balance \* None \* Should agree to Column 19 of Schedule DB, Part E
  - c. Reconciliation of Amortization: None
  - d. Open Derivative Removed from SSAP No. 108 and Captured in Scope of SSAP No. 86 None
  - e. Open Derivative Removed from SSAP No. 86 and Captured in Scope of SSAP No. 108 None
- (3) Hedging Strategies Identified as No Longer Highly Effective No significant changes
- (4) Hedging Strategies Terminated No significant changes

#### NOTE 9 Income Taxes

No significant changes

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

No significant changes

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

#### NOTE 11 Debt

- Debt Including Capital Notes No significant changes
- FHLB (Federal Home Loan Bank) Agreements
  (1) Nature of the Agreement None

  - (2) FHLB Capital Stock None
  - (3) Collateral Pledged to FHLB None
  - (4) Borrowing from FHLB None
    - c. FHLB Prepayment Obligations

Does the company have prepayment obligations under the following arrangements (YES/NO)?

1. Debt

2. Funding Agreements 3. Other

No No No

#### NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

#### Defined Benefit Plan

No significant changes

- (1) Change in benefit obligation
  - a. Pension Benefits No sinificant changes
- (2) Change in plan assets No sinificant changes
- (3) Funded status No significant changes (4) Components of net periodic benefit cost

None

- (5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost No significant changes
- (6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost No significant changes
- (7) Weighted-average assumptions used to determine net periodic benefit cost as of the end of current period: No significant changes
- (8) Accumulated Benefit Obligation for Defined Benefit Pension Plans
  - No significant changes
- (9) For Postretirement Benefits Other Than Pensions, the Assumed Health Care Cost Trend Rate(s) No significant changes
- (10) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years indicated: No significant changes
  (11) Estimate of Contributions Expected to be Paid to the Plan
- No significant changes
- (12) Amounts and Types of Securities Included in Plan Assets No significant changes
  Alternative Method Used to Amortize Prior Service Amounts or Net Gains and Losses
- (13)
- No significant changes
  - Substantive Comment Used to Account for Benefit Obligations
- No significant changes (15) Cost of Providing Special or Contractual Termination Benefits Recognized
  - No significant changes
- (16) Reasons for Significant Gains/Losses Related to Changes in Defined Benefit Obligation and any Other Significant Change in the Benefit Obligations Assets Not Otherwise Apparent No significant changes
- Accumulated Postretirement and Pension Benefit Obligation and Fair Value of Plan Assets for Defined Postretirement and Pension Benefit Plans (17)No significant changes
- (18) Full Transition Surplus Impact of SSAP 102 No significant changes
- Investment Policies and Strategies No significant changes B.

- The fair value of each class of plan assets No significant changes
  - Basis Used to Determine Expected Long-Term Rate-of-Return
- D. No significant changes
- **Defined Contribution Plan** E. No significant changes
- Multiemployer Plans
- No significant changes
- Consolidated/Holding Company Plans

No significant changes

Postemployment Benefits and Compensated Absences

No significant changes

Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) I. No significant changes

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

No significant changes

## NOTE 14 Liabilities, Contingencies and Assessments

No significant changes

#### NOTE 15 Leases

No significant changes

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

No significant changes

## NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- Transfers of Receivables Reported as Sales
  - No significant changes
- Transfer and Servicing of Financial Assets

- (1) Description of any Loaned Securities
- No significant changes
- (2) Servicing Assets and Servicing Liabilities None
- (3) When Servicing Assets and Liabilities are Measured at Fair Value
- No significant changes
- (4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales None
- (5) Disclosure Requirements for Transfers of Assets Accounted for as Secured Borrowing
- No significant changes
- (6) Transfer of Receivables with Recourse
- No significant changes
- (7) Securities Underlying Repurchase and Reverse Repurchase Agreements, Dollar Repurchase and Dollar Reverse Repurchase Agreements No significant changes

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

#### C. Wash Sales

(1) Description of the Objectives Regarding These Transactions - None

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the current quarter and reacquired within 30 days of the sale date are:

Book Value Cost of

NAIC Number of of Securities

Description Designation Transactions Securities Sold Repurchased Gain/(Loss)

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

Not applicable

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

Not applicable

#### NOTE 20 Fair Value Measurements

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

#### NOTE 21 Other Items

None

### NOTE 22 Events Subsequent

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

#### NOTE 23 Reinsurance

No significant changes

#### NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

- Method Used to Estimate Accrued Retrospective Premium Adjustments No significant changes
- Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium No significant changes
- Amount and Percentage of Net Premiums Written Subject to Retrospective Rating Features No significant changes

- D. Medical loss ratio rebates required pursuant to the Public Health Service Act No significant changes
- 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)?

Yes [] No [X]

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

#### NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

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

	2022	2021
Beg Liab for unpaid losses and loss adjustment expenses	\$ -	\$ -
Health Care Receivable	-	-
Beg Liab for unpaid losses and loss adjustment expenses, net of Health Care Rec	-	-
Incurred related to:		
Current Year	-	-
Prior Year	-	-
Total Paid	-	-
Ending Liability for unpaid losses and loss adjustment expense	-	-
Health care receivable	-	-
Ending Liability for unpaid losses and loss adjustment expense, net of Health Care Rec.	-	-

Reserves as of December 31, 2021 were \$0. As of June 30, 2022, \$0 has been reversed for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$0 favorable prior year development since December 31, 2021 to June 30, 2022. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

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

#### NOTE 26 Intercompany Pooling Arrangements

No significant changes

#### NOTE 27 Structured Settlements

Not applicable

### NOTE 28 Health Care Receivables

No significant changes

#### NOTE 29 Participating Policies

Not applicable to the reporting Company.

