



# QUARTERLY STATEMENT

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

## Medical Associates Health Plan, Inc.

NAIC Group Code 04811 (Current Period) , 04811 (Prior Period) NAIC Company Code 52559 Employer's ID Number 42-1282065

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
 Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ]  
 Other [ ] Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 08/27/1986 Commenced Business 08/01/1987

Statutory Home Office 1605 Associates Drive Ste 101 , Dubuque, IA, US 52002-2270  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1605 Associates Drive Ste 101 Dubuque, IA, US 52002-2270 563-556-8070  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1605 Associates Drive Ste 101 , Dubuque, IA, US 52002-2270  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1605 Associates Drive Ste 101 Dubuque, IA, US 52002-2270 563-556-8070  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.mahealthcare.com

Statutory Statement Contact Jill Mitchell 563-556-8070  
(Name) (Area Code) (Telephone Number) (Extension)  
jmittell@mahealthcare.com 563-556-5134  
(E-Mail Address) (FAX Number)

### OFFICERS

Name	Title	Name	Title
<u>Andrea Ries M.D.</u>	<u>Chairman</u>	<u>Mark Janes M.D.</u>	<u>Vice Chairman</u>
<u>Brad McClimon M.D.</u>	<u>Director</u>		

### OTHER OFFICERS

\_\_\_\_\_

### DIRECTORS OR TRUSTEES

<u>Laurie Garms</u>	<u>Mark Janes M.D.</u>	<u>Andrea Ries M.D.</u>	<u>John O'Connor</u>
<u>Brad McClimon M.D.</u>	<u>Sara Loetscher M.D.</u>	<u>Lawrence Kukla</u>	<u>Duane Caylor #</u>

State of Iowa

County of Dubuque

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

Andrea Ries M.D.  
Chairman

Mark Janes M.D.  
Vice Chairman

Brad McClimon M.D.  
Director

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

a. Is this an original filing? Yes [ X ] No [ ]

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

Jean Bartsch, Executive Assistant  
7/18/2023

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Medical Associates Health Plan, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	30,978,288		30,978,288	28,873,910
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	5,588,959		5,588,959	7,074,155
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....13,241,089 ), cash equivalents (\$ .....185,353 ) and short-term investments (\$ .....798,797 ) .....	14,225,240		14,225,240	11,774,788
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	50,792,487	0	50,792,487	47,722,852
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	326,954		326,954	255,014
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	71,365		71,365	237,536
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0		0	44,796
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 .....	3,728,566		3,728,566	4,306,800
18.1 Current federal and foreign income tax recoverable and interest thereon .....	87,402		87,402	0
18.2 Net deferred tax asset .....	672,000	0	672,000	1,137,000
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	98,048	78,642	19,406	30,757
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	18,056	18,056	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	538,806		538,806	0
24. Health care (\$ ..... ) and other amounts receivable .....	3,055,153	2,139,598	915,555	915,550
25. Aggregate write-ins for other-than-invested assets .....	734,224	716,782	17,442	19,059
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	60,123,061	2,953,078	57,169,983	54,669,364
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	60,123,061	2,953,078	57,169,983	54,669,364
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Other assets non-admitted .....	716,782	716,782	0	0
2502. Premium tax receivable .....			0	0
2503. Accounts Receivable - Misc .....	17,442		17,442	19,059
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) .....	734,224	716,782	17,442	19,059

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	8,803,800	462,200	9,266,000	10,412,800
2. Accrued medical incentive pool and bonus amounts .....	1,958,067		1,958,067	2,993,338
3. Unpaid claims adjustment expenses .....	145,000		145,000	145,000
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....			0	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	6,072,325		6,072,325	651,612
9. General expenses due or accrued .....	790,150		790,150	563,097
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	0		0	300,000
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 .....	5,099,392		5,099,392	5,543,951
16. Derivatives.....			0	0
17. Payable for securities .....			0	9,470
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	1,040,213
24. Total liabilities (Lines 1 to 23).....	22,868,734	462,200	23,330,934	21,659,481
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	605,000	605,000
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX		0
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	1,500,000	1,500,000
31. Unassigned funds (surplus) .....	XXX	XXX	31,734,049	30,904,883
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	33,839,049	33,009,883
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	57,169,983	54,669,364
<b>DETAILS OF WRITE-INS</b>				
2301. Risk Adjustment payable - IL.....			0	1,040,213
2302. ....			0	0
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	1,040,213
2501. Health Insurer Tax.....	XXX	XXX		0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	XXX	XXX	0	0
3001. Contingency Reserve.....	XXX	XXX	1,500,000	1,500,000
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	XXX	XXX	1,500,000	1,500,000

