

HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022

OF THE CONDITION AND AFFAIRS OF THE

HarvestPlains Health of Iowa

N	AIC Group Code	NAIC Company Code	15752 Employ	/er's ID Number47-3451750
Organized under the Laws of	and the second se	, S	tate of Domicile or Por	t of Entry IA
Country of Domicile		United States of a	America	
Licensed as business type:		Health Maintenance (Organization	
Is HMO Federally Qualified?	Yes [X] No []			
Incorporated/Organized	03/18/2015		Commenced Business	s01/01/2016
Statutory Home Office	207 Croker St, Ste 200	· · ·		Des Moines, IA, US 50309
	(Street and Number)		(Ci	ity or Town, State, Country and Zip Code)
Main Administrative Office		33820 Weyerhaeus		<i>i</i> .
	Federal March MA LID 00004	(Street and Nu	mber)	
/Cib/o	Federal Way, WA, US 98001 or Town, State, Country and Zip Code)	'		763-321-3631
(Oity o	n - Same Begelegen of Hereinigen K Hereinigen Kannen - Samer Kannen - Kernen Bernen -			(Area Code) (Telephone Number)
Mail Address	33820 Weyerhaeuser Way S	,,,		Federal Way, WA, US 98001
	(Street and Number or P.O. Box)		(Ci	ty or Town, State, Country and Zip Code)
Primary Location of Books an	nd Records	33820 Weyerhaeus	ser Wav S	
		(Street and Nur		
	Federal Way, WA, US 98001			763-321-3631
(City o	r Town, State, Country and Zip Code)			(Area Code) (Telephone Number)
Internet Website Address		www.HarvestPlainsH	lealth.com	
Statutory Statement Contact	Thuy Le			
orationy oratement contact	(Name)		7	253-517-4340 (Area Code) (Telephone Number)
	thuy.le501@commonspirit.org			253-517-4385
	(E-mail Address)	2 3		(FAX Number)
		OFFICER	8	
Treasurer	Charles William Hanson	OTTIOLIC		22
Corporate Secretary				
		OTHER		
lom	r White	DIRECTORS OR T		
Jeny	White	Isaac Tuck	er	Thuy Mong Le
State of County of PLEC	ungtim ss:			
the onicers of this reporting e	anuty being duly sworn, each depose and say	y that they are the des	cribed officers of said	reporting entity, and that on the reporting period stated above

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an to the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kailes William auson

Charles William Hanson Treasurer

Shirley Ann Johnson Corporate Secretary

Subscribed and sworn to before me this 2022 day of

Shirtey Ann Johnson Notary Public State of Washington My Appointment Expires 03/02/2024 Commission Number 20104747 a. Is this an original filing?

- b. If no,1. State the amendment number.
 - 2. Date filed
 - 3. Number of pages attached.....

Yes[X]No[]



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022

OF THE CONDITION AND AFFAIRS OF THE

HarvestPlains Health of Iowa

	AIC Group Code 4807 (Current) (Prior)	NAIC Company Coc		's ID Number 47-3451750
Organized under the Laws o	f lowa	T	State of Domicile or Port o	of Entry IA
Country of Domicile		United States of	America	
Licensed as business type:		Health Maintenance	Organization	
Is HMO Federally Qualified?	Yes [X] No []			
Incorporated/Organized	03/18/2015		Commenced Business	01/01/2016
Statutory Home Office	207 Croker St, Ste 200			Des Moines, IA, US 50309
	(Street and Number)		(City	or Town, State, Country and Zip Code)
Main Administrative Office		33820 Weyerhaeu		
		(Street and N		
	Federal Way, WA, US 98001			763-321-3631
(City o	or Town, State, Country and Zip Code)		((Area Code) (Telephone Number)
Mail Address	33820 Weyerhaeuser Way S			Federal Way, WA, US 98001
	(Street and Number or P.O. Box)			or Town, State, Country and Zip Code)
Primary Location of Books a	nd Records	33820 Weyerhae	ISOF May S	
27 27		(Street and N		
	Federal Way, WA, US 98001		1.	763-321-3631
(City c	or Town, State, Country and Zip Code)		((Area Code) (Telephone Number)
Internet Website Address		www.HarvestPlains	Health.com	
Statutory Statement Contact	•			
Statutory Statement Contact	Thuy_Le(Name)		¥	253-517-4340
	thuy.le501@commonspirit.org			(Area Code) (Telephone Number) 253-517-4385
	(E-mail Address)	· -		(FAX Number)
		OFFICE		•
Treasurer	Charles William Hanson	OFFICE	(5	
Corporate Secretary			-	
			2 <u>-</u>	
		OTHER		
Jerry	/ White	DIRECTORS OR T Isaac Tuc		Thuy Mong Le
State of Washing County of Plence	gtin ss	:		

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Smlyoghm Shirley Ann Johnson

Corporate Secretary

Charles William Hanson Treasurer

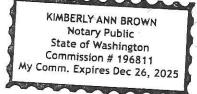
Subscribed and sworn to before me this day of Nove mber 2022 Am

a. Is this an original filing? b. If no.

1. State the amendment number...

Yes[X]No[]

- 2. Date filed .
- 3. Number of pages attached......





HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022

OF THE CONDITION AND AFFAIRS OF THE

HarvestPlains Health of Iowa

	NAIC Group Code	4807 (Current)	4807 (Prior)	NAIC Company Co	de <u>15752</u> Employer's	s ID Number 47-3451750
Organized under the Laws	s of	(Guireint)	lowa	,	State of Domicile or Port of	f Entry IA
Country of Domicile				United States of	of America	
Licensed as business type	e:			Health Maintenanc	e Organization	
Is HMO Federally Qualifie	d? Yes[X]No[]				
Incorporated/Organized		03/18/20	15		Commenced Business	01/01/2016
Statutory Home Office		207 Croker	St, Ste 200			Des Moines, IA, US 50309
			d Number)	,	(City c	or Town, State, Country and Zip Code)
Main Administrative Office	2			33820 Weyerhae	user Way S	
	·			(Street and N		
	Federal Way, W			,		763-321-3631
(Ci	ty or Town, State, Co	ountry and 2	Lip Code)		(4	(Area Code) (Telephone Number)
Mail Address		Veyerhaeus		,		Federal Way, WA, US 98001
	(Street an	d Number o	or P.O. Box)		(City c	or Town, State, Country and Zip Code)
Primary Location of Books	and Records			33820 Weyerha	euser Way S	
				(Street and N	Number)	
(Ci	Federal Way, W ty or Town, State, Co	,		3	(763-321-3631 (Area Code) (Telephone Number)
(0)	ty of Town, State, Ot				(
Internet Website Address				www.HarvestPlair	nsHealth.com	
Statutory Statement Conta	act		Thuy Le		,	253-517-4340
			(Name)			(Area Code) (Telephone Number)
	thuy.le501@com (E-mail Ad		rg	,		253-517-4385 (FAX Number)
	(E-mail A	uuess)				
				OFFICE	ERS	
	er		'illiam Hanso		-	
Corporate Secreta	iry	Shirley Ai	nn Johnson #	•	-	
				OTHE	R	
	erry White			DIRECTORS OR Isaac Tu		Thuy Mong Le
State of			s	S:		
County of						
all of the herein describe statement, together with r condition and affairs of the in accordance with the N rules or regulations requ respectively. Furthermore	d assets were the a elated exhibits, sche e said reporting entit AIC Annual Stateme irre differences in ru e, the scope of this a matting differences of	bsolute pro dules and e y as of the r nt Instructic eporting no attestation b	perty of the sexplanations to reporting perions and Accord to related to by the describ	said reporting entity, therein contained, and od stated above, and bunting Practices and accounting practices oed officers also inclu	free and clear from any lien rexed or referred to, is a full of its income and deduction Procedures manual except and procedures, accordin, des the related correspondi	eporting entity, and that on the reporting period stated above ns or claims thereon, except as herein stated, and that thi and true statement of all the assets and liabilities and of th is therefrom for the period ended, and have been complete to the extent that: (1) state law may differ; or, (2) that stat g to the best of their information, knowledge and belie ing electronic filing with the NAIC, when required, that is a ay be requested by various regulators in lieu of or in additio

3. Number of pages attached.....

	ASS	SETS			
			Current Statement Date		4
		1	2	3 Net Admitted Assets	December 31 Prior Year Net
1.	Bonds	Assets 3,219,887	Nonadmitted Assets	(Cols. 1 - 2) 	Admitted Assets
	Stocks:				
۷.	2.1 Preferred stocks			0	ſ
				0	(
3.	Mortgage loans on real estate:				
5.	3.1 First liens			0	(
				0	(
4	Real estate:				
	4.1 Properties occupied by the company (less \$				
	encumbrances)			0	
	4.2 Properties held for the production of income (less				
	\$ encumbrances)			0	
	4.3 Properties held for sale (less \$				
	encumbrances)			0	
5.	Cash (\$				
	(\$) and short-term				
	investments (\$	117 734		117 734	37 663
6.	Contract loans (including \$ premium notes)				
7.	Derivatives				
8.				0	
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets			0	
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
	Title plants less \$ charged off (for Title insurers				
	only)			0	
14.	Investment income due and accrued				
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection			0	(
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$				
	earned but unbilled premiums)			0	
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$)			0	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				(
	16.2 Funds held by or deposited with reinsured companies			0	(
	16.3 Other amounts receivable under reinsurance contracts				
	Amounts receivable relating to uninsured plans				
	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit			0	(
20.	Electronic data processing equipment and software			0	(
21.	Furniture and equipment, including health care delivery assets				
	(\$				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$				(
25. 26	Aggregate write-ins for other than invested assets	0	0	0	(
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	3,349,925	0	3,349,925	
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
28.	Total (Lines 26 and 27)	3,349,925	0	3,349,925	3,336,001
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page			0	
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	
2501.					
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	

ASSETS

LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$ reinsurance ceded)				0
2.	Accrued medical incentive pool and bonus amounts				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
5.	Aggregate life policy reserves				0
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9. 10.1	General expenses due or accrued				2,947
10.1	Current federal and foreign income tax payable and interest thereon	40.959		40.959	40.959
10.2	(including \$ on realized gains (losses)) Net deferred tax liability				40,858
10.2	Ceded reinsurance premiums payable				0
12.	Amounts withheld or retained for the account of others				0
13.	Remittances and items not allocated				0
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$\$			0	0
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives			0	0
17.	Payable for securities			0	0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$)				
	companies				0
21.	Net adjustments in assets and liabilities due to foreign exchange rates	•••••••••••••••••••••••••••••••••••••••			0
22.	Liability for amounts held under uninsured plans			0	0
23.	Aggregate write-ins for other liabilities (including \$		0		0
	current)			0	
	Total liabilities (Lines 1 to 23)				
25. 26	Aggregate write-ins for special surplus funds				0
26. 27.	Preferred capital stock				
27.	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)				
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26				
	\$				
	32.2 shares preferred (value included in Line 27				
	\$		XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX		
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,349,925	3,336,001
	DETAILS OF WRITE-INS				
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501.					
2502.			10.04		
2503. 2598.	Summary of remaining write-ins for Line 25 from overflow page			0	0
2598. 2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)			0	0
3001.					0
3001. 3002.		2007			
3002.		2004			
3098.	Summary of remaining write-ins for Line 30 from overflow page			0	0
2090	,				

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31	
		1 Uncovered	2 Total	3 Total	4 Total	
1.	Member Months	XXX		0	Total	
2.	Net premium income (including \$					
	premium income)	XXX			0	
3.	Change in unearned premium reserves and reserve for rate credits				0	
4.	Fee-for-service (net of \$				0	
5.	Risk revenue				.0	
6.	Aggregate write-ins for other health care related revenues				0	
7.	Aggregate write-ins for other non-health revenues				0	
8.	Total revenues (Lines 2 to 7)					
0.	Hospital and Medical:					
9.	Hospital/medical benefits				0	
	Other professional services					
10.					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	
15.	Incentive pool, withhold adjustments and bonus amounts				0	
16.	Subtotal (Lines 9 to 15)	0	0	0	0	
	Less:					
17.	Net reinsurance recoveries				0	
18.	Total hospital and medical (Lines 16 minus 17)	0	0	0 .	0	
19.	Non-health claims (net)					
20.	Claims adjustment expenses, including \$ cost					
	containment expenses				0	
21.	General administrative expenses					
22.	Increase in reserves for life and accident and health contracts					
	(including \$ increase in reserves for life only)				0	
23.	Total underwriting deductions (Lines 18 through 22)	0				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				(10,467)	
25.	Net investment income earned					
26.	Net realized capital gains (losses) less capital gains tax of		,	,		
-	\$			6,805	6,413	
27	Net investment gains (losses) (Lines 25 plus 26)					
28.	Net gain or (loss) from agents' or premium balances charged off [(amount					
20.	recovered \$					
	(amount charged off \$)]					
29.	Aggregate write-ins for other income or expenses	0	0	0	0	
30.	Net income or (loss) after capital gains tax and before all other federal					
50.	income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX				
31.	Federal and foreign income taxes incurred					
32.	Net income (loss) (Lines 30 minus 31)	XXX	6,883	26,480	24,630	
	DETAILS OF WRITE-INS		,	,	,	
0601.		XXX				
0602.		100/				
0603.		XXX				
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0	
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0	
0701.		XXX				
0702.						
0703.						
0798.	Summary of remaining write-ins for Line 7 from overflow page			0	0	
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0	
1401.						
1401.			1			
1403			+		-	
1498.	Summary of remaining write-ins for Line 14 from overflow page		0	0	0	
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0	
2901.						
2902.						
2903						
2998.	Summary of remaining write-ins for Line 29 from overflow page	0		0	0	
2000.			1			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEWIENT OF REVENUE AND EX	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year			3,245,507
34.	Net income or (loss) from Line 32	6,883		
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)	6,883		
49.	Capital and surplus end of reporting period (Line 33 plus 48)	3,277,020	3,271,987	3,270,137
	DETAILS OF WRITE-INS			
4701.	PY tax adjustment		0	0
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

