



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

HealthPartners UnityPoint Health, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

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

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

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

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

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

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

Internet Website Address www.HealthPartnersunitypointhealth.com

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

OFFICERS

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

OTHER

Jennifer Danielson, Chair

DIRECTORS OR TRUSTEES

Dan Carpenter Jennifer Danielson Mallary A. McKinney
Kathy A. Johnson Randy Billings

State of Iowa SS:
 County of Polk

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

Rebecca A. Woody
 President

Mallary A. McKinney
 Secretary

Kathy A. Johnson
 Treasurer

Subscribed and sworn to before me this _____ day of _____, 2024

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

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

Rebecca Woody and Mallary McKinney appeared before me this _____ day of _____, 2024.

STATEMENT AS OF MARCH 31, 2024 OF THE HealthPartners UnityPoint Health, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds			0	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (1,405,653)), cash equivalents (\$ 27,512,432) and short-term investments (\$)	26,106,779		26,106,779	25,853,721
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	26,106,779	0	26,106,779	25,853,721
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	130,889		130,889	21,324
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,963,984		2,963,984	3,625,760
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	297,281		297,281	389,203
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	7,724,252		7,724,252	5,001,044
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	7,970,874		7,970,874	6,204,477
24. Health care (\$ 4,302,000) and other amounts receivable	26,389,097		26,389,097	24,785,392
25. Aggregate write-ins for other than invested assets	2,036,262	2,036,262	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	73,619,418	2,036,262	71,583,156	65,880,921
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	73,619,418	2,036,262	71,583,156	65,880,921
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid reinsurance premiums	117,462	117,462	0	0
2502. Prepaid broker commissions	1,918,800	1,918,800	0	0
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	2,036,262	2,036,262	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	18,040,000		18,040,000	16,104,000
2. Accrued medical incentive pool and bonus amounts	11,620		11,620	12,717
3. Unpaid claims adjustment expenses	410,000		410,000	366,000
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	2,528,210		2,528,210	2,396,821
9. General expenses due or accrued	23,491,893		23,491,893	20,050,254
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others.....			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	3,512,473		3,512,473	2,868,841
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	47,994,196	0	47,994,196	41,798,633
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	69,300,000	69,300,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(46,711,040)	(46,217,712)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	23,588,960	24,082,288
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	71,583,156	65,880,921
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	67,686	62,926	261,990
2. Net premium income (including \$ non-health premium income).....	XXX	46,705,479	40,137,783	168,218,764
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	46,705,479	40,137,783	168,218,764
Hospital and Medical:				
9. Hospital/medical benefits		34,297,481	30,854,177	137,479,562
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		6,908,430	5,994,613	24,779,295
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		5,662	3,125	14,272
16. Subtotal (Lines 9 to 15)	0	41,211,573	36,851,915	162,273,129
Less:				
17. Net reinsurance recoveries		63,032		389,203
18. Total hospital and medical (Lines 16 minus 17)	0	41,148,541	36,851,915	161,883,926
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$782,243 cost containment expenses		1,580,048	1,527,156	6,265,783
21. General administrative expenses		2,932,469	2,912,882	12,576,173
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	45,661,058	41,291,953	180,725,882
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,044,421	(1,154,170)	(12,507,118)
25. Net investment income earned		498,513	246,366	934,306
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	498,513	246,366	934,306
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....				
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	1,542,934	(907,804)	(11,572,812)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	1,542,934	(907,804)	(11,572,812)
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	24,082,288	18,224,557	18,224,557
34. Net income or (loss) from Line 32.....	1,542,934	(907,804)	(11,572,812)
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.....	(2,036,262)	(1,712,379)	130,543
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	17,300,000
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	(493,328)	(2,620,183)	5,857,731
49. Capital and surplus end of reporting period (Line 33 plus 48)	23,588,960	15,604,374	24,082,288
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF MARCH 31, 2024 OF THE HealthPartners UnityPoint Health, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	47,498,644	50,057,410	166,847,446
2. Net investment income	388,948	220,593	963,577
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	47,887,592	50,278,003	167,811,023
5. Benefit and loss related payments	38,914,716	35,363,384	159,400,159
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	3,106,454	2,238,491	12,091,860
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	0
10. Total (Lines 5 through 9)	42,021,170	37,601,875	171,492,019
11. Net cash from operations (Line 4 minus Line 10)	5,866,422	12,676,128	(3,680,996)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	17,300,000
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(5,613,364)	(1,768,969)	820,151
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(5,613,364)	(1,768,969)	18,120,151
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	253,058	10,907,159	14,439,155
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	25,853,721	11,414,566	11,414,566
19.2 End of period (Line 18 plus Line 19.1)	26,106,779	22,321,725	25,853,721