**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	240,058	238,138	316,299
2. Net premium income (including \$ non-health premium income).....	XXX	72,153,442	71,394,046	93,554,333
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ 43,029,743 medical expenses) .....	XXX	4,181,385	3,075,914	4,501,171
5. Risk revenue .....	XXX		0	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	76,334,827	74,469,960	98,055,504
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	41,900	34,023,936	35,507,058	46,978,747
10. Other professional services .....			0	0
11. Outside referrals .....		8,519,476	8,550,075	11,386,700
12. Emergency room and out-of-area .....	2,888,300	8,956,617	7,660,740	10,349,875
13. Prescription drugs .....		5,979,742	4,540,457	6,455,818
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		5,122,453	6,242,944	7,853,206
16. Subtotal (Lines 9 to 15) .....	2,930,200	62,602,224	62,501,274	83,024,346
<b>Less:</b>				
17. Net reinsurance recoveries .....			249,042	419,755
18. Total hospital and medical (Lines 16 minus 17) .....	2,930,200	62,602,224	62,252,232	82,604,591
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 836,153 cost containment expenses.....		2,764,265	2,436,796	3,281,068
21. General administrative expenses.....		6,710,223	6,337,424	8,747,705
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22) .....	2,930,200	72,076,712	71,026,452	94,633,364
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	4,258,115	3,443,508	3,422,140
25. Net investment income earned .....	0	670,590	578,548	781,319
26. Net realized capital gains (losses) less capital gains tax of \$ .....	0	(4,729)	16,174	28,995
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	665,861	594,722	810,314
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 14,882 ) (amount charged off \$ 16,298 )] .....		(1,416)	(15,884)	(17,333)
29. Aggregate write-ins for other income or expenses .....	0	154,932	175,856	619,817
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	5,077,492	4,198,202	4,834,938
31. Federal and foreign income taxes incurred .....	XXX	1,112,598	919,373	1,334,653
32. Net income (loss) (Lines 30 minus 31) .....	XXX	3,964,894	3,278,829	3,500,285
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX		0	0
0602. ....	XXX		0	0
0603. ....	XXX		0	0
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		0	0
0702. ....	XXX		0	0
0703. ....	XXX		0	0
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. ....			0	0
1402. ....			0	0
1403. ....			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. Other Revenue.....		154,932	175,856	619,817
2902. ....			0	0
2903. Health Insurer Provider Fee.....			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	154,932	175,856	619,817

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	33,009,883	28,577,967	28,577,967
34. Net income or (loss) from Line 32 .....	3,964,894	3,278,829	3,500,285
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	(1,570,403)	483,110	823,874
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0	0
38. Change in net deferred income tax .....	(472,800)	(12,800)	362,900
39. Change in nonadmitted assets .....	(1,092,527)	39,173	(255,143)
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 .....	0	0	0
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend) .....	0	0	0
44.3 Transferred to surplus .....	0	0	0
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....	0	0	0
46. Dividends to stockholders .....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	1	0
48. Net change in capital and surplus (Lines 34 to 47) .....	829,164	3,788,313	4,431,916
49. Capital and surplus end of reporting period (Line 33 plus 48)	33,839,047	32,366,280	33,009,883
<b>DETAILS OF WRITE-INS</b>			
4701. Miscellaneous.....		1	0
4702. ....		0	0
4703. ....		0	0
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	1	0

## CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	77,740,326	71,599,337	93,772,706
2. Net investment income .....	824,275	716,133	1,028,071
3. Miscellaneous income .....	2,957,332	2,805,914	4,160,171
4. Total (Lines 1 to 3) .....	81,521,933	75,121,384	98,960,948
5. Benefit and loss related payments .....	64,739,499	59,005,774	79,410,846
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	8,515,685	9,987,117	13,937,818
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	1,500,000	1,282,729	1,377,353
10. Total (Lines 5 through 9) .....	74,755,184	70,275,620	94,726,017
11. Net cash from operations (Line 4 minus Line 10) .....	6,766,749	4,845,764	4,234,931
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	3,869,643	4,182,268	5,012,478
12.2 Stocks .....	219,906	14,003	171,890
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	4,089,550	4,196,271	5,184,368
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	6,206,319	9,627,276	10,566,961
13.2 Stocks .....	303,169	1,536,537	1,660,330
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 .....	9,470	11,931	2,462
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	6,518,958	11,175,744	12,229,752
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) .....	(2,429,408)	(6,979,472)	(7,045,385)
<b>Cash from Financing and Miscellaneous Sources</b>			
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	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 .....	0	0	0
16.6 Other cash provided (applied).....	(1,886,889)	(696,440)	1,922,202
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(1,886,889)	(696,440)	1,922,202
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	2,450,452	(2,830,148)	(888,252)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	11,774,787	12,663,039	12,663,039
19.2 End of period (Line 18 plus Line 19.1) .....	14,225,239	9,832,890	11,774,787

**STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Medical Associates Health Plan, Inc.**

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	26,176	.0	11,628	.0	.0	.0	.0	14,548	.0	.0
2. First Quarter .....	26,784	.0	12,331	.0	.0	.0	.0	14,453	.0	.0
3. Second Quarter .....	26,646	.0	12,197	.0	.0	.0	.0	14,449	.0	.0
4. Third Quarter .....	26,643	.0	12,131	.0	.0	.0	.0	14,512	.0	.0
5. Current Year	0									
6. Current Year Member Months	240,058		109,706					130,352		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	358,558		88,060					270,498		
8. Non-Physician .....	0									
9. Total	358,558	0	88,060	0	0	0	0	270,498	0	0
10. Hospital Patient Days Incurred	21,992		1,960					20,032		
11. Number of Inpatient Admissions	3,318		569					2,749		
12. Health Premiums Written (a).....	72,530,582		54,543,563					17,987,019		
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	72,530,582		54,543,563					17,987,019		
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	64,154,494		47,668,456					16,486,038		
18. Amount Incurred for Provision of Health Care Services	62,602,224		46,229,586					16,372,638		

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

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Medical Associates Health Plan, Inc.

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
MERCYONE DUBUQUE MEDICAL CENTE	709,031	94,909	26,100	4,585	6,045	840,670
UNIVERSITY OF IOWA HOSPITAL	202,790	153,274	13,969	113,452	(7,915)	475,571
FINLEY HOSPITAL	108,692	35,134	17,313	90	47,281	208,510
MERCYONE NORTH IOWA MEDICAL CE	94,216	76,226	1,715	1,760	55	173,971
MARK E HERMANN	160,393	14				160,408
MCHS EAU CLAIRE HOSPITAL	148,678					148,678
MERCY MEDICAL CENTER	94,877	37,130	2,289	1,113	(1,471)	133,938
UNIVERSITY OF WISCONSIN HOSPIT	106,268	6,682	1,581		175	114,706
GUTTENBERG MUNICIPAL HOSP	87,027	6,117	4,024	2,258	2,457	101,882
TRI STATE SURGERY CENTER LLC	89,283	(197)				89,086
MIDWEST MEDICAL CENTER	48,355	26,498	18	231	174	75,276
STONEHILL FRANCISCAN SERVICES	25,107	36,086	4,254	74	291	65,813
MERCYONE DBQ HOME MEDICAL EQUI	50,733	8,014	149			58,895
PELLA REGIONAL HEALTH CENTER		58,526				58,526
MERCYONE DYERSVILLE MEDICAL CE	35,193	17,524	266	774	326	54,084
TRISTATE DIALYSIS	38,322	14,488				52,810
GENESIS MEDICAL CENTER	43,779	1,857				45,636
PARAMOUNT EMS	40,997	3,394	89			44,480
GRINNELL REGIONAL MEDICAL CENT	40,854	250		1,079		42,183
MERCYONE WATERLOO MEDICAL CENT	31,915	4,785	194	5,007	(15)	41,886
JACKSON CO REG HEALTH CTR	24,014	11,745	520		139	36,418
MERCYONE ELKADER MEDICAL CENTE	25,111	7,072	1,083			33,266
GMC DEWITT	23,034	3,570	6,045			32,649
CAMPUS RECOVERY LLC	23,850	7,155				31,005
DELAWARE COUNTY MEMORIAL HOSP	14,966	4,735	11,043	(151)		30,594
DUBUQUE EMERG PHYSICIANS	29,660	591	250			30,501
ROCKY MOUNTAIN HOLDINGS LLC	20,542	5,608		2,741		28,890
WELAND CLINICAL LABORATORIES	25,859	700	89	255	984	27,886
MAYO CLINIC	26,332	11		11	(549)	25,805
MITCHELL CO REGIONAL HEALTH CT	1,956	1,710	20,750			24,416
UNITED SEATING AND MOBILITY, L	21,715	318	446	404		22,883
MERCYONE LABORATORY	21,928	572	185		166	22,851
BHARAT JENIGIRI	22,029					22,029
MAYO CLINIC HOSPITAL ROCHESTER	19,967	1,585				21,552
MYRIAD GENETIC LABORATORIES	5,503	12,602			2,690	20,795
HILLARD A SALAS	19,761	913	10			20,683
ST JOSEPHS HOSPITAL	20,561	45				20,607
FINLEY HARTIG HOMECARE LLC	16,265	1,357	620	573	491	19,306
PETER B SAKAS	4,004	15,205				19,209
HAWKEYE CARE CENTER OF DUBUQUE		15,344	3,354			18,698
JOHN E WHALEN	13,008	4,939				17,947
MERCY SURGERY CTR LLC	5,428				12,157	17,585
JUAN C NIETO	17,381					17,381
ADRIAN G LETZ	13,406		3,780			17,186
KRISTIN E NELSON	15,378	1,169	10			16,557
MATTHEW J KIRKENDALL	14,181	2,358	10			16,549
ENNOBLE NURSING AND REHAB	2,594	8,913		4,279		15,786
ZHENGJIN CAO MD	12,071	3,692				15,763
CROSSING RIVERS HEALTH MEDICAL	9,382	5,247	146	0	916	15,692
GOOD NEIGHBOR HOME		9,381	6,030			15,410
US MED LLC	14,336	508				14,843
ST JOHNS HOSPITAL	9,229	152	5,390			14,771
EDGEWOOD CONVALESCENT HOME		14,593				14,593
PATRICK J HAWKES	14,360					14,360
TIFFANY GLAZER		13,611				13,611





STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Medical Associates Health Plan, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	3,166,590	38,331,143	69,000	4,786,000	3,235,590	5,260,600
2. Medicare Supplement .....					.0	.0
3. Dental only .....					.0	.0
4. Vision only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....	1,942,660	15,186,178	344,000	4,067,000	2,286,660	5,152,200
7. Title XIX - Medicaid .....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	5,109,250	53,517,321	413,000	8,853,000	5,522,250	10,412,800
10. Health care receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....	3,059,599	3,098,124		1,958,067	3,059,599	2,993,338
13. Totals (Lines 9-10+11+12)	8,168,849	56,615,445	413,000	10,811,067	8,581,849	13,406,138

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

**Note 1. Summary of Significant Accounting Policies**

There are no significant changes since the recent annual statement filing.

**Note 2. Accounting Changes and Correction of Errors**

There are no significant changes since the recent annual statement filing.

**Note 3. Business Combinations and Goodwill**

There are no significant changes since the recent annual statement filing.

**Note 4. Discontinued Operations**

There are no significant changes since the recent annual statement filing.

**Note 5. Investments**

There are no significant changes since the recent annual statement filing.

**Note 6. Joint Ventures, Partnerships and Limited Liability Companies**

There are no significant changes since the recent annual statement filing.

**Note 7. Investment Income**

There are no significant changes since the recent annual statement filing.

**Note 8. Derivative Instruments**

There are no significant changes since the recent annual statement filing.

**Note 9. Income Taxes**

There are no significant changes since the recent annual statement filing.

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

There are no significant changes since the recent annual statement filing.

**Note 11. Debt**

There are no significant changes since the recent annual statement filing.

**Note 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

There are no significant changes since the recent annual statement filing.

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

There are no significant changes since the recent annual statement filing.

**Note 14. Contingencies**

There are no significant changes since the recent annual statement filing.

**Note 15. Leases**

There are no significant changes since the recent annual statement filing.

**Note 16. Information about Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

There are no significant changes since the recent annual statement filing.

**Note 17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities**

There are no significant changes since the recent annual statement filing.

**Note 18. Gain or Loss to the HMO from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans**

There are no significant changes since the recent annual statement filing.

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

There are no significant changes since the recent annual statement filing.

**Note 20. Fair Value Measurements**

There are no significant changes since the recent annual statement filing.

**Note 21. Other Items**

There are no significant changes since the recent annual statement filing.

**Note 22. Events Subsequent**

There are no significant changes since the recent annual statement filing.

**Note 23. Reinsurance**

There are no significant changes since the recent annual statement filing.