#### NOTE 30 Premium Deficiency Reserves

No significant changes

#### NOTE 31 Anticipated Salvage and Subrogation

No significant changes

## **GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

## **GENERAL**

1.1	Did the reporting entity experience any material transactions requiring the filir Domicile, as required by the Model Act?			Yes [	] No [	Х]		
1.2	If yes, has the report been filed with the domiciliary state?			Yes [	] No [	]		
2.1	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?							
2.2	If yes, date of change:							
3.1	Is the reporting entity a member of an Insurance Holding Company System of is an insurer?  If yes, complete Schedule Y, Parts 1 and 1A.			Yes [ )	( ] No [	]		
3.2	Have there been any substantial changes in the organizational chart since the	ne prior quarter end?		Yes [	] No [	Х]		
3.3	If the response to 3.2 is yes, provide a brief description of those changes.							
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?					Х ]		
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued	d by the SEC for the entity/group						
4.1	Has the reporting entity been a party to a merger or consolidation during the	period covered by this statement?		Yes [	] No [	Х]		
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of dor ceased to exist as a result of the merger or consolidation.	micile (use two letter state abbreviation) for ar	ny entity that has					
	1 Name of Entity	2 3 NAIC Company Code State of I						
5.	If the reporting entity is subject to a management agreement, including third-in-fact, or similar agreement, have there been any significant changes regard If yes, attach an explanation.	-party administrator(s), managing general age ding the terms of the agreement or principals	ent(s), attorney- involved? Yes	[ ] No	[ X ] N/	Ά [		
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made							
	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							
6.2				12	/31/2017			
6.2		report was completed or releasedle to other states or the public from either the nation report and not the date of the examinat	state of domicile or tion (balance sheet		/31/2017			
	date should be the date of the examined balance sheet and not the date the  State as of what date the latest financial examination report became availabl the reporting entity. This is the release date or completion date of the examin date).  By what department or departments?	report was completed or releasedle to other states or the public from either the nation report and not the date of the examinat	state of domicile or tion (balance sheet					
6.3	date should be the date of the examined balance sheet and not the date the  State as of what date the latest financial examination report became availabl the reporting entity. This is the release date or completion date of the examin date).  By what department or departments?  lowa Department of Insurance  Have all financial statement adjustments within the latest financial examination.	report was completed or released	state of domicile or ion (balance sheet	08	/12/2019	] A		
6.3	date should be the date of the examined balance sheet and not the date the  State as of what date the latest financial examination report became availabl the reporting entity. This is the release date or completion date of the examin date).  By what department or departments?  lowa Department of Insurance	report was completed or releasedle to other states or the public from either the nation report and not the date of the examination report been accounted for in a subsequen	state of domicile or iion (balance sheet	08 [ X ] No	/12/2019 [ ] N/	- '		
<ul><li>6.3</li><li>6.4</li><li>6.5</li></ul>	date should be the date of the examined balance sheet and not the date the  State as of what date the latest financial examination report became available the reporting entity. This is the release date or completion date of the examinate).  By what department or departments?  lowa Department of Insurance  Have all financial statement adjustments within the latest financial examination statement filed with Departments?	report was completed or released	state of domicile or iton (balance sheet  t financial  Yes  Yes	08 [ X ] No [ X ] No	/12/2019 [ ] N/	/A [ ]		
6.3 6.4 6.5 6.6	date should be the date of the examined balance sheet and not the date the  State as of what date the latest financial examination report became available the reporting entity. This is the release date or completion date of the examinate).  By what department or departments?  lowa Department of Insurance  Have all financial statement adjustments within the latest financial examination statement filed with Departments?  Have all of the recommendations within the latest financial examination reported that this reporting entity had any Certificates of Authority, licenses or registral	report was completed or released	state of domicile or iton (balance sheet  t financial  Yes  Yes	08 [ X ] No [ X ] No	/12/2019 [ ] N/ [ ] N/	/A [		
6.3 6.4 6.5 6.6 7.1	date should be the date of the examined balance sheet and not the date the  State as of what date the latest financial examination report became available the reporting entity. This is the release date or completion date of the examinate).  By what department or departments?  lowa Department of Insurance  Have all financial statement adjustments within the latest financial examination statement filed with Departments?  Have all of the recommendations within the latest financial examination report that this reporting entity had any Certificates of Authority, licenses or registral revoked by any governmental entity during the reporting period?	report was completed or released	state of domicile or iion (balance sheet  t financial  Yes  Yes  icable) suspended or	08 [ X ] No [ X ] No Yes [	/12/2019 [ ] N/ [ ] N/	/A [		
6.3 6.4 6.5 6.6 7.1	date should be the date of the examined balance sheet and not the date the  State as of what date the latest financial examination report became available the reporting entity. This is the release date or completion date of the examinate.  By what department or departments?  lowa Department of Insurance  Have all financial statement adjustments within the latest financial examination statement filed with Departments?  Have all of the recommendations within the latest financial examination report that this reporting entity had any Certificates of Authority, licenses or registrate revoked by any governmental entity during the reporting period?  If yes, give full information:	report was completed or released	state of domicile or iion (balance sheet  t financial  Yes  Yes  icable) suspended or	08 [ X ] No [ X ] No Yes [	/12/2019  [ ] N/ [ ] N/	/A [		
6.3 6.4 6.5 6.6 7.1 7.2 8.1	date should be the date of the examined balance sheet and not the date the  State as of what date the latest financial examination report became available the reporting entity. This is the release date or completion date of the examinate).  By what department or departments?  lowa Department of Insurance  Have all financial statement adjustments within the latest financial examination statement filed with Departments?  Have all of the recommendations within the latest financial examination report has this reporting entity had any Certificates of Authority, licenses or registra revoked by any governmental entity during the reporting period?  If yes, give full information:  Is the company a subsidiary of a bank holding company regulated by the Federal	report was completed or released	state of domicile or ition (balance sheet  t financial  Yes  icable) suspended or	O8  [X] No  [X] No  Yes [	/12/2019  [ ] N/ [ ] N/	/A [ X ] X ]		
6.3 6.4 6.5 6.6 7.1 7.2 8.1 8.2	date should be the date of the examined balance sheet and not the date the State as of what date the latest financial examination report became available the reporting entity. This is the release date or completion date of the examinate.  By what department or departments?  lowa Department of Insurance  Have all financial statement adjustments within the latest financial examination statement filed with Departments?  Have all of the recommendations within the latest financial examination report has this reporting entity had any Certificates of Authority, licenses or registrar revoked by any governmental entity during the reporting period?  If yes, give full information:  Is the company a subsidiary of a bank holding company regulated by the Fed If response to 8.1 is yes, please identify the name of the bank holding company.	report was completed or released	state of domicile or ion (balance sheet  t financial  Yes  Yes  icable) suspended or	O8  [X] No  [X] No  Yes [	/12/2019  [ ] N/ [ ] No [ ] No [	/A [ X ] X ]		
6.3 6.4 6.5 6.6 7.1 7.2 8.1 8.2	date should be the date of the examined balance sheet and not the date the State as of what date the latest financial examination report became available the reporting entity. This is the release date or completion date of the examinate).  By what department or departments? lowa Department of Insurance Have all financial statement adjustments within the latest financial examination statement filed with Departments?  Have all of the recommendations within the latest financial examination report that this reporting entity had any Certificates of Authority, licenses or registrate revoked by any governmental entity during the reporting period?  If yes, give full information:  Is the company a subsidiary of a bank holding company regulated by the Fed If response to 8.1 is yes, please identify the name of the bank holding companies the company affiliated with one or more banks, thrifts or securities firms?  If response to 8.3 is yes, please provide below the names and location (city a regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office	report was completed or released	state of domicile or ion (balance sheet  t financial  Yes  Yes  icable) suspended or	O8  [ X ] No  [ X ] No  Yes [  Yes [	/12/2019  [ ] N/ [ ] No [ ] No [	/A [ X ] X ]		

## **GENERAL INTERROGATORIES**

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controlle similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	rsonal and professiona		Yes [ X	] No	[ ]
9.11	If the response to 9.1 is No, please explain:					
9.2 9.21	Has the code of ethics for senior managers been amended?			Yes [	] No	[ X ]
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?			Yes [	] No	[ X ]
	FINANCIAL					
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement of the page 2 amounts receivable from parent included in the Page 2 amounts					
	INVESTMENT					
	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or or use by another person? (Exclude securities under securities lending agreements.)  If yes, give full and complete information relating thereto:			Yes [	] No	[ X ]
12. 13.	Amount of real estate and mortgages held in other invested assets in Schedule BA:  Amount of real estate and mortgages held in short-term investments:					
14.1 14.2	Does the reporting entity have any investments in parent, subsidiaries and affiliates?			Yes [	] No	[ X ]
		1 Prior Year-End Book/Adjusted Carrying Value		Во	ok/Ad	Quarter justed Value
	Bonds			\$		
	Preferred Stock					
	Common Stock			\$		
	Short-Term Investments			\$		
	Mortgage Loans on Real Estate					
14.26	All Other	.\$	0	\$		
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)			\$		0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	\$		\$		
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?			Yes [	1 No	[ X ]
	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.					
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement da					
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2			\$		0
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL,	Parts 1 and 2		\$		0
	4C.2. Table and the form of the state of the			Φ.		

## **GENERAL INTERROGATORIES**

BNY Mellon Asset Ser	Name of Cust			Cucto	odian Addrace				
	vicing	odian(s)		enter, 500 Grant S		10, Pittsburgh, PA	15258		
For all agreements the location and a comple		rith the requirements of the NAIC	C Financial Cond	ition Examiners Ha	ndbook, provid	de the name,			
1 Name	·	2 Location(s)		Comp	3 olete Explanation	on(s)			
Have there been any of the second of the sec		name changes, in the custodia	n(s) identified in	17.1 during the cur	rent quarter?		Yes	[ ]	No [ )
1 Old Custo		2 New Custodian	Date (	3 of Change		4 Reason			
make investment deci	sions on behalf of	vestment advisors, investment rether reporting entity. For assets treent accounts"; "handle secu	that are managed						
Orabelia Harlah Inid	Name of Firm		2 Affiliat						
		ry departmenterica							
		d in the table for Question 17.5, more than 10% of the reporting					Yes	[ X ]	No [
		d with the reporting entity (i.e. de t aggregate to more than 50% o					Yes	[ X ]	No [
For those firms or inditable below.	viduals listed in th	e table for 17.5 with an affiliation	n code of "A" (affi	liated) or "U" (unaf	filiated), provid	e the information for t	the		
1		2		3		4		Inves	5 stment
Central Registration Depository Number		Name of Firm or Individual		Legal Entity Ident		Registered With		(IMA)	ement ) Filed
105764	BNY Mellon Asset	Management North America						DS	
Have all the filing requ If no, list exceptions:	irements of the P	urposes and Procedures Manua	l of the NAIC Inv	estment Analysis C	Office been follo	owed?	Yes	[ X ]	No [
a. Documentation security is not b. Issuer or obligo	necessary to per available. or is current on all s an actual expect	eporting entity is certifying the fo mit a full credit analysis of the se contracted interest and principal ation of ultimate payment of all of 5GI securities?	ecurity does not e I payments. contracted interes	exist or an NAIC CF	RP credit rating	for an FE or PL	Yes	[ ]	No [
a. The security wa     b. The reporting el     c. The NAIC Desig     on a current priv     d. The reporting el	s purchased prior ntity is holding cap gnation was derive vate letter rating ho ntity is not permitte	reporting entity is certifying the force to January 1, 2018. Ital commensurate with the NAI of from the credit rating assigned by the insurer and available to share this credit rating of the state of	C Designation re d by an NAIC CR for examination b ne PL security wit	ported for the secu P in its legal capac by state insurance r th the SVO.	rity. ity as a NRSR egulators.	O which is shown			
		PLGI securities?					Yes	[ ]	No [
FÉ fund: a. The shares wer	e purchased prior ntity is holding cap	to January 1, 2019. ital commensurate with the NAI	C Designation re	ported for the secu	rity.	an NRSRO prior to			

## **GENERAL INTERROGATORIES**

## PART 2 - HEALTH

#### 1. Operating Percentages:

	1.1 A&H loss percent	0.0 %
	1.2 A&H cost containment percent	0.0 %
	1.3 A&H expense percent excluding cost containment expenses	0.0 %
2.1	Do you act as a custodian for health savings accounts?	Yes [ ] No [ X ]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date\$	
2.3	Do you act as an administrator for health savings accounts?	Yes [ ] No [ X ]
2.4	If yes, please provide the balance of the funds administered as of the reporting date\$	
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [ ] No [ X ]
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [ ] No [ X ]