Prior Year Current Year Prior Year Ended To Date To Date December 31 **Cash from Operations** ..0 0 0 Premiums collected net of reinsurance 1. .28,129 .42,952 .54,308 2. Net investment income 3. Miscellaneous income 0 0 0 4. Total (Lines 1 to 3) 28,129 42,952 54,308 ..0 ..0 5. Benefit and loss related payments ..0 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts 7 949 10 711 7. Commissions, expenses paid and aggregate write-ins for deductions . 8 386 8. Dividends paid to policyholders ... Federal and foreign income taxes paid (recovered) net of \$ tax on capital 9. gains (losses) 0 0 0 7,949 8,386 10,711 10. Total (Lines 5 through 9). 34,566 43,597 Net cash from operations (Line 4 minus Line 10) 20.180 11. Cash from Investments 12. Proceeds from investments sold, matured or repaid: 1,191,930 .975,393 1,219,936 12.1 Bonds .0 .0 .0 12.2 Stocks 0 0 12.3 Mortgage loans 0 12.4 Real estate 0 0 0 .0 0 0 12.5 Other invested assets0 .0 ..0 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments 0 0 12.7 Miscellaneous proceeds 0 12.8 Total investment proceeds (Lines 12.1 to 12.7) 1.191.930 .975.393 1.219.936 13. Cost of investments acquired (long-term only): 1 139 027 1 019 530 1 277 827 13.1 Bonds 13.2 Stocks ٥ 0 0 0 0 .0 13.3 Mortgage loans .. 0 0 0 13.4 Real estate ..0 ..0 .0 13.5 Other invested assets. 13.6 Miscellaneous applications . 0 0 0 1,139,027 13.7 Total investments acquired (Lines 13.1 to 13.6). 1,019,530 1,277,827 Net increase (or decrease) in contract loans and premium notes 0 0 0 14. 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) 52,903 (44, 137)(57,891) **Cash from Financing and Miscellaneous Sources** 16. Cash provided (applied): 0 16.1 Surplus notes, capital notes. 0 0 16.2 Capital and paid in surplus, less treasury stock ٥ ٥ ٥ 0 0 0 16.3 Borrowed funds 0 0 .0 16.4 Net deposits on deposit-type contracts and other insurance liabilities 0 0 0 16.5 Dividends to stockholders 16.6 Other cash provided (applied). 6,987 4,733 7,059 Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 17. 6,987 4,733 7,059 plus Line 16.6) 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). .80,070 (4,838) (7,235) 18. Cash, cash equivalents and short-term investments: 19. .37.663 44.898 44.898 19.1 Beginning of year

CASH FLOW

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

19.2 End of period (Line 18 plus Line 19.1)

117,733

40,060

37,663

Exhibit of Premiums, Enrollment and Utilization **NONE**

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

Underwriting and Investment Exhibit



NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	2022	2021
	<u> 554P #</u>	Faye		 2022	 2021
NET INCOME (1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 6,883	\$ 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	\$ 6,883	\$ 24,630
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 3,277,020	\$ 3,270,137
(6) State Prescribed Practices that are an increase/(decrease	e) from NAIC SA	P:			
(7) State Permitted Practices that are an increase/(decrease)	from NAIC SAF	D :			
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 3,277,020	\$ 3,270,137
les of Fakimatas in the Descaration of the Financial Otatemate					

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

C. Accounting Policy

No significant changes.

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

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

(1) Basis for Short-Term Investments No significant changes

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

(3) Basis for Common Stocks No significant changes

(4) Basis for Preferred Stocks No significant changes

(5) Basis for Mortgage Loans No significant changes

(6) Basis for Loan-Backed Securities and Adjustment Methodology - None.

- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
- No significant changes

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities No significant changes

(9) Accounting Policies for Derivatives No significant changes

(10)Anticipated Investment Income Used in Premium Deficiency Calculation No significant changes

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

(12)Changes in the Capitalization Policy and Predefined Thresholds from Prior Period No significant changes

(13)Method Used to Estimate Pharmaceutical Rebate Receivables No significant changes

D. Going Concern

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

None

Α

NOTE 3 Business Combinations and Goodwill

Statutory Purchase Method - None

- B. Statutory Merger None
- C. Assumption Reinsurance None
- D. 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

- Policy for Requiring Collateral or Other Security No significant changes
- (2) Disclose the Carrying Amount and Classification of Both Assets and Liabilities
- No significant changes
- (3) Collateral Received
 - a. Aggregate Amount Collateral Received None b. The fair value of that collateral and of the portion of that collateral that it has sold or
 - repledged None
 - c. Information about Sources and Uses of Collateral
 - No significant changes
- (4) Aggregate Value of the Reinvested Collateral No significant changes
- (5) Collateral Reinvestment None
- (6) Detail on Collateral Transactions Not Permitted by Contract or Custom to Sell or Repledge None.
- (7) Collateral for securities lending transactions that extend beyond one year from the reporting date None.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Repurchase Transaction - Cash Taker - Overview of Secured Borrowing Transaction
 - (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 Repurchase Transaction - Cash Provider - Overview of Secured Borrowing Transactions

Calculation of Limitation Using Prior Quarter Numbers	Current Reporting Period
	XXX
	xxx
	XXX
	XXX
\$-	xxx
э \$-	XXX
پ xxx	~~~~
XXX	0.0%

- (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) 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
- Repurchase Agreements Transactions Accounted for as a Sale Η. Repurchase Transaction - Cash Taker - Overview of Sale Transactions
 - (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 Repurchase Transaction - Cash Provider - Overview of Sale Transactions
 - (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
- Real Estate J. None
- Low Income Housing tax Credits (LIHTC) K None
- **Restricted Assets** L. No significant changes
- Μ. 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
 - a. Up to 180 Days b. 181 to 365 Days
 - c. Total

\$

Book/Adjusted Carrying Value

- 3. Any Events of Default or Working Capital Finance Investments None
- Offsetting and Netting of Assets and Liabilities None N.
- 5GI Securities None
- Ρ. Short Sales - None

- Prepayment Penalty and Acceleration Fees Q. No significant changes
- R Reporting Entity's Share of Cash Pool by Asset Type
 - Not applicable

Asset Type

Percent Share

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

(4) Total

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies None

NOTE 7 Investment Income

No significant changes.