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

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STATEMENT AS OF MARCH 31, 2024 OF THE HealthPartners UnityPoint Health, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	23,102	0	12,823	0	0	0	0	10,279	0	0	0	0	0	0
2. First Quarter	22,585		11,921					10,664						
3. Second Quarter	0													
4. Third Quarter	0													
5. Current Year	0													
6. Current Year Member Months	67,686		35,972					31,714						
Total Member Ambulatory Encounters for Period:														
7. Physician	56,341		15,884					40,457						
8. Non-Physician	13,406		2,693					10,713						
9. Total	69,747	0	18,577	0	0	0	0	51,170	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,166		228					1,938						
11. Number of Inpatient Admissions	293		65					228						
12. Health Premiums Written (a)	47,071,373		20,337,663					26,733,710						
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	47,071,373		20,337,663					26,733,710						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	39,275,573		16,347,428					22,928,145						
18. Amount Incurred for Provision of Health Care Services	41,211,573		17,477,128					23,734,445						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 26,733,710

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group	4,401,912	11,784,600	1,096,000	7,044,000	5,497,912	7,010,300
3. Medicare Supplement					0	0
4. Vision only					0	0
5. Dental only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	5,719,428	17,093,939	1,339,000	8,561,000	7,058,428	9,093,700
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability Income					0	0
11. Long-term care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	10,121,340	28,878,539	2,435,000	15,605,000	12,556,340	16,104,000
14. Health care receivables (a)	3,681,850	620,150			3,681,850	4,509,000
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	6,759		5,958	5,662	12,717	12,717
17. Totals (Lines 13 - 14 + 15 + 16)	6,446,249	28,258,389	2,440,958	15,610,662	8,887,207	11,607,717

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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	3/31/2024	12/31/2023
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)				\$ 1,542,934	\$ (11,572,812)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	N/A	N/A	N/A	\$ -	\$ -
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	N/A	N/A	N/A	\$ -	\$ -
(4) NAIC SAP (1-2-3=4)				<u>\$ 1,542,934</u>	<u>\$ (11,572,812)</u>
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)				\$ 23,588,960	\$ 24,082,288
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:	N/A	N/A	N/A	\$ -	\$ -
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:	N/A	N/A	N/A	\$ -	\$ -
(8) NAIC SAP (5-6-7=8)				<u>\$ 23,588,960</u>	<u>\$ 24,082,288</u>

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

C. Accounting Policies

(1)-(13) No change

D. Going Concern

Not Applicable

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

A.-K. - None

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
b. Collateral held under security lending agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
c. Subject to repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
g. Placed under option contracts	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
i. FHLB capital stock	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
j. On deposit with states	\$ 5,647,345	\$ 5,574,701	\$ 72,644	\$ -	\$ 5,647,345	7.671%	7.889%
k. On deposit with other regulatory bodies	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
n. Other restricted assets	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
o. Total Restricted Assets	\$ 5,647,345	\$ 5,574,701	\$ 72,644	\$ -	\$ 5,647,345	7.671%	7.889%

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

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

2.-4. None

NOTES TO FINANCIAL STATEMENTS

M. Working Capital Finance Investments - None

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

O. Structured Notes - None

P. 5GI Securities - None

Q. Short Sales - None

R. Prepayment Penalty and Acceleration Fees - None

6. Joint Ventures, Partnerships and Limited Liability Companies - No change

7. Investment Income - No change

8. Derivative Instruments - None

9. Income Taxes - No change

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

A - C. Not Applicable

D. At March 31, 2024 and December 31, 2023, the Company reported \$7,970,874 and \$6,204,477, respectively, amounts due from parent, subsidiaries and affiliates. These amounts are the net amounts from the month's activity related to premiums, claims, and administrative expenses related to the management services agreement. These balances are settled on a monthly basis.