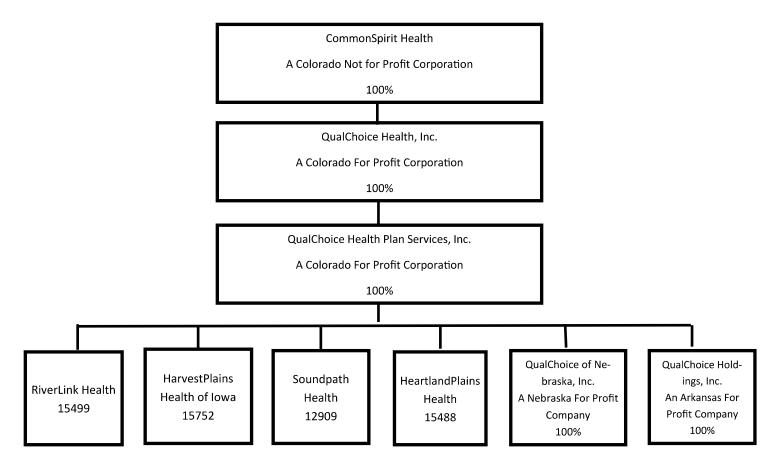
# SCHEDULE S - CEDED REINSURANCE Showing All New Reinsurance Treaties - Current Year to Date

Showing All New Reinsurance Treaties - Current Year to Date           1         2         3         4         5         6         7         8         9         10								
1 NAIC Company Code	2 ID Number	Effective		6 Type of Reinsurance Ceded		8	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer
Code	Number	Date Name of Reinsurer	Jurisdiction	Ceded	Ceded	Type of Reinsurer	(1 through 6)	Rating
			······································				}	
				-			}	
				-				
				-			}	
				-				

## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories 10 Federal Life and Annuity Premiums & Other Employees Health Accident and Health Property/ Casualty Total Columns 2 Active Renefite CHIP Title Deposit-Type Program States, etc. Premiums (a) Title XVIII Title XIX XXI Premiums sideration Premiums Through 8 Contracts Alabama ..0 ΑL .N. Alaska 3. Arizona ΑZ 0. 4. Arkansas AR N. ٥ 5. California CA N 0 6. Colorado CO Ν. .0 7. Connecticut .... СТ .0 .N. DE .0 N. District of Columbia . DC 9. N. .0 10. Florida 0 11. Georgia GΑ N. 0 12. Hawaii н N 0 13. Idaho ID .N. ..0 14. Illinois ..0 IL N. Indiana 15. IN .0 N. 16. .0 17. Kansas KS .0 18 Kentucky ΚY N ٥ 19. Louisiana LA N 0 20. Maine . ME N 0 21. Maryland MD ..0 .N. 22. Massachusetts. MA .0 N. Michigan 23. N. .0 24. Minnesota MN .0 25. Mississippi MS N. 0 26. Missouri MO N 0 27. Montana MT N. .0 28. Nebraska ..0 NE N. 29. Nevada .. NV .0 N. 30. New Hampshire N. 0. NH 31. New Jersey NJ .N. .0 32 New Mexico NM N. ٥ 33. New York NY N 0 34. North Carolina .. NC N 0 35. North Dakota ... .0 ND N. 36. Ohio .. ОН ..0 N. 37. Oklahoma OK N. .0 38 Oregon . OR N. 0. 39 Pennsylvania PΑ N ٥ 40. Rhode Island RI N 0 41. South Carolina SC Ν. .0 South Dakota. 42. SD .0 .N. 43. ΤN .0 N. 44. Texas .0 ΤX N. 45. Utah . UT 0 46. Vermont VTN. 0 47. Virginia. VA N 0 Washington 48. WA .N.. ..0 West Virginia WV 49. ..0 .N.. 50. Wisconsin ... WI N. .0 51. Wyoming .N. .0 52. American Samoa ..... AS N. .0 53 Guam GU N ٥ Puerto Rico. 54. PR N 0 U.S. Virgin Islands ... VI 55. N 0 Northern Mariana 56. MP .0 Islands Ν. 57. Canada CAN .0 .N... 58. Aggregate Other ОТ XXX 0 0 0 0 0 0 0 0 0 59. Subtotal. .0 .0 0 .0 .0 .0 .0 .0 .0 XXX. Reporting Entity
Contributions for Employee 60. Benefit Plans XXX 0 0 0 0 0 0 0 0 61 Totals (Direct Business) XXX 0 0 DETAILS OF WRITE-INS 58001. XXX. XXX 58002 58003. .XXX. 58998. Summary of remaining write-ins for Line 58 from overflow page ...... Totals (Lines 58001 through XXX. 0 0 0 0 0 0 0 0 0 58999. 58003 plus 58998)(Line 58 above) (a

Active Status Counts:	
L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG1	R - Registered - Non-domiciled RRGs0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state0	Q - Qualified - Qualified or accredited reinsurer0
N - None of the above - Not allowed to write business in the state 56	



## **SCHEDULE Y**

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	174X1 177 DE174E OF INCOMMOE HOLDING COMM 74X1 CTCTEM															
Name of Securities Exchange Group Code Group Name Code Number Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Name of Securities Exchange Group Code Group Name Code Number Code												Type	If			
Name of Securities Exchange if Publicly Traded (U.S. or Parent, Subsidiaries Code Group Name C												of Control	Control			
NAIC Office And Company Code Services (U.S. or International) Soundpath Health Initiatives Grp Catholic HIth Initiatives Grp 1.5499 46-4388824 Services (Inc. Actionic Health Initiatives Grp 1.5499 46-4388824 Services (Inc. Actionic Health Initiatives Grp 1.5499 46-4388824 Services (Inc. Actionic Health Initiatives Grp 1.5499 46-4388824 Services (Inc. Catholic Health Initiatives Grp 1.5499 (Initiatives Grp 1.5499 46-4388824 Services (Inc. Catholic Health Initiatives Grp 1.5499 (Initiatives Grp 1.5499 (Initiative Grp 1.5499 (Initiative Grp 1.549															le an	
Re- Group Code Group Name Group Name Code Group Name Group Name Group Name Code Group Name of Entity(les) Controlled by Group Name Group							Name of Convition			Deletion						
Regroup   Regr																
Group Name Code Group Name Code Number Cod																
Code Group Name Code Number RSSD CIK International) Or Affiliates tion Entity (Name of Entity/Person) Other) tage Entity(ies)/Person(s) (Yes/No)																
CommonSpirit Health (f/k/a Catholic Health Plan Services, Inc							(U.S. or			Reporting	Directly Controlled by		Percen-			
	Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No	) *
4807 Catholic HIth Initatives Grp 12909 42-1720801 Ownership 12909 42-1720801 Ownership 12909 42-1720801 Ownership 100.000 Initiatives Inc. Ownership 100.000 Initiative Inc. Ocatholic Health Inc. Ocatholic Heal														CommonSpirit Health (f/k/a Catholic		
.4807 Catholic HIth Initatives Grp				46-1224037				QualChoice Health Plan Services, Inc	CO	UDP	QualChoice Health, Inc	Ownership	100.000	. Health Initiatives)		
.4807 Catholic HIth Initatives Grp														QualChoice Health, Inc /Catholic Health	n	
4807 Catholic Hith Initatives Grp 15488 46-4368223 HeartlandPlains Health NE 1A. QualChoice Health Plan Services, Inc 0wnership. 100.000 Initiatives NO QualChoice Health, Inc /Catholic Health NO QualChoice Health Plan Services, Inc 0wnership. 100.000 Initiatives NO QualChoice Health, Inc /Catholic Health NO QualChoice H	4807	Catholic HIth Initatives Grp	12909	42-1720801				Soundpath Health	WA	IA	QualChoice Health Plan Services, Inc	Ownership	100.000			
4807 Catholic HIth Initatives Grp 15499 46-4380824 RiverLink Health		•												QualChoice Health, Inc /Catholic Health	n	
4807 Catholic HIth Initatives Grp	4807	Catholic HIth Initatives Grp	15488	46-4368223				HeartlandPlains Health	NE	IA	QualChoice Health Plan Services, Inc	Ownership	100.000			
QualChoice Health, Inc /Catholic Health		•												QualChoice Health, Inc /Catholic Health	n	
	4807	Catholic HIth Initatives Grp	15499	46-4380824				RiverLink Health	OH	IA	QualChoice Health Plan Services, Inc	Ownership.	100.000			
.807 Catholic Hith Initatives Grp		•												QualChoice Health, Inc /Catholic Health	n	
	4807	Catholic HIth Initatives Grp	15752	47-3451750				HarvestPlains Health of Iowa	IA	RE	QualChoice Health Plan Services, Inc	Ownership	100.000	. Initiatives	N0	
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										ļ						
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_		
	Asterisk	Explanation
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## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

## **OVERFLOW PAGE FOR WRITE-INS**

## **SCHEDULE A - VERIFICATION**

Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

## **SCHEDULE B - VERIFICATION**

Mortgage Loans

		1	2
		Year to Date	Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2.			
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Total gain (loss) on disposals  Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees  Total foreign exchange change in book value/recorded investment excluding accrued interest		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)	_	0
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