**Note 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination**

There are no significant changes since the recent annual statement filing.

**Note 25. Change in Incurred Claims**

There are no significant changes since the recent annual statement filing.

**Note 26. Intercompany Pooling Arrangements**

There are no significant changes since the recent annual statement filing.

**Note 27. Structured Settlements**

There are no significant changes since the recent annual statement filing.

**Note 28. Health Care Receivables**

There are no significant changes since the recent annual statement filing.

**Note 29. Participating Policies**

There are no significant changes since the recent annual statement filing.

**Note 30. Premium Deficiency Reserves**

There are no significant changes since the recent annual statement filing.

**Note 31. Anticipated Salvage and Subrogation**

There are no significant changes since the recent annual statement filing.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [X] NA [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2019
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....12/31/2019
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....09/28/2020
- 6.4 By what department or departments?  
State of Iowa, Office of the Commissioner of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [X] No [ ] NA [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [ ] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

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

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [X] No [ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....538,806

# GENERAL INTERROGATORIES

## INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [X]

11.2 If yes, give full and complete information relating thereto:  
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....0

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....0	\$ .....
14.22 Preferred Stock .....	\$ .....0	\$ .....
14.23 Common Stock .....	\$ .....0	\$ .....
14.24 Short-Term Investments .....	\$ .....0	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

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? ..... Yes [ ] No [ ] NA [ ]  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ .....0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ .....0
16.3 Total payable for securities lending reported on the liability page	\$ .....0

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

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

1 Name of Custodian(s)	2 Custodian Address
FFG Trust.....	Springfield, Illinois.....
Dubuque Bank and Trust Company.....	Dubuque, Iowa.....
Bell Bank.....	Fargo, North Dakota.....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

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

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

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

18.2 If no, list exceptions:  
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.

## GENERAL INTERROGATORIES

- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
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.
- c. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?.....

Yes [ ] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?.....

Yes [ ] No [X]

**GENERAL INTERROGATORIES**  
**PART 2 - HEALTH**

- 1. Operating Percentages:
  - 1.1 A&H loss percent ..... 87.9 %
  - 1.2 A&H cost containment percent ..... 1.2 %
  - 1.3 A&H expense percent excluding cost containment expenses ..... %
- 2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$ \_\_\_\_\_
- 2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$ \_\_\_\_\_
- 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [X] No [ ]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]





STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Medical Associates Health Plan, Inc.

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only									
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	N								.0	
2. Alaska	AK	N								.0	
3. Arizona	AZ	N								.0	
4. Arkansas	AR	N								.0	
5. California	CA	N								.0	
6. Colorado	CO	N								.0	
7. Connecticut	CT	N								.0	
8. Delaware	DE	N								.0	
9. Dist. Columbia	DC	N								.0	
10. Florida	FL	N								.0	
11. Georgia	GA	N								.0	
12. Hawaii	HI	N								.0	
13. Idaho	ID	N								.0	
14. Illinois	IL	L	5,251,511	2,663,000						7,914,511	
15. Indiana	IN	N								.0	
16. Iowa	IA	L	49,292,052	15,324,019						64,616,071	
17. Kansas	KS	N								.0	
18. Kentucky	KY	N								.0	
19. Louisiana	LA	N								.0	
20. Maine	ME	N								.0	
21. Maryland	MD	N								.0	
22. Massachusetts	MA	N								.0	
23. Michigan	MI	N								.0	
24. Minnesota	MN	N								.0	
25. Mississippi	MS	N								.0	
26. Missouri	MO	N								.0	
27. Montana	MT	N								.0	
28. Nebraska	NE	L	0	0						.0	
29. Nevada	NV	N								.0	
30. New Hampshire	NH	N								.0	
31. New Jersey	NJ	N								.0	
32. New Mexico	NM	N								.0	
33. New York	NY	N								.0	
34. North Carolina	NC	N								.0	
35. North Dakota	ND	N								.0	
36. Ohio	OH	N								.0	
37. Oklahoma	OK	N								.0	
38. Oregon	OR	N								.0	
39. Pennsylvania	PA	N								.0	
40. Rhode Island	RI	N								.0	
41. South Carolina	SC	N								.0	
42. South Dakota	SD	N								.0	
43. Tennessee	TN	N								.0	
44. Texas	TX	N								.0	
45. Utah	UT	N								.0	
46. Vermont	VT	N								.0	
47. Virginia	VA	N								.0	
48. Washington	WA	N								.0	
49. West Virginia	WV	N								.0	
50. Wisconsin	WI	N								.0	
51. Wyoming	WY	N								.0	
52. American Samoa	AS	N								.0	
53. Guam	GU	N								.0	
54. Puerto Rico	PR	N								.0	
55. U.S. Virgin Islands	VI	N								.0	
56. Northern Mariana Islands	MP	N								.0	
57. Canada	CAN	N								.0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	.0	0
59. Subtotal	XXX		54,543,563	17,987,019	0	0	0	0	0	72,530,582	0
60. Reporting entity contributions for Employee Benefit Plans	XXX									.0	
61. Total (Direct Business)	XXX		54,543,563	17,987,019	0	0	0	0	0	72,530,582	0
<b>DETAILS OF WRITE-INS</b>											
58001.	XXX										
58002.	XXX										
58003.	XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX		0	0	0	0	0	0	0	.0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	.0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG ..... 3 R – Registered – Non-domiciled RRGs ..... 0  
 E – Eligible – Reporting entities eligible or approved to write surplus lines in the state ..... 0 Q – Qualified – Qualified or accredited reinsurer ..... 0  
 N – None of the above – Not allowed to write business in the state ..... 54