NOTE 8 Derivative Instruments Α.

- 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 В. 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 C.

NOTE 11 Debt

Debt Including Capital Notes A No significant changes

- FHLB (Federal Home Loan Bank) Agreements (1) Nature of the Agreement None В.
 - (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)?

No

No

No

- 1. Debt 2. Funding Agreements
- 3. Other

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

- Defined Benefit Plan А
- No significant changes
 - (1) Change in benefit obligation
 - a. Pension Benefits No significant changes
 - (2) Change in plan assets No significant changes
 - (3) Funded status No significant changes(4) Components of net periodic benefit cost
 - None
 - (5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost No significant changes
 - (6) Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost No significant changes
 - (7) Weighted-average assumptions used to determine net periodic benefit cost as of the end of current period: No significant changes
 - (8) Accumulated Benefit Obligation for Defined Benefit Pension Plans No significant changes
 - (9) For Postretirement Benefits Other Than Pensions, the Assumed Health Care Cost Trend Rate(s) No significant changes

(10) The following estimated future payments, which reflect expected future service, as appropriate, are expected to

- be paid in the years indicated: No significant changes (11) Estimate of Contributions Expected to be Paid to the Plan
- No significant changes
- Amounts and Types of Securities Included in Plan Assets No significant changes (12)
- 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
- (14) No significant changes
- Cost of Providing Special or Contractual Termination Benefits Recognized No significant changes (15)
- 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 (16)
- No significant changes and Pension Benefit Obligation and Fair Value of Plan Assets for Defined Postretirement and Pension Benefit Plans No significant changes (17)
- Full Transition Surplus Impact of SSAP 102 (18) No significant changes
- Investment Policies and Strategies No significant changes Β.
- C. The fair value of each class of plan assets - No significant changes
- D. Basis Used to Determine Expected Long-Term Rate-of-Return No significant changes
- E. Defined Contribution Plan No significant changes
- Multiemployer Plans F. No significant changes
- G. Consolidated/Holding Company Plans No significant change
- Postemployment Benefits and Compensated Absences Η. No significant changes
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) No significant changes
- NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations No significant changes

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 Α. No significant changes

Transfer and Servicing of Financial Assets В.

(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

BACV at Schedule of the Derecognized position interests in S Time of Transferred from Sale (Col. 2 transferred	Reporting Schedule of Acquired	transferred assets acquired by affiliated
Identification of Transaction Transfer Assets Transaction minus 4) assets	Interests	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: None

			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

- 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 A. Method Used to Estimate Accrued Retrospective Premium Adjustments No significant changes
- B. Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium No significant changes
- C. 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 - None

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance - None

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year - None

(5) ACA Risk Corridors Receivable as of Reporting Date - None

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses A. Change in Incurred Losses and Loss Adjustment Expenses

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

	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 September 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 September 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

.... Significant undriges

NOTE 31 Anticipated Salvage and Subrogation

No significant changes

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Domicile, as required by the Model Act?	Transactions with the State of	Yes [] No [X]
1.2	If yes, has the report been filed with the domiciliary state?		Yes [] No []
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorpora reporting entity?		
2.2	If yes, date of change:		<u>.</u>
3.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affii is an insurer?		
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end?		Yes [] No [X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.		
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?		Yes [] No [X]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/g	roup.	
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this state	ment?	Yes [] No [X]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state at ceased to exist as a result of the merger or consolidation.	breviation) for any entity that has	
	1 2 Name of Entity NAIC Company C	3 ode State of Domicile	
5.	If the reporting entity is subject to a management agreement, including third-party administrator(s), mana in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreem If yes, attach an explanation.		Yes [] No [X] N/A []
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made.		12/31/2017
6.2	State the as of date that the latest financial examination report became available from either the state of date should be the date of the examined balance sheet and not the date the report was completed or relevant of the state of the examined balance sheet and not the date the report was completed or relevant of the state of t		
6.3	State as of what date the latest financial examination report became available to other states or the publi the reporting entity. This is the release date or completion date of the examination report and not the date date).	e of the examination (balance she	et
6.4	By what department or departments?		
6.5	lowa Department of Insurance Have all financial statement adjustments within the latest financial examination report been accounted fo statement filed with Departments?	r in a subsequent financial	Yes [X] No [] N/A []
6.6	Have all of the recommendations within the latest financial examination report been complied with?		Yes [X] No [] N/A []
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate re revoked by any governmental entity during the reporting period?	gistration, if applicable) suspende	ed or Yes [] No [X]
7.2	If yes, give full information:		
8.1	Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?		Yes [] No [X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.		
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?		Yes [] No [X]
8.4	If response to 8.3 is yes, please provide below the names and location (city and state of the main office) regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Cu Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's	urrency (OCC), the Federal Depose	leral sit

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	000	FDIC	SEC

GENERAL INTERROGATORIES

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	Yes [X	(]	No []	
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;				
(c) Compliance with applicable governmental laws, rules and regulations;				
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and				
If the response to 9.1 is No, please explain:				
Has the code of ethics for senior managers been amended?	Yes [1	No [X]	
If the response to 9.2 is Yes, provide information related to amendment(s).	•	-		
Have any provisions of the code of ethics been waived for any of the specified officers?	Yes [1	No [X]	
If the response to 9.3 is Yes, provide the nature of any waiver(s).		,		
FINANCIAL				
Deep the reporting optity report any angusta due from parent subsidiaries or affiliates on Dags 2 of this statement?	Vee [1		
INVESTMENT				
Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for				
use by another person? (Exclude securities under securities lending agreements.)	Yes []	No [X]	
If yes, give full and complete information relating thereto:				
Amount of real estate and mortgages held in other invested assets in Schedule BA:				
Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following:	Yes []	No [X]	
	similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; Yes [] (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code. (f) Accountability for senior managers been amended? Yes [] (f) the response to 9.2 is Yes, provide information related to amendment(s). Yes [] Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] If the response to 9.3 is Yes, provide the nature of any waiver(s). Yes [] FINANCIAL Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ Yes [] INVESTMENT Yes [] Yes [] Were any of the stocks, bonds, or other assets of the reporting antity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities lending agreements.) Yes	similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; Yes [X] (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; Yes [X] (c) Compliance with applicable governmental laws, rules and regulations; Yes [X] (d) Accountability for adherence to the code. Yes [] (e) Accountability for adherence to the code. Yes [] Has the code of ethics for senior managers been amended? Yes [] If the response to 9.2 is Yes, provide information related to amendment(s). Yes [] Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] If the response to 9.3 is Yes, provide the nature of any waiver(s). Yes [] If yes, indicate any amounts receivable from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] INVESTMENT Yes [] Yes [] Were any of the stocks, bonds, or other assets of the reporting antity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities lending agreements.) Yes [] If yes, give full and complete information relating thereto:<	similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