## **SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	Other Long-Term invested Assets		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	0	0

## **SCHEDULE D - VERIFICATION**

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	3,288,930	3,239,886
2.	Cost of bonds and stocks acquired	924,835	1,277,827
3.	Accrual of discount	785	1,758
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals	(3,933)	
6.	Deduct consideration for bonds and stocks disposed of	921,722	1,226,056
7.	Deduct amortization of premium		17,018
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized	0	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	818	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	3,282,457	3,288,930
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	3,282,457	3,288,930

## **SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

Du	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
TWITO Doolgradion	or current quarter	Current Quarter	Carroni Quartor	Carroni Quartor	Thot Quartor	Cocona Quartor	Time Quartor	11101 1001
BONDS								
BONDS								
1. NAIC 1 (a)	2,952,970	575,414	503,598	12,730	2,952,970	3,037,516	0	2,978,019
2. NAIC 2 (a)		0	0	(15,795)	260,734	244,939	0	310,910
3. NAIC 3 (a)		0	0	0	0	0	0	
4. NAIC 4 (a)	0	0	0	0	0	0	0	
5. NAIC 5 (a)	0	0	0	0	0	0	0	
6. NAIC 6 (a)		0	0	0	0	0	0	
7. Total Bonds	3,213,704	575,414	503,598	(3,065)	3,213,704	3,282,455	0	3,288,929
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4		0	0	0	0	0	0	0
12. NAIC 5		0	0	0	0	0	0	0
13. NAIC 6		0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	3,213,704	575,414	503,598	(3,065)	3,213,704	3,282,455	0	3,288,929

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

## **SCHEDULE DA - PART 1**

Short-Term Investments

	1  Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
770999999 Totals		XXX			

## **SCHEDULE DA - VERIFICATION**

Short-Term Investments

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

## **SCHEDULE DB - PART A - VERIFICATION**

Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 10, prior year)	
2.	Cost Paid/(Consideration Received) on additions	
3.	Unrealized Valuation increase/(decrease)	
4.	SSAP No. 108 adjustments	
5.	Total gain (loss) on termination recognized	
6.	Considerations received/(paid) on terminations	
7.	Amortization	
8.	Adjustment to the Book/Adjusted Carrying Value of hedged item	
9.	Total foreign exchange change in Book/Adjusted Carrying Value	
10.	Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4+5-6+7+8+9)	0
11.	Deduct nonadmitted assets	
12.	Statement value at end of current period (Line 10 minus Line 11)	0
	SCHEDULE DB - PART B - VERIFICATION Futures Contracts	
1.	Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year)	
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column)	0
3.1	Add:	
	Change in variation margin on open contracts - Highly Effective Hedges	
	3.11 Section 1, Column 15, current year to date minus	
	3.12 Section 1, Column 15, prior year0	
	Change in variation margin on open contracts - All Other	
	3.13 Section 1, Column 18, current year to date minus	
	3.14 Section 1, Column 18, prior year	
3.2	Add:	
	Change in adjustment to basis of hedged item	
	3.21 Section 1, Column 17, current year to date minus	
	3.22 Section 1, Column 17, prior year0	
	Change in amount recognized	
	3.23 Section 1, Column 19, current year to date minus	
	3.24 Section 1, Column 19, prior year plus	
	3.25 SSAP No. 108 adjustments	
3.3	Subtotal (Line 3.1 minus Line 3.2)	0
4.1	Cumulative variation margin on terminated contracts during the year	
4.2	Less:	
	4.21 Amount used to adjust basis of hedged item	
	4.22 Amount recognized	
	4.23 SSAP No. 108 adjustments0	
4.3	Subtotal (Line 4.1 minus Line 4.2)	0
5.	Dispositions gains (losses) on contracts terminated in prior year:	
	5.1 Total gain (loss) recognized for terminations in prior year	
	5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year	
6.	Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)	0
7.	Deduct total nonadmitted amounts	
8.	Statement value at end of current period (Line 6 minus Line 7)	0

## **SCHEDULE DB - PART C - SECTION 1**

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

	Replication (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions						
1	2	3	4	5	6	7	8	Derivative	Instrument(s) Open	1		Cash	Instrument(s) Held		
								9	10	11	12	13	14	15	16
		NAIC											NAIC		
		Designation or		Book/Adjusted Carrying					Book/Adjusted Carrying				Designation or	Book/Adjusted	
		Other	Notional	Carrying		Effective	Maturity		Carrying				Other	Carrying	
Number	Description	Description	Amount	Value	Fair Value	Date	Date	Description	Value	Fair Value	CUSIP	Description	Description	Value	Fair Value
		•••••													
	Total.											2004	100/		
999999999 - 7	lotais			0	0	XXX	XXX	XXX	0	0	XXX	XXX	XXX	0	0

## **SCHEDULE DB - PART C - SECTION 2**

Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
Beginning Inventory									0	0
Add: Opened or Acquired Transactions									0	0
Add: Increases in Replication (Synthetic Asset)     Transactions Statement Value	xxx		xxx		xxx		xxx		xxx	0
Less: Closed or Disposed of Transactions									0	0
Less: Positions Disposed of for Failing Effectiveness     Criteria									0	0
Less: Decreases in Replication (Synthetic Asset)     Transactions Statement Value	XXX		XXX		XXX		XXX		xxx	0
7. Ending Inventory	0	0	0	0	0	0	0	0	0	0

## **SCHEDULE DB - VERIFICATION**

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

		Book/Adjusted Carrying Value Check	(
1.	Part A, Section 1, Column 14.	0	
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance	0	
3.	Total (Line 1 plus Line 2)		0
4.	Total (Line 1 plus Line 2)	0	
5.	Part D, Section 1, Column 7	0	
6.	Total (Line 3 minus Line 4 minus Line 5)		0
		Fair Value Check	
7.		0	
8.	Part B, Section 1, Column 13	0	
9.	Total (Line 7 plus Line 8)		0
10.	Part D, Section 1, Column 9		
11.	Part D, Section 1, Column 10	0	
12	Total (Line 9 minus Line 10 minus Line 11)		0
		Potential Exposure Check	
13.	Part A, Section 1, Column 21	0	
14.	Part B, Section 1, Column 20	0	
15.	Part D, Section 1, Column 12	0	
16.	Total (Line 13 plus Line 14 minus Line 15)		0

## **SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

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

## **SCHEDULE A - PART 2**

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1		-	4	5	6	7	8	9
	Location							
	2	3						Additional
							Book/Adjusted Carrying Value Less Encumbrances	Investment Made After Acquisition
			Date		Actual Cost at Time of Acquisition	Amount of Encumbrances	Carrying Value	Made After
Description of Property	City	State	Acquired	Name of Vendor	Time of Acquisition	Encumbrances	Less Encumbrances	Acquisition
		• • • • • • • • • • • • • • • • • • • •						
		······						
		······	······					
			·					
			·				····	
0000000 Table			<u> </u>					
0399999 - Totals					0	0	0	0 !

## **SCHEDULE A - PART 3**

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1	Location	on	4	5	6	7	8	Change in	Book/Adjusted	d Carrying V	alue Less En	cumbrances	14	15	16	17	18	19	20
	2	3				Expended		9	10	11	12	13							
						for	Book/					Total	Book/					Gross	
						Additions,	Adjusted				Total	Foreign	Adjusted					Income	
						Permanent	Carrying		Current		Change in	Exchange	Carrying		Foreign			Earned	
						Improve-	Value Less		Year's	Current	Book/	Change in	Value Less		Exchange	Realized	Total	Less	Taxes,
						ments and	Encum-	Current	Other-Than-		Adjusted	Book/	Encum-	Amounts	Gain	Gain	Gain	Interest	Repairs
						Changes	brances	Year's	Temporary		Carrying	Adjusted	brances	Received	(Loss)	(Loss)	(Loss)	Incurred on	and
			Disposal		Actual	in Encum-	Prior	Depre-	Impairment	Encum-	Value	Carrying	on	During	on	on	on	Encum-	Expenses
Description of Property	City	State	Date	Name of Purchaser	Cost	brances	Year	ciation	Recognized	brances	(11-9-10)	Value	Disposal	Year	Disposal	Disposal	Disposal	brances	Incurred
		· · · · · · · · · · · · · · · · · · ·									***************************************								
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						†		†				†			†			†	†
0399999 - Totals	•	•			0	0	0	(	0	0	0	0	0	0	0	0	0	0	C

## **SCHEDULE B - PART 2**

Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

1	Location	g, mongago zoano, to qui	4	5	6	7	8	9
	2	3					Additional	
			Loan			Actual Cost at Time of Acquisition	Investment Made	Value of Land and Buildings
Loan Number	City	State	Type	Date Acquired	Rate of Interest	Time of Acquisition	After Acquisition	and Buildings
0899999. Total Mortgages in good standing						0	0	
1699999. Total - Restructured Mortgages						0	0	
2499999. Total - Mortgages with overdue in	terest over 90 days					0	0	
3299999. Total - Mortgages in the process	of foreclosure		•		•	0	0	
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					<del> </del>		·	ļ
3399999 - Totals				***************************************	***************************************	0	0	