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

Parent:

Medical Associates Clinic, P.C. 42-1115442  
State of Domicile - IA

Subsidiaries:

Medical Associates Health Plan, Inc. 42-1282065  
NAIC 52559  
State of Domicile - IA

Medical Associates Clinic Health Plan of WI 39-1519198  
NAIC 95782  
State of Domicile - WI  
A non-profit organization organized by Medical Associates Clinic, P.C.  
Clinic shareholders/employees represent greater than 50% of the HMO

Preferred Health Choices, LLC 90-0139311  
State of Domicile - IA

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Medical Associates Health Plan, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
							Medical Associates Clinic, P.C., Medical Associates Health Plan, Inc.	IA	UDP		Ownership	79.0	Medical Associates Clinic, P.C.	NO	.0
		52559	42-1282065				Medical Associates Clinic, Inc.	IA	RE	Medical Associates Clinic, P.C.	Ownership	100.0	Medical Associates Clinic, P.C.	NO	.0
		95782	39-1519198				Medical Associates Clinic Health Plan of WI	WI	IA	Medical Associates Clinic, P.C.	Board/Management	0.0	Medical Associates Clinic, P.C.	NO	.0
							Preferred Health Choices LLC, Medical Associates Health Plan, Inc.	IA	NIA	Medical Associates Clinic, P.C.	Ownership	50.0	Medical Associates Clinic, P.C. & Mercy Medical Center	NO	.0
		52559	42-1282065					IA	RE	Medical Associates Realty, LLC.	Board/Management	21.0	Medical Associates Realty, LLC.	NO	.0

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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 domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

.....N/A.....

**Explanation:**

**Bar Code:**

1.   
5 2 5 5 9 2 0 2 2 3 6 5 0 0 0 0 3

**OVERFLOW PAGE FOR WRITE-INS**

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**SCHEDULE A – VERIFICATION**

**Real Estate**

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

NONE

**SCHEDULE B – VERIFICATION**

**Mortgage Loans**

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

NONE

**SCHEDULE BA – VERIFICATION**

**Other Long-Term Invested Assets**

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

NONE

**SCHEDULE D – VERIFICATION**

**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	35,948,055	28,098,613
2. Cost of bonds and stocks acquired .....	6,509,488	12,227,291
3. Accrual of discount .....	18,110	14,739
4. Unrealized valuation increase (decrease) .....	(1,570,403)	1,043,174
5. Total gain (loss) on disposals .....	(4,729)	36,696
6. Deduct consideration for bonds and stocks disposed of .....	4,089,550	5,184,368
7. Deduct amortization of premium .....	243,735	288,090
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 .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	36,567,237	35,948,055
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	36,567,237	35,948,055

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Medical Associates Health Plan, Inc.