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

F. Not Applicable

G. Not Applicable

H. None

I. Not Applicable

J. Not Applicable

K. None

L. None

M. None

N. None

O. None

11. Debt

A.-B. None

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

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

A - H. No change

I. No change

J - M. No change

14. Liabilities, Contingencies and Assessments

A. None

B. No change

C. None

D. None

E. None

F. No change

15. Leases

A.-B. None

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

None

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

A.-C. None

NOTES TO FINANCIAL STATEMENTS**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

A. ASO Plans

The (loss) gain from operations from Administrative Services Only (ASO) uninsured plans are as follows as of March 31, 2024 and December 31, 2023:

	2024	2023
a. Net reimbursement for administrative expenses (including administrative fees) in excess of or (under) actual expenses	\$ 493,721	\$ 789,758
b. Total net other income or expenses (including interest paid to or received from plans)	\$ 40,334	\$ 76,500
c. Net gain or (loss) from operations	\$ 534,055	\$ 866,258
d. Total claim payment volume	\$ 78,808,538	\$ 336,167,701

B.-C. None

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

A.-B. None

C. No Change

D. Not Applicable

E. None

21. Other Items

A.-H. None

22. Events Subsequent

There have been no events occurring subsequent to March 31, 2024, which have a material effect on the statutory basis financial position, results of operations, or cash flows of the Company.

23. Reinsurance

A. Ceded Reinsurance Report - No change

B. None

C. None

D. None

E. None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not Applicable

B. Not Applicable

C. Not Applicable

D. None

NOTES TO FINANCIAL STATEMENTS

E. Risk Sharing Provisions of the Affordable Care Act

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

Yes [X] No []

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

Amount

a. Permanent ACA Risk Adjustment Program

Assets

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

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ -

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) \$ 480,000

Operations (Revenue & Expense)

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

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

b. Transitional ACA Reinsurance Program

Assets

1. Amounts recoverable for claims paid due to ACA Reinsurance \$ -

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

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

Liabilities

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

5. Ceded reinsurance premiums payable due to ACA Reinsurance \$ -

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

Operations (Revenue & Expense)

7. Ceded reinsurance premiums due to ACA Reinsurance \$ -

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

9. ACA Reinsurance contributions – not reported as ceded premium \$ -

c. Temporary ACA Risk Corridors Program

Assets

1. Accrued retrospective premium due to ACA Risk Corridors \$ -

Liabilities

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

Operations (Revenue & Expense)

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

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

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date		
	1	2	3	4	5	6	7	8	Ref	9	10	
												Receivable
a. Permanent ACA Risk Adjustment Program												
1. Premium adjustments receivable (including high risk pool payments)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Premium adjustments (payable) (including high risk pool premium)	\$ -	\$ 480,000	\$ -	\$ -	\$ -	\$ 480,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 480,000
3. Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ 480,000	\$ -	\$ -	\$ -	\$ 480,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 480,000
b. Transitional ACA Reinsurance Program												
1. Amounts recoverable for claims paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Ceded reinsurance premiums payable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Liability for amounts held under uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Temporary ACA Risk Corridors Program												
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 480,000

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

(5) ACA Risk Corridors Receivable as of Reporting Date - Not Applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for claims attributable to the events of prior years have decreased from \$16,104,000 at December 31, 2023 to \$12,556,340 at March 31, 2024.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

NOTES TO FINANCIAL STATEMENTS

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
3/31/2024	\$ 4,302	\$ 3,587	\$ 3,682	0	0
12/31/2023	\$ 4,509	\$ 4,319	\$ 3,252	0	0
9/30/2023	\$ 2,705	\$ 4,048	\$ 2,720	0	0
6/30/2023	\$ 2,956	\$ 3,660	\$ 2,288	0	0
3/31/2023	\$ 2,989	\$ 2,657	\$ 2,052	0	0
12/31/2022	\$ 2,738	\$ 2,407	\$ 2,310	0	0
9/30/2022	\$ 2,600	\$ 1,541	\$ 2,632	0	0
6/30/2022	\$ 2,745	\$ 1,918	\$ 1,790	0	0
3/31/2022	\$ 2,466	\$ 1,715	\$ 1,827	0	0