14.2	If yes, please complete the following:				
			1 Prior Year-End Book/Adjusted Carrying Value	Во	2 rrent Quarter pok/Adjusted arrying Value
14.21	Bonds	\$	0	\$	injing value
14.22	Preferred Stock	\$	0	\$	
	Common Stock		0	\$	
14.24	Short-Term Investments	\$	0	\$	
14.25	Mortgage Loans on Real Estate	\$	0	\$	
14.26	All Other	\$	0	\$	
14.27	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 [] No [X]
15.2	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.		Yes [] No [] N/A [X]
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement	date:			
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2		\$		0
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DI				
	16.3 Total payable for securities lending reported on the liability page.		\$		0

11.1

GENERAL INTERROGATORIES Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. 17. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following: Yes [X] No [] 17.1 Name of Custodian(s) Custodian Address BNY Mellon Asset Servicing BNY Mellon Center, 500 Grant Street, Suite 410, Pittsburgh, PA 15258 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation: Name(s) Location(s) Complete Explanation(s) Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current guarter? 17.3 Yes [] No [X] 17.4 If yes, give full information relating thereto: 2 4 Date of Change Old Custodian New Custodian Reason Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"] 17.5 2 Name of Firm or Individual Affiliation Catholic Health Initiatives - Treasury department BNY Mellon Asset Management North America 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. Yes [X] No [] designated with a "U") manage more than 10% of the reporting entity's invested assets? 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No [] 176 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below. 2 3 Δ 5 Investment Management Agreement Central Registration Legal Entity Identifier (LEI) Depository Number Name of Firm or Individual Registered With (IMA) Filed 105764 BNY Mellon Asset Management North America SEC DS 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No [] If no, list exceptions: 18.2 By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security: 19 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available. b. Issuer or obligor is current on all contracted interest and principal payments. c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5GI securities? Yes [] No [X] By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security: 20. a. The security was purchased prior to January 1, 2018. b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators. d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO. Has the reporting entity self-designated PLGI securities? Yes [] No [X] By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund: 21. a. The shares were purchased prior to January 1, 2019. b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019. d. The fund only or predominantly holds bonds in its portfolio. e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO. f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent		
	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	ı
1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer J	Domiciliary	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
Code	Number	Date	Name of Reinstrei	unsuiction	Cedeu	Cedeu		(Tunough 0)	Rating
									ſ
									1
									l
									ļ
									<u> </u>
									ł
	• • • • • • • • • • • • • • • • • • • •								
	• • • • • • • • • • • • • • • • • • • •								[
									1
									l
									l
									ļ
									·
	•••••								t
	• • • • • • • • • • • • • • • • • • • •								
									[
	•••••								[
									1
									l
									ļ
									·
									ł
					•••••				
									[
									l
									l
									·
									f
									t
									1
		+							[
		+							1
									l
									l
									l
									·
									.
									t
		-							t
		+							[
		-							1
									1
									L
									I
·			· · · · · · · · · · · · · · · · · · ·				·		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

Current Year to Date - Allocated by States and Territories 1 Direct Business Only]			
		'	2	3	4	5	6	7	8	9	10
							Federal Employees	Life and			
							Health	Annuity			
		Active Status	Accident and Health	Medicare	Medicaid	CHIP Title	Benefits Program	Premiums & Other	Property/ Casualty	Total Columns 2	Deposit-Type
	States, etc.	(a)	Premiums	Title XVIII	Title XIX	XXI	Premiums	Considerations	Premiums	Through 8	Contracts
1.	Alabama AL	N								0	
2.	Alaska AK	N								0	
3.	Arizona AZ	N					• • • • • • • • • • • • • • • • • • • •			0	
4.	Arkansas AR	N								0	
5. 6.	California CA Colorado CO	N								0 0	
0. 7.	Connecticut CT	N N								0	
8.	Delaware DE	N.								0	
9.	District of Columbia DC	N.								0	
10.	Florida FL	N								0	
11.	Georgia GA	N								0	
12.	Hawaii HI	N								0	
13.	Idaho ID	N								0	
14.	Illinois IL	N								0	
15.	Indiana IN	N								0	
16. 17	lowa IA Kansas KS	L N								0	
17. 18.	Kansas KS Kentucky KY	N N								0	
10. 19.	Louisiana LA	N								0	
20.	Maine ME	N.								0	
21.	Maryland MD	N.								0	
22.	Massachusetts MA	N.								0	
23.	Michigan MI	N								0	
24.	Minnesota MN	N								0	
25.	Mississippi MS	N								0	
26.	Missouri MO	N								0	
27.	Montana MT	N								0	
28.	Nebraska NE	N								0	
29. 30.	Nevada NV	N					•••••			0 0	
30. 31.	New Hampshire NH New Jersey NJ									0	
32.	New Mexico NM	N N								0	
33.	New York NY	N.								0	
34.	North Carolina NC	N.								0	
35.	North Dakota ND	N								0	
36.	Ohio OH	N								0	
37.	Oklahoma OK	N								0	
38.	Oregon OR	N								0	
39.	Pennsylvania PA	N								0	
40.	Rhode Island RI	N								0	
41.	South Carolina SC	N								0	
42. 43.	South Dakota SD Tennessee TN	N N								0 0	
43. 44.	Texas TX	N								0	
44.	Utah UT	N.								0	
46.	Vermont VT	N.								0	
47.	Virginia VA	N.								0	
48.	Washington WA	N								0	
49.	West Virginia WV	N								0	
50.	Wisconsin WI	N								0	
51.	Wyoming WY	N								0	
52.	American Samoa AS	N								0	
53. 54.	Guam GU Puerto Rico PR	N								0	
54. 55.	U.S. Virgin Islands VI	N								0 0	
55. 56.	Northern Mariana									0	
00.	Islands MP	N								0	
57.	Canada CAN	N								0	
58.	Aggregate Other	1000	_	~	_	_	_	_	_	· -	_
50	Aliens OT	XXX XXX	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0
59. 60.	Subtotal Reporting Entity	XXX		0	0	U	0	U	U	0	0
00.	Contributions for Employee										
	Benefit Plans	XXX								0	
61.	Totals (Direct Business)	XXX	0	0	0	0	0	0	0	0	0
50001	DETAILS OF WRITE-INS										
58001. 58002.		XXX					<u> </u>				
58002. 58003.											
	Summary of remaining										
	write-ins for Line 58 from										
	overflow page	XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58										
	above)	XXX	0	0	0	0	0	0	0	0	0
	e Status Counts:										