## **SCHEDULE B - PART 3**

Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

Book Value/ Recorded Investment Excluding Acrued Loan Number City State Type Acquired Date Date Date Date Date Date Date Date	Gain (Loss) on
Investment Excluding Unrealized Current Than- Capitalized Change Total Foreign Excluding Change Total Foreign Excluding Change Real Accrued Valuation Year's Temporary Deferred in Exchange Accrued Change Total Foreign Excluding Exchange Real Interest Increase (Amortization) Impairment Interest and Book Value Change in Interest on Consid- (Loss) on (Loss)	Gain (Loss) on
Excluding Unrealized Current Than- Capitalized Change Total Foreign Excluding Exchange Real Accrued Valuation Year's Temporary Deferred in Exchange Accrued Accrued Gain Ga Loan Date Disposal Interest Increase (Amortization) Impairment Interest and Book Value Change in Interest on Consid- (Loss) on (Loss)	Gain (Loss) on
Accrued Valuation Year's Temporary Deferred in Exchange Accrued Gain Ga Loan Date Disposal Interest Increase (Amortization) Impairment Interest and Book Value Change in Interest on Consid- (Loss) on (Loss)	Gain (Loss) on
Loan Date Disposal Interest Increase (Amortization) Impairment Interest and Book Value Change in Interest on Consid- (Loss) on (Loss	(Loss) on
Loan Number City State Type Acquired Date Prior Year (Decrease) /Accretion Recognized Other (8+9-10+11) Book Value Disposal eration Disposal Disposal City State Type Acquired Date Prior Year (Decrease) /Accretion Recognized Other (8+9-10+11) Book Value Disposal eration Disposal Disposal City City City City City City City City	Disposal
0599999 - Totals 0 0 0 0 0 0 0 0 0 0 0	

## **SCHEDULE BA - PART 2**

Showing Other Long-T	orm Invocted Ac	cote ACOLIDED AN	D ADDITIONS M	MDE During the Cur	ront Quarter
SHOWING OTHER LONG-1	enn mvesteu As	SEIS ACQUIRED AN	ID ADDITIONS IVI	IADE DUITIU UTE CUI	reni Quantei

	-		- 0 -	T INVESTED ASSETS ACCOUNTED AND ADD								
1	2	Location		5	6	7	8	9	10	11	12	13
		3	4		NAIC							
					Designation.							
					NAIC							
					Designation, NAIC Designation Modifier							
					Modifier							
					Modifier							
					and							
					SVO						Commitment	
					Admini-	Date	Type	Actual Cost	Additional		for	
CUSIP				Name of Vendor	strative	Originally	and	at Time of	Investment Made	Amount of	Additional	Percentage of
Identification	Name or Description	Citv	State	or General Partner	Symbol	Originally Acquired	Strategy	Acquisition	After Acquisition	Encumbrances	Investment	Ownership
4899999. Total	- Unaffiliated	,	ı							0	0	XXX
								0	0	0	0	
4999999. Total	- Апшатеа	•	1					0	0	0	0	XXX
					· · · · · · · · · · · · · · · · · · ·							
5099999 - Tota												XXX

## **SCHEDULE BA - PART 3**

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

1	2	Location		5	6	7	8		Change i	n Book/Adjı	usted Carry	ing Value		15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
							Book/			Current				Book/					
							Adjusted			Year's		Total	Total	Adjusted					
							Carrying		Current	Other		Change in		Carrying					
							Value		Year's	Than	Capital-	Book/	Exchange			Foreign			
							Less	Unrealized		Temporary	ized		Change in			Exchange			
							Encum-		ciation) or	Impair-	Deferred			Encum-		Gain	Realized	Total	
					Date		brances,	Increase	(Amorti-	ment	Interest	Value	Adjusted	brances		(Loss)	Gain	Gain	Invest-
CUSIP				Name of Purchaser or	Originally	Disposal	Prior	(De-	zation)/	Recog-	and	(9+10-	Carrying		Consid-	on		(Loss) on	
Identification	Name or Description	Citv	State	Nature of Disposal	Acquired	Date	Year	`	Accretion	nized	Other	11+12)	Value	Disposal	eration	-		Disposal	Income
4899999. Tota		0.0	Otato				0	0.0000)	n	0	0 (1.10)	,	0	0	0	0	0	0	0
4999999. Tota							0	0	0	0	0	0	0	0	0	0	0	0	0
+333333. Tota	I - Allillated					l	0	U	0	U	U	U		U	U	0	0	U	
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			• • • • • • • • • • • • • • • • • • • •		•	• · · · · · · · · · · · · · · · · · · ·	+						·						
							<b>†</b>						·						
5099999 - Tota	als		•		•	•	0	0	0	0	0	0	0	0	0	0	0	0	0

# **SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

				Long-Term Donas and Stock Acquired During the Current Quarte			_		
1	2	3	4	5	6	7	8	9	10
									NAIC
									Designation,
									NAIC
									Designation
									Modifier
									and
									SVO
					Number of			Paid for Accrued	Admini-
CUSIP			Date		Shares of			Interest and	strative
Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
91282C-EH-0	. UNITED STATES TREASURY NOTE/BOND		04/21/2022	BK OF NYC/HSBCSI		163,653	165,000		33 1.A
91282C-EQ-0	. UNITED STATES TREASURY NOTE/BOND		06/06/2022	VARIOUS		229,436	230,000		19 1.A
91282C-EU-1	UNITED STATES TREASURY NOTE/BOND		06/16/2022	RBS SECURITIES INC./		162,326	165,000		26 1.A
	Subtotal - Bonds - U.S. Governments					555,415	560,000	35	
24422E-WF-2	JOHN DEERE CAPITAL CORP		06/01/2022	GOLDMAN SACHS & CO		4,999	5,000		.0 1.F FE
89238F-AD-5	TOYOTA AUTO RECEIVABLES 2022-B OWNER TRU		04/07/2022	MITSUBISHI UFJ SECS		15,000	15,000		.0 1.A FE
	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					19,999	20,000		0 XXX
	Total - Bonds - Part 3					575,414	580,000	35	
2509999998.	Total - Bonds - Part 5					XXX	XXX	XXX	XXX
2509999999.	Total - Bonds					575,414	580,000	35	
4509999997.	Total - Preferred Stocks - Part 3					0	XXX		0 XXX
4509999998.	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999.	Total - Preferred Stocks					0	XXX		0 XXX
5989999997.	Total - Common Stocks - Part 3					0	XXX		0 XXX
5989999998.	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999.	Total - Common Stocks					0	XXX		0 XXX
5999999999.	Total - Preferred and Common Stocks					0	XXX		0 XXX
600000000	Tatala						VVV		- VVV
6009999999 -	lotais					575,414	XXX	35	8 XXX