**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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	24,441,931	1,181,047	1,099,111	(62,732)	23,707,807	24,441,931	24,461,135	23,506,453
2. NAIC 2 (a).....	6,843,296	496,173	5,000	(18,519)	5,531,082	6,843,296	7,315,950	5,367,457
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	31,285,227	1,677,219	1,104,111	(81,250)	29,238,889	31,285,227	31,777,085	28,873,910
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	31,285,227	1,677,219	1,104,111	(81,250)	29,238,889	31,285,227	31,777,085	28,873,910

(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: NAIC 1 \$ .....508,459 ; NAIC 2 \$ .....290,339 ;  
NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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## SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999 Totals	798,797	XXX	813,071	26,134	7,665

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.0	.0
2. Cost of short-term investments acquired .....	813,071	.0
3. Accrual of discount .....	.0	.0
4. Unrealized valuation increase (decrease).....	.0	.0
5. Total gain (loss) on disposals .....	.0	.0
6. Deduct consideration received on disposals .....	.0	.0
7. Deduct amortization of premium.....	14,273	.0
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. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	798,797	.0
11. Deduct total nonadmitted amounts.....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	798,797	0

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

**SCHEDULE E – PART 2 – VERIFICATION**  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	584,306	4,224,580
2. Cost of cash equivalents acquired .....	5,799,244	6,121,048
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals.....	0	0
6. Deduct consideration received on disposals .....	6,198,197	9,761,322
7. Deduct amortization of premium .....	0	0
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. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	185,353	584,306
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	185,353	584,306

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Medical Associates Health Plan, Inc.

**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
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
<b>Bonds - U.S. Governments</b>									
91282C-FG-1	UNITED STATES TREASURY		08/30/2022	Unknown	XXX	318,845	320,000	0	1.A
<b>0109999999 - Bonds - U.S. Governments</b>						318,845	320,000	0	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
05723K-AE-0	BAKER HUGHES HOLDINGS LLC		07/14/2022	HILLTOP SECURITIES	XXX	283,476	300,000	918	1.G FE
29250N-BK-0	ENBRIDGE INC	C	08/17/2022	WELLS FARGO SECURITIES	XXX	230,473	237,000	42	2.A FE
60920L-AF-1	MONDELEZ INTERNATIONAL HOLDINGS NETHERLA	C	08/11/2022	69553	XXX	265,700	275,000	2,509	2.B FE
774341-AJ-0	ROCKWELL COLLINS INC		08/01/2022	Pershing	XXX	298,236	300,000	3,680	1.G FE
89115A-2C-5	TORONTO-DOMINION BANK	C	07/26/2022	Raymond James	XXX	280,490	280,000	1,598	1.E FE
<b>1109999999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						1,358,375	1,392,000	8,747	XXX
<b>2509999997 - Bonds - Subtotals - Bonds - Part 3</b>						1,677,219	1,712,000	8,747	XXX
<b>2509999999 - Bonds - Subtotals - Bonds</b>						1,677,219	1,712,000	8,747	XXX
<b>Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded</b>									
02079K-30-5	ALPHABET CL A ORD		09/20/2022	Dubuque Bank & Trust	1,042.000	106,010	XXX	0	XXX
<b>5019999999 - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded</b>						106,010	XXX	0	XXX
<b>5989999997 - Common Stocks - Subtotals - Common Stocks - Part 3</b>						106,010	XXX	0	XXX
<b>5989999999 - Common Stocks - Subtotals - Common Stocks</b>						106,010	XXX	0	XXX
<b>5999999999 - Common Stocks - Subtotals - Preferred and Common Stocks</b>						106,010	XXX	0	XXX
<b>6009999999 Totals</b>						1,783,229	XXX	8,747	XXX

E04

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Medical Associates Health Plan, Inc.