 (a) Active Status Counts:
 0
 0

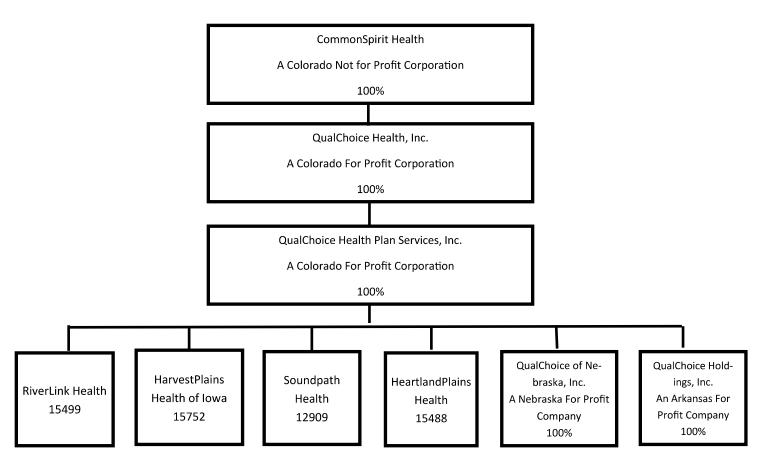
 L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....

 N - None of the above - Not allowed to write business in the state.....

.0 56

R - Registered - Non-domiciled RRGs.... .0 Q - Qualified - Qualified or accredited reinsurer.0

.1



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

1	2	3	4	5	6	7	8	9	10	11	12 Turna	13	14	15	16
											Type of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
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		
			46-1224037				QualChoice Health Plan Services, Inc	CO	UDP	QualChoice Health, Inc	Ownership	100.000	Health Initiatives)	N0	
1007		40000											QualChoice Health, Inc /Catholic Health		
	Catholic HIth Initatives Grp		42-1720801				Soundpath Health	WA	IA	QualChoice Health Plan Services, Inc	Ownership	100.000	Initiatives QualChoice Health, Inc /Catholic Health	N0	
4807	Catholic HIth Initatives Grp		46-4368223				HeartlandPlains Health	NE	IA	QualChoice Health Plan Services. Inc	Ownership	100.000	Initiatives	NO	
	cathoric inth initiatives dip	10400	40-4000220							quarenerce nearth rian services, inc	owner simp	100.000	QualChoice Health, Inc /Catholic Health		
	Catholic HIth Initatives Grp		46-4380824				RiverLink Health	0H	IA	QualChoice Health Plan Services, Inc	Ownership		Initiatives	N0	
													QualChoice Health, Inc /Catholic Health	1	
4807	Catholic HIth Initatives Grp	15752	47-3451750				HarvestPlains Health of Iowa	I A	RE	QualChoice Health Plan Services, Inc	Ownership	100.000	Initiatives	N0	
									• • • • • • • • • • • • • • • • • • • •						
									· ·····						
]						
Aster	isk						NO	X	ę <u>n</u>						

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE HarvestPlains Health of Iowa OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION Real Estate

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

SCHEDULE B - VERIFICATION

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

SCHEDULE BA - VERIFICATION

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

		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	
2.	Cost of bonds and stocks acquired	1, 139, 027	1,277,827
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals	(6,901)	
6.	Deduct consideration for bonds and stocks disposed of	1, 192, 753	1,226,056
7.	Deduct amortization of premium	10,913	
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		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	3,219,888	
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	3,219,888	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

		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
BONDS								
1. NAIC 1 (a)				(1,968)				
2. NAIC 2 (a)			0	(798)				
3. NAIC 3 (a)	0	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	0	
7. Total Bonds	3,282,455	214,192	273,994	(2,766)	3,213,704	3,282,455	3,219,887	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	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	3,282,455	214, 192	273,994	(2,766)	3,213,704	3,282,455	3,219,887	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

ΝΟΝΕ

Schedule DA - Verification - Short-Term Investments **NONE**

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

Schedule DB - Part B - Verification - Futures Contracts

ΝΟΝΕ

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

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

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

NONE

Schedule E - Part 2 - Verification - Cash Equivalents **NONE**

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

NONE

Schedule A - Part 3 - Real Estate Disposed **NONE**

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

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid **NONE**

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

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

SCHEDULE D - PART 3

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

							-		
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	
Identification	Description	E		Name of Vender		A stual Cast	Deal/alua		strative
	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
912828-4Z-0 91282C-EY-3	UNITED STATES TREASURY NOTE/BOND			RBS SECURITIES INC./					1.A
912820-EE-6	UNITED STATES TREASURY NOTE/BOND			RBS SECURITIES INC./					1.A
•	Subtotal - Bonds - U.S. Governments								XXX
	BANK OF AMERICA CORP		07/18/2022	RBC CAPITAL MARKETS		94,390	95,000	219	1.F FE
	BANK OF AMERICA CORP		07/18/2022 	RBC CAPITAL MARKETS					1.F FE 1.G FE
	DUKE ENERGY CORP			NORGAN STANLEY & CO					2.B FE
43815P-AC-3	HONDA AUTO RECEIVABLES 2022-2 OWNER TRUS		08/15/2022	MUTSUBISHI UFJ SECS		.2,000	.2,000		1.A FE
47800A-AC-4	JOHN DEERE OWNER TRUST 2022-B			RBC CAPITAL MARKETS		5,000	5.000		1.A FE
	MORGAN STANLEY		07/18/2022	NERRILL LYNCH PIERCE					1.F FE
931142-EW-9	WALMART INC			BANK OF NEW YORK/BAR				0	1.C FE
89114Q-CH-9	TORONTO-DOMINION BANK/THE	Α	08/17/2022	DEUTSCHE BANC/ALEX B					1.E FE
	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					119,802	125,000	763	XXX
2509999997. T	otal - Bonds - Part 3					214, 192	220,000	982	XXX
2509999998. T	otal - Bonds - Part 5					XXX	XXX	XXX	XXX
2509999999. T	otal - Bonds					214, 192	220,000	982	XXX
4509999997. T	otal - Preferred Stocks - Part 3					0	XXX	0	XXX
4509999998. T	otal - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. T	otal - Preferred Stocks					0	XXX	0	XXX
	otal - Common Stocks - Part 3					0	XXX	0	XXX
	otal - Common Stocks - Part 5					XXX	XXX	XXX	XXX
	otal - Common Stocks					0	XXX	0	XXX
	otal - Preferred and Common Stocks					0	XXX	0	XXX
6009999999	Totals					214, 192	XXX	982	XXX