# **SCHEDULE D - PART 4**

				;	Show All Loi	ng-Term Bo	onds and Sto	ck Sold, Red	deemed or (	Otherwise I	Disposed o	of During th	ne Current	Quarter							
1	2	3	4	5	6	7	8	9	10	Ch	ange In Boo	ok/Adjusted	Carrving Va	lue	16	17	18	19	20	21	22
										11	12	13	14	15							NAIC
																					Desig-
																					nation,
																					NAIC
													T. (.)	T. ( . )							_
												_	Total	Total							Desig-
												Current	Change in	Foreign					Bond		nation
												Year's	Book/	Exchange	Book/				Interest/		Modifier
									Prior Year		Current	Other Than	Adjusted	Change in	Adjusted	Foreign			Stock	Stated	and
									Book/	Unrealized	Year's	Temporary	Carrying	Book	Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment	Value	/Adjusted	Value at	Gain	Gain	Total Gain	Received	tractual	Admini-
Ident-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	Durina	Maturity	strative
ification	Description	eian	Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13)	Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
	UNITED STATES TREASURY NOTE/BOND	0.9		BK OF NYC/HSBCS1	Otoon	65, 101	65.000		65,064	0	(28)		(28)	0		0	65	65		09/15/2022	1 4
	UNITED STATES TREASURY NOTE/BOND		04/21/2022	BK OF NYC/HSBCS1		31,955	32,000	31,965	31,988	0	4	0	4	0	31,991	0	(37)	(37)	369	01/15/2023	1.A
	UNITED STATES TREASURY NOTE/BOND			SG AMERICAS SECURITI		127,605	128,000	130,905	129, 120	0	(389)	0	(389)	0	128,732	0	(1,127)	(1,127)	1,351	02/15/2023	1.A
	UNITED STATES TREASURY NOTE/BOND			BK OF NYC/HSBCS1		159,373	162,000	163,019	162,417	0	(158)	0	(158)	0	162,259	0	(2,885)	(2,885)	612	03/15/2023	1.A
010999999	9. Subtotal - Bonds - U.S. Governmer	nts	•			384,034	387,000	391, 153	388,589	0	(571)	0	(571)	0	388,018	0	(3,984)	(3,984)	2,920	XXX	XXX
02665W-DF-5	AMERICAN HONDA FINANCE CORP		05/20/2022	MATURITY		15,000	15,000	14.995	14,999	0	1	0	1	0	15,000	0	0	0	146	.05/20/2022	1.G FE
03066E-AD-6	AMERICREDIT AUTOMOBILE RECEIVABLES TRUST		06/18/2022	PAYDOWN		4,524	4,524	4,523	4,524	0	0	0	0	0	4,524	0	0	0	12	12/18/2024	1.A FE
	CNH EQUIPMENT TRUST 2018-B		06/15/2022	PAYDOWN		1,809	1,809	1,809	1,809	0	0	0	0	0	1,809	0	0	0	24	11/15/2023	1.A FE
	CNH EQUIPMENT TRUST 2020-A		06/15/2022	PAYDOWN		548	548	548	548	0	0	0	0	0	548	0	0	0	3	06/16/2025	. 1.A FE
	CHEVRON CORP		05/11/2022	CALL 101.0593723		15, 159	15,000	16 , 109	15,489	0	(142)	0	(142)	0	15,347	0	(347)	(347)	341	06/24/2023	. 1.D FE
	GM FINANCIAL CONSUMER AUTOMOBILE RECEIVA		06/16/2022	PAYDOWN		1,250	1,250	1,250	1,250	0	0	0	0	0	1,250	0	0	0	9	07/16/2024	. 1.A FE
	HARLEY-DAVIDSON MOTORCYCLE TRUST 2021-A		06/15/2022	PAYDOWN		325	325	325	325	0	0	0	0	0	325	0	0	0	!	04/15/2026	. 1.A FE
	HONDA AUTO RECEIVABLES 2020-3 OWNER TRUS		06/18/2022	PAYDOWN		2,473	2,473	2,473	2,473	0	0	0	0	0	2,473	0	0	0	4	10/18/2024	. 1.A FE
	INTERCONTINENTAL EXCHANGE INC		05/24/2022	CALL 100		25,000	25,000	25, 104	25,059	0	(58)	0	(58)	0	25,000	0	0	0	//	06/15/2023	1.G FE
	MERCEDES-BENZ AUTO LEASE TRUST 2020-B		06/15/2022	PAYDOWN		5,000 3,150		4,997 3,150	5,000 3,150			0	0	0	5,000 3,150	0			/١	05/13/2022 11/15/2023	1.6 FE
	PAYPAL HOLDINGS INC		06/22/2022	CALL 100.0990345		15,015	15,000	14,981	14,995			0			14,998				259	09/26/2022	1.6 FE
	SANTANDER DRIVE AUTO RECEIVABLES TRUST 2		06/15/2022	PAYDOWN		4,654	4,654	4,653	4,653	n	n	0		0	4.654	0	0	n	239	02/18/2025	1.A FE
	TOYOTA AUTO RECEIVABLES 2020-D OWNER TRU		06/15/2022	PAYDOWN		2,762	2,762	2,762	2,762	0	0	0	0	0	2,762	0	0	0	4	01/15/2025	1.A FE
	WORLD OMNI AUTOMOBILE LEASE SECURITIZATI		06/15/2022	PAYDOWN		3,739	3,738	3,738	3,739	0	0	0	0	0	3,739	0	0	0	27	01/17/2023	1.A FE
	ROYAL BANK OF CANADA	A	04/29/2022	MATURITY		15,000	15,000	15,291	15,038	0	(38)	0	(38)	0	15,000	0	0	0	Ω	04/29/2022	1.E FE
1109999999	9. Subtotal - Bonds - Industrial and M	iscella	aneous (Un	affiliated)		115,408	115,233	116,708	115,813	0	(234)	0	(234)	0	115,579	0	(345)	(345)	990	XXX	XXX
250999999	7. Total - Bonds - Part 4		,	,		499,442	502.233	507.861	504.402	0	(805)	0	(805)	0	503.597	0	(4.329)	(4.329)	3.910	XXX	XXX
	8. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	9. Total - Bonds				İ	499.442	502,233	507,861	504,402	0	(805)		(805)	0	503,597	0	(4, 329)	(4,329)	3,910	XXX	XXX
	7. Total - Preferred Stocks - Part 4					100,412	XXX	007,001	004,402	0	(000)	0	(000)	0	000,007	0	(4,020)	(4,020)	0,010	XXX	XXX
	8. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	9. Total - Preferred Stocks				1	0	XXX	0	0	Λ. 0	ΛΟ.	0	0	ΛΟ.	7000	7001	0	0	7001	XXX	XXX
	7. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	8. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	9. Total - Common Stocks					0	XXX	0	0	0	0		0		0	0		0	0	XXX	XXX
	9. Total - Preferred and Common Sto	cks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
600999999						499.442	XXX	507.861	504.402	0	(805)	0	(805)	0	503.597	0	(4.329)	(4.329)	3.910	XXX	XXX
000000000	o iotalo					700,742	////	301,301	507,402	U	(000)	U	(303)	U	500,537	U	(7,023)	(7,023)	0,310	////	/VV\

# **SCHEDULE DB - PART A - SECTION 1**

	Showing all Options, Caps, Floors, Colla										ds Open a	is of Curre	nt Stateme	nt Date								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
	_	Ů		· ·	ŭ		ŭ	· ·		Cumulative												
										Prior	Current											
	Description																					
	Description								Otallar	Year(s)	Year Initial										0	Under
	of Item(s)								Strike	Initial Cost	Cost of						<b></b>				Credit	Hedge
	Hedged,								Price,	of Un-	Un-						Total	Current	Adjustment		Quality	
	Used for		Type(s)			Date of			Rate or	discounted	discounted		Book/			Unrealized	Foreign	Year's	to Carrying		of	at Inception
	Income	Schedule/	of			Maturity	Number		Index	Premium	Premium	Current	Adjusted			Valuation	Exchange	(Amorti-	Value of		Refer-	and at
	Generation	Exhibit	Risk(s)	Exchange, Counterparty	Trade	or	of	Notional	Received	(Received)	(Received)	Year	Carrying			Increase/	Change in	zation)/	Hedged	Potential	ence	Quarter-end
Description	or Replicated	Identifier	(a)	or Central Clearinghouse	Date	Expiration	Contracts	Amount	(Paid)	Paid	Paid	Income	Value	Code	Fair Value	(Decrease)	B./A.C.V.	Accretion	Item	Exposure	Entity	(b)
0079999999 Subt	total - Purchased Or	ntions - Heda	ing Effective	Excluding Variable Annuity Guarante	es Under S	SAP No 108	3			0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
				Variable Annuity Guarantees Under S						0	0	n	0	XXX	0	0	0	0	0		XXX	XXX
	total - Purchased O			Variable Affidity Guarantees officer of	JOAI NO.N					0		0		XXX	0	0	0	0	0		XXX	XXX
												0			0	0	0	0				
	total - Purchased Op									0		0		XXX	Ū	0	0	U	0		XXX	XXX
	total - Purchased O <sub>l</sub>			n						0		0		XXX	0	0	0	0	0		XXX	XXX
	total - Purchased Op									0	0	0	0	XXX	0	0	0	0	0		XXX	XXX
0439999999. Total	I Purchased Option	s - Call Optio	ns and Warr	ants						0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
04499999999. Total	I Purchased Option	s - Put Option	าร							0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
	I Purchased Option		-							0	0	n	0	XXX	0	0	0	0	0		XXX	XXX
	I Purchased Option									0	0	0	0	XXX	0	0	0	0	0		XXX	XXX
	Il Purchased Option										0	, U	1	XXX	0	0	0	0			XXX	XXX
										0		U			0	0	0	0	0			
	I Purchased Option									0		0		XXX	0	0	0	0	0		XXX	XXX
	I Purchased Option									0		0		XXX	0	0	0	0	0		XXX	XXX
0569999999. Subt	total - Written Optio	ns - Hedging	Effective Ex	cluding Variable Annuity Guarantees I	Jnder SSAI	P No.108				0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
0639999999. Subt	total - Written Optio	ns - Hedging	Effective Va	riable Annuity Guarantees Under SSA	P No.108					0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
0709999999, Subt	total - Written Optio	ns - Hedaina	Other	*						0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
	total - Written Optio									0	0	n	0	XXX	0	0	0	0	0	0	XXX	XXX
	total - Written Optio									0	0	0	0	XXX	0	0	0	0	0		XXX	XXX
			serieration									0	0		0	0	0	0	0			
	total - Written Optio			0		U		XXX	0	0	0	0			XXX	XXX						
	99. Total Written Options - Call Options and Warrants											0		XXX	0	0	0	0	0		XXX	XXX
	9999. Total Written Options - Put Options									0		0	0	XXX	0	0	0	0	0		XXX	XXX
	I Written Options - 0									0	0	0	0	XXX	0	0	0	0	0		XXX	XXX
0959999999. Total	I Written Options - I	Floors								0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
0969999999. Total	I Written Options - (	Collars								0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
09799999999. Total	I Written Options - 0	Other								0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
09899999999999999999999999999999999999		0 11.10.								0	0	Ů	0	XXX	0	0	0	0	0		XXX	XXX
		aina Effontivo	Evaluding \/	ariable Annuity Guarantees Under SS	AD No 100					0	0	0	0	XXX	0	0	0	0	0		XXX	XXX
											0	0	0		0	0	0	0				
			variable An	nuity Guarantees Under SSAP No.108	3					0		0		XXX	0	0	0	0	0		XXX	XXX
	total - Swaps - Hedo									0		0		XXX	0	0	0	0	0		XXX	XXX
	total - Swaps - Repl									0		0		XXX	0	0	0	0	0		XXX	XXX
1289999999. Subt	total - Swaps - Incor	me Generation	n							0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
1349999999. Subt	9999. Subtotal - Swaps - Other								0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	
1359999999. Total	999. Total Swaps - Interest Rate								0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	
	199. Total Swaps - Credit Default								0	0	n	n	XXX	n	n	n	0	0		XXX	XXX	
	l Swaps - Foreign E									0	0	, ,	0	XXX	0	0	0	0	0		XXX	XXX
	Il Swaps - Fotelgii E									0		0	1	XXX	0	0	0	0	0		XXX	XXX
		uill										0			0	0	0	0				
13999999999999999999999999999999999999										0		0		XXX	0	0	0	0	0		XXX	XXX
1409999999. Total										0		0		XXX	0	0	0	0	0		XXX	XXX
1479999999. Subt										0	0	0	0	XXX	0	0	0	0	0		XXX	XXX
	total - SSAP No. 10									0	0	0	0	XXX	0	0	0	0	0		XXX	XXX
1689999999. Subt	999999. Subtotal - Hedging Effective Excluding Variable Annuity Guarantees Under SSAP No.108									0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX
	999999. Subtotal - Hedging Effective Variable Annuity Guarantees Under SSAP No.108								0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	
	9999999. Subtotal - Hedging Other								0	n	n	n	XXX	0	0	n	0	0		XXX	XXX	
	9999999. Subtotal - Replication									0		0		XXX	0	0	0	0	0		XXX	XXX
	19999999. Subtotal - Replication											0			0	0	0	0				
		rauon								0		0	0	XXX	Ū	0	0	0	0		XXX	XXX
1739999999. Subt										0		0	0	XXX	0	0	0	0	0		XXX	XXX
	total - Adjustments f	or SSAP No.	108 Derivati	ives						0		0		XXX	0	0	0	0	0		XXX	XXX
1759999999 - Tota	als									0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX