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 Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol
<b>Bonds - U.S. Governments</b>																					
36179U-3T-7	G2 MA6210 - RMBS		09/01/2022	Paydown	XXX	3,516	3,516	3,593	3,653	0	(136)	0	(136)	0	3,516	0	0	0	85	10/20/2049	1 A
36179V-A6-7	G2 MA6329 - RMBS		09/01/2022	Paydown	XXX	2,186	2,186	2,225	2,230	0	(44)	0	(44)	0	2,186	0	0	0	46	12/20/2049	1 A
36179V-DC-1	G2 MA6399 - RMBS		09/01/2022	Paydown	XXX	4,832	4,832	4,916	4,922	0	(91)	0	(91)	0	4,832	0	0	0	98	01/20/2050	1 A
38382B-F8-1	GNR 2019-152 LC - CMO/RMBS		09/01/2022	Paydown	XXX	2,488	2,488	2,558	2,571	0	(83)	0	(83)	0	2,488	0	0	0	61	10/20/2049	1 A
91282B-L2-4	UNITED STATES TREASURY		08/31/2022	Maturity @ 100.00	XXX	320,000	320,000	331,299	323,732	0	(3,732)	0	(3,732)	0	320,000	0	0	0	6,000	08/31/2022	1 A
<b>0109999999 - Bonds - U.S. Governments</b>						333,023	333,023	344,591	337,109	0	(4,086)	0	(4,086)	0	333,023	0	0	0	6,290	XXX	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																					
13049G-AA-8	CALIFORNIA MUN FIN AUTH		07/05/2022	Call @ 100.00	XXX	5,000	5,000	5,000	5,000	0	0	0	0	0	5,000	0	0	0	94	10/01/2035	2 A FE
3137BS-TE-3	FHR 4629 KA - CMO/RMBS		09/01/2022	Paydown	XXX	2,834	2,834	2,895	2,894	0	(60)	0	(60)	0	2,834	0	0	0	57	03/15/2045	1 A
3137H1-FG-6	FHR 5127 ME - CMO/RMBS		09/01/2022	Paydown	XXX	4,103	4,103	4,088	4,088	0	15	0	15	0	4,103	0	0	0	27	07/25/2051	1 A
3138LN-XL-0	FN AN9682 - CMBS/RMBS		07/25/2022	Paydown	XXX	710,000	710,000	727,611	721,572	0	(11,572)	0	(11,572)	0	710,000	0	0	0	36,770	08/01/2028	1 A
3140HV-XD-1	FN BL4275 - CMBS/RMBS		09/01/2022	Paydown	XXX	1,527	1,527	1,568	1,561	0	(34)	0	(34)	0	1,527	0	0	0	32	09/01/2034	1 A
57563R-QK-8	MASSACHUSETTS EDL FING AUTH		07/01/2022	Call @ 100.00	XXX	45,000	45,000	48,109	47,793	0	(168)	0	(168)	0	47,624	0	(2,624)	(2,624)	1,699	07/01/2035	1 C FE
<b>0909999999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						768,464	768,464	789,271	782,907	0	(11,818)	0	(11,818)	0	771,088	0	(2,624)	(2,624)	38,679	XXX	XXX
<b>2509999997 - Bonds - Subtotals - Bonds - Part 4</b>						1,101,487	1,101,487	1,133,862	1,120,015	0	(15,904)	0	(15,904)	0	1,104,111	0	(2,624)	(2,624)	44,969	XXX	XXX
<b>2509999999 - Bonds - Subtotals - Bonds</b>						1,101,487	1,101,487	1,133,862	1,120,015	0	(15,904)	0	(15,904)	0	1,104,111	0	(2,624)	(2,624)	44,969	XXX	XXX
<b>Common Stocks - Exchange Traded Funds</b>																					
92204A-88-4	VANGUARD COMM INDX ETF		09/20/2022	Dubuque Bank & Trust	1,338,000	120,263	XXX	123,619	182,062	(58,442)	0	0	(58,442)	0	123,619	0	(3,356)	(3,356)	456	XXX	XXX
<b>5819999999 - Common Stocks - Exchange Traded Funds</b>						120,263	XXX	123,619	182,062	(58,442)	0	0	(58,442)	0	123,619	0	(3,356)	(3,356)	456	XXX	XXX
<b>5989999997 - Common Stocks - Subtotals - Common Stocks - Part 4</b>						120,263	XXX	123,619	182,062	(58,442)	0	0	(58,442)	0	123,619	0	(3,356)	(3,356)	456	XXX	XXX
<b>5989999999 - Common Stocks - Subtotals - Common Stocks</b>						120,263	XXX	123,619	182,062	(58,442)	0	0	(58,442)	0	123,619	0	(3,356)	(3,356)	456	XXX	XXX
<b>5999999999 - Common Stocks - Subtotals - Preferred and Common Stocks</b>						120,263	XXX	123,619	182,062	(58,442)	0	0	(58,442)	0	123,619	0	(3,356)	(3,356)	456	XXX	XXX
<b>6009999999 Totals</b>						1,221,750	XXX	1,257,482	1,302,077	(58,442)	(15,904)	0	(74,346)	0	1,227,731	0	(5,980)	(5,980)	45,426	XXX	XXX

EOS

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DB - Part E

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**





STATEMENT AS OF SEPTEMBER 30, 2022 OF THE Medical Associates Health Plan, Inc.

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

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
All Other Money Market Mutual Funds								
38141W-27-3	GOLDMAN FS GOVT INST		09/26/2022	2.920	XXX	185,353	316	101
8309999999 - All Other Money Market Mutual Funds								