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 2 3 4 5 6 7 8 9 10 Change in locativation (calcular construction) (calcular				-			ng ronn be	nus anu Sio														
CLSP Total Total Total Total Total Total Total Total Total Book Foright Foright<	1	2	3	4	5	6	7	8	9	10	Cł	nange In Boo	ok/Adjusted	Carrying Va	lue	16	17	18	19	20	21	22
CUSP For Description F											11	12	13	14	15							NAIC
CUSP For Description F																						Desia-
USP First Size information Fi																						
CUSP (CUSP) For Vortice (Figure 1) For Vortice (Figure 2)																						
Bit For Description Bond For any organization																						_
Unit For Dappeal Name <														Total								0
Light Fight Fight <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Current</td><td>Change in</td><td>Foreign</td><td></td><td></td><td></td><td></td><td>Bond</td><td></td><td>nation</td></th<>													Current	Change in	Foreign					Bond		nation
Light For Disposal Nume Nume Nume Provide and an analysis Current or and analysis Current or and analysis Adjusted or analysis Adjusted or analysis Current or analysis Adjusted or analysis <td></td> <td>Year's</td> <td>Book/</td> <td>Exchange</td> <td>Book/</td> <td></td> <td></td> <td></td> <td>Interest/</td> <td></td> <td>Modifier</td>													Year's	Book/	Exchange	Book/				Interest/		Modifier
CLUSP Identity For Description For Description For Description Number of Databased Number of Databased Attail States of Databased Book/ Consider Number of Databased Attail Databased Book/ Consider Unitediated Databased Solution Databased Division Databased Division Databased Division Databas										Prior Year		Current	Other Than	Adjusted		Adjusted	Foreign			Stock	Stated	and
CUSIP Processor Disposal Number of processor Number of processor Adjuste Conving Value (baseni (baseni Value (baseni Val											Unroalized			,	0		0	Poplizod				
Identification Description Pin Disposal Name Shares Carrying Names Name Shares Carrying Names Name Name Name Name Carrying Name Name<	CLICID					Number of										, ,	0		Total Cain			
Internation Date Of Purchaser Stock eration Par Value Cost Value Decremany Notability Date Disposal Dis				D'	N				A . 1 . 1													-
9888 PM Intro Trans Trades Version Intro		Description						DenValue												0		
010909999999999 Subtral - Gonds - U.S. Governments e1728 e1728<			eign			STOCK					(Decrease)			- /								,
Deside-20 provide all series provide all seri					CITADEL SECORITIES		, .				0					,		,				
consist-1 display displ			1115	09/17/2022				,			0		\$		÷		-					
constraint provide provide <td></td> <td>0</td> <td></td> <td>0</td> <td>(131)</td> <td>0</td> <td></td> <td>0</td> <td>(134)</td> <td>(134)</td> <td></td> <td></td> <td></td>											0		0	(131)	0		0	(134)	(134)			
status ge CP (FILL WARE DEFIC IO (Be / VARE 2 CP (FILL WARE DEFIC IO (Be / VARE 2 CP (FILE WARE DEFIC IO (Be / VARE 2 CP (FILE WARE DEFIC IO (Be / VARE 2 CP (FILE WARE DEFIC IO (Be / VARE 2 CP (FILE WARE DEFIC IO (Be / VARE 2 CP (FILE WARE DEFIC IO (Be / VARE 2 CP (FILE WARE DEFIC IO (Be / VARE 2											0		0	(200)	0		0	(241)	(241)			
1987-W-2 OHE SUMPRIF TRAT 200-4 0001/S222 FUNDM 238 238 238 238 238 0											0		0		0		0		(241)			
Name Control Contro Control Control											0		0		0		0	0	0			
Trade-Hot Bot Part Lunce Bot Part Lunce Bot Part Lunce Total Hot Part Hot Part Lunce Total Hot Part Hot											0	0	0	0	0		0	0	0	6		
2168-04.07 B8/17/202 BFRILL LONG FIRES 98,42 97,000 19,868 0 2 0 19,868 0 6,670 370 556 566 <td></td> <td>0</td> <td></td> <td>0</td> <td></td> <td>0</td> <td></td> <td>0</td> <td>(465)</td> <td>(465)</td> <td>475</td> <td></td> <td></td>											0		0		0		0	(465)	(465)	475		
2#442-0-7 Disc Elefity of Linux LL gen/17/202 Jene Elefi											0	2	0	2	0		0					
38284-06 0<											0	(200)	0	(200)	0		0					
3887.4-6:3 BFINKULL CONSUME ALTORNUE RELYAL 09/16/202 PAUDON 4,106 4,106 4,00 0											0	0	0	0	0		0	0	0			
37737-4.1 BAUSDITHELING CAPTELING 00737202 BLI 100.0738 15,000 35,714 A.264 -0 .640 0 .5304 0 .0304 .3901 .666 D/15/2023 14 FE 4280-44 HILE CAVIDSM INTERVENT BIAS 200-3 OMER TRS 00/15/2022 PATCOM .2,645 .2,655 .2,655 .0 .0 .0 .2,694 .0					PAYDOWN						0	0	0	0	0		0	0	0	10		
4:284(4) WELF-CAVICEDE TASES 2021-4 (0)											0	(284)	0	(284)	0		0	(304)	(304)	406		
destrike -/-e INDA MURC BET Walks 2020-3 00RET TRAS (DP/1/2022 PMTOON 4.2635 2.635 2.635 2.635 0											0	0	0	0	0		0	0	0	7		
SM918-He NURREPT OPP 09/07/2022 CALL 100 15:00 16:12 15:54 0					PAYDOWN						0	0	0	0	0		0	0	0			
61748-022 WORM STALEY 0718/2022 NORM STALEY & 0. 15.64 0. (280) 0.		MERCEDES-BENZ AUTO LEASE TRUST 2020-B			PAYDOWN		4.259		4,259		0	0	0	0	0		0	0	0			1.A FE
82880-4-0-8 SWTANDER BRIVE AUTO FECT WALLES TRATS 2	594918-BH-6	MICROSOFT CORP		09/03/2022	CALL 100						0	(104)	0	(104)	0		0	0	0			1.A FE
BR208-44-0-0 TOVITA HALES 2020-0 (MRE TRU 09/37/202 PM100IM 2.786 2.786 2.786 0	61746B-DJ-2	MORGAN STANLEY		07/18/2022	MORGAN STANLEY & CO						0	(260)	0	(260)	0		0	(233)	(233)		02/25/2023	1.G FE
92806-A4-9 VERIZON UNERT TRSI 2020-8 0/0 2/02022 PATOIN 1.801 1.801 1.801 .0 0 <td< td=""><td>80286X-AC-8</td><td>SANTANDER DRIVE AUTO RECEIVABLES TRUST 2</td><td></td><td></td><td>PAYDOWN</td><td></td><td></td><td>5,346</td><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td>0</td><td>0</td><td>0</td><td></td><td>02/18/2025</td><td>1.A FE</td></td<>	80286X-AC-8	SANTANDER DRIVE AUTO RECEIVABLES TRUST 2			PAYDOWN			5,346			0	0	0	0	0		0	0	0		02/18/2025	1.A FE