(a)	Code	Description of Hedged Risk(s)	

(b)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

1759999999 - Totals

#### STATEMENT AS OF JUNE 30, 2022 OF THE HarvestPlains Health of Iowa

## **SCHEDULE DB - PART B - SECTION 1**

								Futures Contrac	ts Open as c	of the Curr	ent Staten	nent Date									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	Highly	y Effective He	edges	18	19	20	21	22
														15	16	17					
																Change in					
																Variation		Change in			
				Description												Margin		Variation		Hedge	
				of Item(s) Hedged,			Date of									Gain	Cumulativa	Margin Gain		Effectiveness	
				Used for		Type(s)	Maturity						Book/			(Loss) Used to Adjust	Variation	(Loss)		Inception	
	Number			Income	Schedule/	of	or			Transac-	Reporting		Adjusted	Cumulative	Deferred	Basis of		Recognized		and at	Value of
Ticker	of	Notional		Generation	Exhibit	Risk(s)	Expira-		Trade	tion	Date		Carrying	Variation	Variation	Hedged	All Other	in Current	Potential	Quarter-end	One (1)
Symbol	Contracts	Amount	Description	or Replicated	Identifier	(a)	tion	Exchange	Date	Price	Price	Fair Value	Value	Margin	Margin	Item	Hedges	Year	Exposure	(b)	Point
15799999	99. Subtotal	- Long Future	es	•	•							0	(	0	0	0	0	0	0	XXX	XXX
		- Short Future										0	(	0	0	0	0	0	0	XXX	XXX
16799999	99. Subtotal	- SSAP No. 1	08 Adjustments									0	(	0	0	0	0	0	0	XXX	XXX
16899999	99. Subtotal	- Hedging Eff	ective Excluding \	Variable Annuity G	uarantees U	Inder SSAF	No.108					0	(	0	0	0	0	0	0	XXX	XXX
16999999	99. Subtotal	- Hedging Eff	ective Variable Ar	nuity Guarantees	Under SSAI	P No.108						0	(	0	0	0	0	0	0	XXX	XXX
17099999	99. Subtotal	- Hedging Otl	ner									0	(	0	0	0	0	0	0	XXX	XXX
17199999	99. Subtotal	- Replication										0	(	0	0	0	0	0	0	XXX	XXX
17299999	99. Subtotal	- Income Ger	neration									0	(	0	0	0	0	0	0	XXX	XXX
17399999	99. Subtotal	- Other	•		•			_				0	(	0	0	0	0	0	0	XXX	XXX
17499999	99. Subtotal	- Adjustments	s for SSAP No. 10	8 Derivatives	•	•						0	(	0	0	0	0	0	0	XXX	XXX

(a)	Code	Description of Hedged Risk(s)
Ţ		
(b)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

## **SCHEDULE DB - PART D - SECTION 1**

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1	2	3	Counterpa	arty Offset	Book	d/Adjusted Carrying \	/alue		Fair Value		12	13
		Credit	4	5	6	7	8	9	10	11		i
	Master	Support	Fair Value of	Present Value	Contracts With	Contracts With						i
Description of Exchange,	Agreement	Annex	Acceptable	of Financing	Book/Adjusted	Book/Adjusted	Exposure Net of	Contracts With	Contracts With	Exposure	Potential	Off-Balance
Counterparty or Central Clearinghouse	(Y or N)	(Y or N)	Collateral	Premium	Carrying Value >0	Carrying Value <0	Collateral	Fair Value >0	Fair Value <0	Net of Collateral	Exposure	Sheet Exposure
019999999 - Aggregate Sum of Exchange Traded Derivatives	XXX	XXX	XXX				0			0		0
089999999. Aggregate Sum of Central Clearinghouses (Excluding	g Exchange Trac	ded)					0			0		i
												·
							ļ			<b></b>		<b>/</b>
												f
		· · · · · · · · · · · · · · · · · · ·								•		
										***************************************		 
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		· · · · · · · · · · · · · · · · · · ·								•		
										***************************************		······
							İ	<b>†</b>		<b>†</b>		i
												L
												<u> </u>
099999999 - Gross Totals			0	0	0	0	0	0	0	0	0	0
1. Offset per SSAP No. 64												
2. Net after right of offset per SSAP No. 64					0	0	1					

## **SCHEDULE DB - PART D - SECTION 2**

Collateral for Derivative Instruments Open as of Current Statement Date

#### Collateral Pledged by Reporting Entity

1	2	3	4	5	6	7	8	9
						Book/Adjusted		Type of Margin
Exchange, Counterparty or Central Clearinghouse		CUSIP				Carrying	Maturity	Margin
or Central Clearinghouse	Type of Asset Pledged	Identification	Description	Fair Value	Par Value	Value	Date	(I, V or IV)
					<del> </del>			
							•	
							<del> </del>	
010000000 Total				0	0	0	VVV	VVV
019999999 - Total				0	0	0	XXX	XXX

#### Collateral Pledged to Reporting Entity

1	2	3	4	5	6	7	8	9
						Book/Adjusted Carrying		Type of
Exchange, Counterparty or Central Clearinghouse		CUSIP				Carrying	Maturity	Margin
or Central Clearinghouse	Type of Asset Pledged	Identification	Description	Fair Value	Par Value	Value	Date	(I, V or IV)
								ļ
								ļ
029999999 - Total	•			0	0	XXX	XXX	XXX

# **SCHEDULE DB - PART E**

# Derivatives Hedging Variable Annuity Guarantees as of Current Statement Date This schedule is specific for the derivatives and the hedging programs captured in SSAP No. 108

	CDHS				Hedge	ed Item				Hedging Instruments								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
				Fair Value					Current Year				Hedging					
				Gain (Loss)			Current Year		Increase				Instruments'					
		Prior Fair	Ending Fair	in Full	Fair Value		Increase	Change in	(Decrease)				Current Fair					
		Value in Full		Contract	Gain (Loss)			the Hedged	in VM-21		Current Year		Value	Hedge Gain				
		Contract	Contract	Cash Flows	in Hedged	Current Year	in VM-21	Item	Liability			Current Year		(Loss) in			Current Year	
		Cash Flows			Item	Increase		Attributed to			Fluctuation	Natural	Not		Current Year		Total	Ending
			Attributed to		Attributed to			Hedged Risk		Prior	of the	Offset to	Attributed to		Prescribed	Additional	Deferred	Deferred
		Interest	Interest	Rates	Hedged	in VM-21	Interest	Percentage	Risk	Deferred	Hedge	VM-21	Hedged	Adjustment	Deferred	Deferred	Amortization	Balance
Identifier	Description	Rates	Rates	(4-3)	Risk	Liability	Rates	(6/5)	(8*9)	Balance	Instruments	Liability	Risk	[12-(13+14)]	Amortization	Amortization	(16+17)	(11+15+18)
														-				
														-				
Total		0	0	0	0	0	0	XXX	0	C	0	0	0	0	0	0	0	0