sender-Ac-4 WRD_DWIN AUTWINE LESS SCRITIZITI <td< td=""><td>89236X-AC-0</td><td>TOYOTA AUTO RECEIVABLES 2020-D OWNER TRU</td><td></td><td>09/15/2022</td><td>PAYDOWN</td><td></td><td>2,736</td><td>2,736</td><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td>0</td><td>0</td><td>0</td><td>6</td><td>01/15/2025</td><td>1.A FE</td></td<>	89236X-AC-0	TOYOTA AUTO RECEIVABLES 2020-D OWNER TRU		09/15/2022	PAYDOWN		2,736	2,736			0	0	0	0	0		0	0	0	6	01/15/2025	1.A FE
TR01X-B0-51 (00NT-00UNINO BW/TFE A. 04/29/202 (01T722) WITRITY 0 <td>92290B-AA-9</td> <td>VERIZON OWNER TRUST 2020-B</td> <td></td> <td>09/20/2022</td> <td>PAYDOWN</td> <td></td> <td>1,801</td> <td>1,801</td> <td>1,801</td> <td>1,801</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>1,801</td> <td>0</td> <td>0</td> <td>0</td> <td>6</td> <td>02/20/2025</td> <td>1.A FE</td>	92290B-AA-9	VERIZON OWNER TRUST 2020-B		09/20/2022	PAYDOWN		1,801	1,801	1,801	1,801	0	0	0	0	0	1,801	0	0	0	6	02/20/2025	1.A FE
Bit H0-Q-1 (M040-Q-1) TORNOT-OOMINION BAW/TE A. 00/17/202 MMMETAXES OPP 0.14 664 15.000 .9.969 .9.96 0 2 0 .0 .0.333							3,828				0	0	0	0	0	3,828	0	0	0	41		
			Α				0		0	0	0	0	0	0	0	0	0	0	0			1.E FE
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) 209,292 210,112 218,887 214,902 0 (2,906) 0 211,999 0 (2,709) (2,709) (4,506) XXX XXX 2509999997. Total - Bonds - Part 4 271,030 272,112 280,865 276,895 0 (2,902) 0 273,996 0 (2,988) (2,988) 5,103 XXX XXX 2509999998. Total - Bonds - Part 5 XXX			A								0	2	0	2	0		0					
2509999997. Total - Bonds - Part 4 271,000 272,112 280,865 276,885 0 (2,902) 0 273,996 0 (2,968) (2,96			A					, , , , , , , , , , , , , , , , , , , ,			0	2	0	2	0							
250999999. Total - Bonds - Part 5 XXX			liscell	aneous (Un	affiliated)		209,292	210,112	218,887	214,902	0	(2,906)	0	(2,906)	0	211,999	0	(2,709)	(2,709)	4,506		
250999999. Total - Bonds 271,000 272,112 280,865 276,895 0 (2,902) 0 273,996 0 (2,968) 5,100 XXX XXX 4509999997. Total - Preferred Stocks - Part 4 0 XXX										1	0	(2,902)	\$		0		0			5,103	XXX	
4509999997. Total - Preferred Stocks - Part 4 0 XXX XXX <th< td=""><td>250999999</td><td>8. Total - Bonds - Part 5</td><td></td><td></td><td></td><td></td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td></th<>	250999999	8. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
450999999. Total - Preferred Stocks - Part 5 XXX XXX <t< td=""><td>250999999</td><td>9. Total - Bonds</td><td></td><td></td><td></td><td></td><td>271,030</td><td>272,112</td><td>280,865</td><td>276,895</td><td>0</td><td>(2,902)</td><td>0</td><td>(2,902)</td><td>0</td><td>273,996</td><td>0</td><td>(2,968)</td><td>(2,968)</td><td>5,103</td><td>XXX</td><td>XXX</td></t<>	250999999	9. Total - Bonds					271,030	272,112	280,865	276,895	0	(2,902)	0	(2,902)	0	273,996	0	(2,968)	(2,968)	5,103	XXX	XXX
450999999. Total - Preferred Stocks 0 XXX 0	450999999	7. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
598999997. Total - Common Stocks - Part 4 0 XXX VXX 0 <th< td=""><td>450999999</td><td>8. Total - Preferred Stocks - Part 5</td><td></td><td></td><td></td><td></td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td><td>XXX</td></th<>	450999999	8. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
598999999. Total - Common Stocks - Part 5 XXX X	450999999	9. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
598999999. Total - Common Stocks 0 XXX 0 0 0 0 0 0 0 0 0 0 XXX XXX 599999999. Total - Preferred and Common Stocks 0 XXX 0	598999999	7. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
599999999. Total - Preferred and Common Stocks 0 0 XXX 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	598999999	8. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
							0		0	0	0	0	0	0	0	0	0	0	0	0		
600999999 - Totals 271,030 XX 280,865 276,895 0 (2,902) 0 273,996 0 (2,968) 5,103 XXX XXX			ocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0		
	600999999	9 - Totals					271,030	XXX	280,865	276,895	0	(2,902)	0	(2,902)	0	273,996	0	(2,968)	(2,968)	5,103	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open **NONE**

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

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

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

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

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

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

Schedule DL - Part 1 - Reinvested Collateral Assets Owned **NONE**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned **NONE**

SCH	ED	ULE	E E - PA	RT 1 - C	ASH					
		Month	End Depository	Balances						
1	2	3	4	5	Book Balance at End of Each Month During Current Quarter					
		Rate of		at Current	6	7	8	*		
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*		
Bank of New York Mellon Investments, Pittsburgh, PA Wells Fargo Bank NA		0.000	0	0						
Operating, San Francisco, CA										
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	55.818	97.321	117.734	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	55,818	97,321	117,734	XXX		
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX		
								· · · · · · · · · · · · · · · · · · ·		
								· · · · · · · · · · · · · · · · · · ·		
								· · · · · · · · · · · · · · · · · · ·		
0599999. Total - Cash	XXX	XXX	0	0	55,818	97,321	117,734	XXX		

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7 Book/Adjusted	8 Amount of Interest	9 Amount Received
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Due and Accrued	During Year
		NO						
	nte							
0099999999 - Total Cash Equivalen	115							