# SCHEDULE DL - PART 1 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date
(Securities lending collateral assets reported in aggregate on Line 10 of the Assets page and not included on Schedules A, B, BA, D, DB and E)

(Securitie	es lending collateral assets reported in aggregate on Line 10	or the	Assets page and	not included on Scr	iedules A, B, BA, D,	DR and F)
1	2	3	4	5	6	7
	<u> </u>		NAIC			
	<u> </u>		Designation,			
	<u> </u>		NAIC			
	<u> </u>		Designation			
	<u> </u>		Modifier and SVO			
CUSIP		١	Administrative		Book/Adjusted	
Identification	Description	Code	Symbol	Fair Value	Carrying Value	Maturity Date
	otal - U.S. Government Bonds			0	0	XXX
	otal - All Other Government Bonds			0	0	XXX
	otal - U.S. States, Territories and Possessions Bonds			0	0	XXX
	otal - U.S. Political Subdivisions Bonds			0	0	XXX
	otal - U.S. Special Revenues Bonds			0	0	XXX
	otal - Industrial and Miscellaneous (Unaffiliated) Bonds			0	0	XXX
	otal - Hybrid Securities			0	0	XXX
	otal - Parent, Subsidiaries and Affiliates Bonds			0	0	XXX
	Subtotal - Unaffiliated Bank Loans			0	0	XXX
	otal - Issuer Obligations			0	0	XXX
	otal - Residential Mortgage-Backed Securities			0	0	XXX
	otal - Commercial Mortgage-Backed Securities			0	0	XXX
	otal - Other Loan-Backed and Structured Securities			0	0	XXX
	otal - SVO Identified Funds			0	0	XXX
	otal - Affiliated Bank Loans			0	0	XXX
	otal - Unaffiliated Bank Loans			0	0	XXX
	otal - Unaffiliated Certificates of Deposit			0	0	XXX
2509999999. To				0	0	XXX
	otal - Preferred Stocks (Schedule D, Part 2, Section 1 type) - Industrial	I and Mi	scellaneous			
(Unaffiliated)				0	0	XXX
	otal - Preferred Stocks (Schedule D, Part 2, Section 1 type) - Parent, S	Subsidia	ries and Affiliates	0	0	XXX
	otal - Preferred Stocks (Schedule D, Part 2, Section 1 type)			0	0	XXX
	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Industrial	and Mis	scellaneous			1001
(Unaffiliated)				0	0	XXX
	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Mutual Fo			0	0	XXX
	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Unit Inve			0	0	XXX
	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Closed-E			0	0	XXX
	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Parent, S	Subsidia	ries and Affiliates	0	0	XXX
	Total - Common Stocks (Schedule D, Part 2, Section 2 type)			0	0	XXX
	otal - Preferred and Common Stocks			0	0	XXX
9999999999 - T				0	0	XXX
General Interrog		/A =1:				
	ctivity for the year Fair Value \$ Book					
	ge balance for the year Fair Value \$ Book ested securities lending collateral assets book/adjusted carrying value in					
	isted securities lending collateral assets book/adjusted carrying value ii				NAICE	Φ.

## SCHEDULE DL - PART 2 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date
(Securities lending collateral assets included on Schedules A, B, BA, D, DB and E and not reported in aggregate on Line 10 of the Assets page)

(Securitie	es lending collateral assets included on Schedules A, B, BA,	D, DB	and $arphi$ and not re	eported in aggregate	on Line 10 of the As	sets page)
1	2	3	4	5	6	7
			NAIC			
			Designation,			
			NAIC			
			Designation			
			Modifier and SVO			
CUSIP			Administrative		Book/Adjusted	
Identification	Description	Code	Symbol	Fair Value	Carrying Value	Maturity Date
	otal - U.S. Government Bonds			0	0	XXX
	otal - All Other Government Bonds			0	0	XXX
	otal - U.S. States, Territories and Possessions Bonds			0	0	XXX
0709999999. T	otal - U.S. Political Subdivisions Bonds			0	0	XXX
0909999999. T	otal - U.S. Special Revenues Bonds			0	0	XXX
1109999999. T	otal - Industrial and Miscellaneous (Unaffiliated) Bonds			0	0	XXX
1309999999. T	otal - Hybrid Securities			0	0	XXX
1509999999. T	otal - Parent, Subsidiaries and Affiliates Bonds			0	0	XXX
1909999999. S	ubtotal - Unaffiliated Bank Loans			0	0	XXX
2419999999. T	otal - Issuer Obligations			0	0	XXX
2429999999. T	otal - Residential Mortgage-Backed Securities			0	0	XXX
2439999999. T	otal - Commercial Mortgage-Backed Securities			0	0	XXX
2449999999. T	otal - Other Loan-Backed and Structured Securities			0	0	XXX
2459999999. T	otal - SVO Identified Funds			0	0	XXX
2469999999. T	otal - Affiliated Bank Loans			0	0	XXX
2479999999. T	otal - Unaffiliated Bank Loans			0	0	XXX
2489999999. T	otal - Unaffiliated Certificates of Deposit			0	0	XXX
2509999999. T	otal Bonds			0	0	XXX
4109999999. T	otal - Preferred Stocks (Schedule D, Part 2, Section 1 type) - Industrial	and Mi	scellaneous			
(Unaffiliated)				0	0	XXX
4409999999. T	otal - Preferred Stocks (Schedule D, Part 2, Section 1 type) - Parent, S	Subsidia	ries and Affiliates	0	0	XXX
4509999999. T	otal - Preferred Stocks (Schedule D, Part 2, Section 1 type)			0	0	XXX
5109999999. T	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Industrial	and Mis	scellaneous			
(Unaffiliated)				0	0	XXX
5409999999. T	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Mutual F	unds		0	0	XXX
	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Unit Inve			0	0	XXX
5809999999. T	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Closed-E	nd Fund	is	0	0	XXX
5979999999. T	otal - Common Stocks (Schedule D, Part 2, Section 2 type) - Parent, S	Subsidia	ries and Affiliates	0	0	XXX
5989999999999999. T	otal - Common Stocks (Schedule D, Part 2, Section 2 type)			0	0	XXX
5999999999. T	otal - Preferred and Common Stocks			0	0	XXX
999999999 - T	Totals			0	0	XXX
General Interro	antonino.					

General	Interrogatories:
---------	------------------

1.	Total activity for the year	Fair Value \$	Book/Adjusted Carrying Value \$
2.	Average balance for the year	Fair Value \$	Book/Adjusted Carrying Value \$

# SCHEDULE E - PART 1 - CASH Month End Depository Balances

T	2		End Depository		Daal, Da		ala Maratla	_
1		3	4	5		lance at End of Each		9
			Amount of	Amount of	6	uring Current Quart		-
			Interest Received		б	/	8	
		Rate of		at Current				
Donositon	Codo	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
Depository	Code	meresi	Quarter	Statement Date	First Month	Second Month	Third Month	
Bank of New York Mellon								
Investments, Pittsburgh, PA	· · · · · · · · · · · · · · · · · · ·	0.000	0	0	63,890	133,212	51,880	XXX
Wells Fargo Bank NA								
Operating, San Francisco, CA								
					309	309	309	xxx
0199998. Deposits in 0 depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	64,199	133,521	52,189	XXX
0299998. Deposits in 0 depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	64, 199	133,521	52,189	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
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								*
								†
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0599999. Total - Cash	XXX	XXX	0	0	64 . 199	133.521	52.189	XXX
0033333. 10ldi - Ca511	$\lambda\lambda\lambda$	^^^	U	U	04, 199	100,021	32, 109	^^^

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	when End of Currer	5	6	7	٥	٥
'	2	3	7	3	0	Book/Adjusted	Amount of Interest	Amount Received
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
0109999999. T	otal - U.S. Government Bonds					0	0	0
0309999999. Total - All Other Government Bonds							0	0
0509999999. Total - U.S. States, Territories and Possessions Bonds							0	0
0709999999. T	otal - U.S. Political Subdivisions Bonds					0	0	0
0909999999. T	otal - U.S. Special Revenues Bonds					0	0	0
11099999999. T	otal - Industrial and Miscellaneous (Unaffiliated) Bonds					0	0	0
1309999999. T	otal - Hybrid Securities					0	0	0
1509999999. T	otal - Parent, Subsidiaries and Affiliates Bonds					0	0	0
19099999999. S	subtotal - Unaffiliated Bank Loans					0	0	0
2419999999. T	otal - Issuer Obligations					0	0	0
242999999. Total - Residential Mortgage-Backed Securities							0	0
243999999. Total - Commercial Mortgage-Backed Securities						0	0	
2449999999. Total - Other Loan-Backed and Structured Securities						0	0	
245999999. Total - SVO Identified Funds						0	0	
2469999999. Total - Affiliated Bank Loans							0	0
247999999. Total - Unaffiliated Bank Loans							0	0
2509999999. T	otal Bonds					0	0	0
					<del> </del>			
					·			
					†		·····	
8609999999 -	Total Cash Equivalents					0	0	0