B. Risk-Sharing Receivables - None

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received All Other
2024	2024	\$ -	\$ 5,097	\$ 5,097	\$ -	\$ -	\$ -	\$ -	\$ -
	2023	XXX	\$ 4,487	XXX	XXX	XXX	XXX	\$ -	\$ -
2023	2023	\$ -	\$ 4,487	\$ 21,487	\$ -	\$ 17,000	\$ -	\$ -	\$ -
	2022	XXX	\$ -	XXX	XXX	XXX	XXX	\$ -	\$ -

29. Participating Policies - None

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$0
2. Date of the most recent evaluation of this liability 12/31/2023
3. Was anticipated investment income utilized in the calculation? Yes [] No [X]

31. Anticipated Salvage and Subrogation - No change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2021
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2021
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/30/2023
- 6.4 By what department or departments?
Iowa Insurance Division
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

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

- 9.2 Has the code of ethics for senior managers been amended? Yes [] No []
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 7,970,874

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
- 11.2 If yes, give full and complete information relating thereto:

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 16.3 Total payable for securities lending reported on the liability page. \$ 0

GENERAL INTERROGATORIES

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

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

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

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

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

- 1. Operating Percentages:
 - 1.1 A&H loss percent89.8 %
 - 1.2 A&H cost containment percent 1.7 %
 - 1.3 A&H expense percent excluding cost containment expenses 8.0 %

- 2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date \$.....
- 2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date \$.....

- 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	N								0	
2. Alaska	AK	N								0	
3. Arizona	AZ	N								0	
4. Arkansas	AR	N								0	
5. California	CA	N								0	
6. Colorado	CO	N								0	
7. Connecticut	CT	N								0	
8. Delaware	DE	N								0	
9. District of Columbia	DC	N								0	
10. Florida	FL	N								0	
11. Georgia	GA	N								0	
12. Hawaii	HI	N								0	
13. Idaho	ID	N								0	
14. Illinois	IL	L	1,138,901							1,138,901	
15. Indiana	IN	N								0	
16. Iowa	IA	L	20,337,663	25,594,809						45,932,472	
17. Kansas	KS	N								0	
18. Kentucky	KY	N								0	
19. Louisiana	LA	N								0	
20. Maine	ME	N								0	
21. Maryland	MD	N								0	
22. Massachusetts	MA	N								0	
23. Michigan	MI	N								0	
24. Minnesota	MN	N								0	
25. Mississippi	MS	N								0	
26. Missouri	MO	N								0	
27. Montana	MT	N								0	
28. Nebraska	NE	N								0	
29. Nevada	NV	N								0	
30. New Hampshire	NH	N								0	
31. New Jersey	NJ	N								0	
32. New Mexico	NM	N								0	
33. New York	NY	N								0	
34. North Carolina	NC	N								0	
35. North Dakota	ND	N								0	
36. Ohio	OH	N								0	
37. Oklahoma	OK	N								0	
38. Oregon	OR	N								0	
39. Pennsylvania	PA	N								0	
40. Rhode Island	RI	N								0	
41. South Carolina	SC	N								0	
42. South Dakota	SD	N								0	
43. Tennessee	TN	N								0	
44. Texas	TX	N								0	
45. Utah	UT	N								0	
46. Vermont	VT	N								0	
47. Virginia	VA	N								0	
48. Washington	WA	N								0	
49. West Virginia	WV	N								0	
50. Wisconsin	WI	N								0	
51. Wyoming	WY	N								0	
52. American Samoa	AS	N								0	
53. Guam	GU	N								0	
54. Puerto Rico	PR	N								0	
55. U.S. Virgin Islands	VI	N								0	
56. Northern Mariana Islands	MP	N								0	
57. Canada	CAN	N								0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	20,337,663	26,733,710	0	0	0	0	0	47,071,373	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX								0		
61. Totals (Direct Business)	XXX	20,337,663	26,733,710	0	0	0	0	0	47,071,373	0	0
DETAILS OF WRITE-INS											
58001.	XXX										
58002.	XXX										
58003.	XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

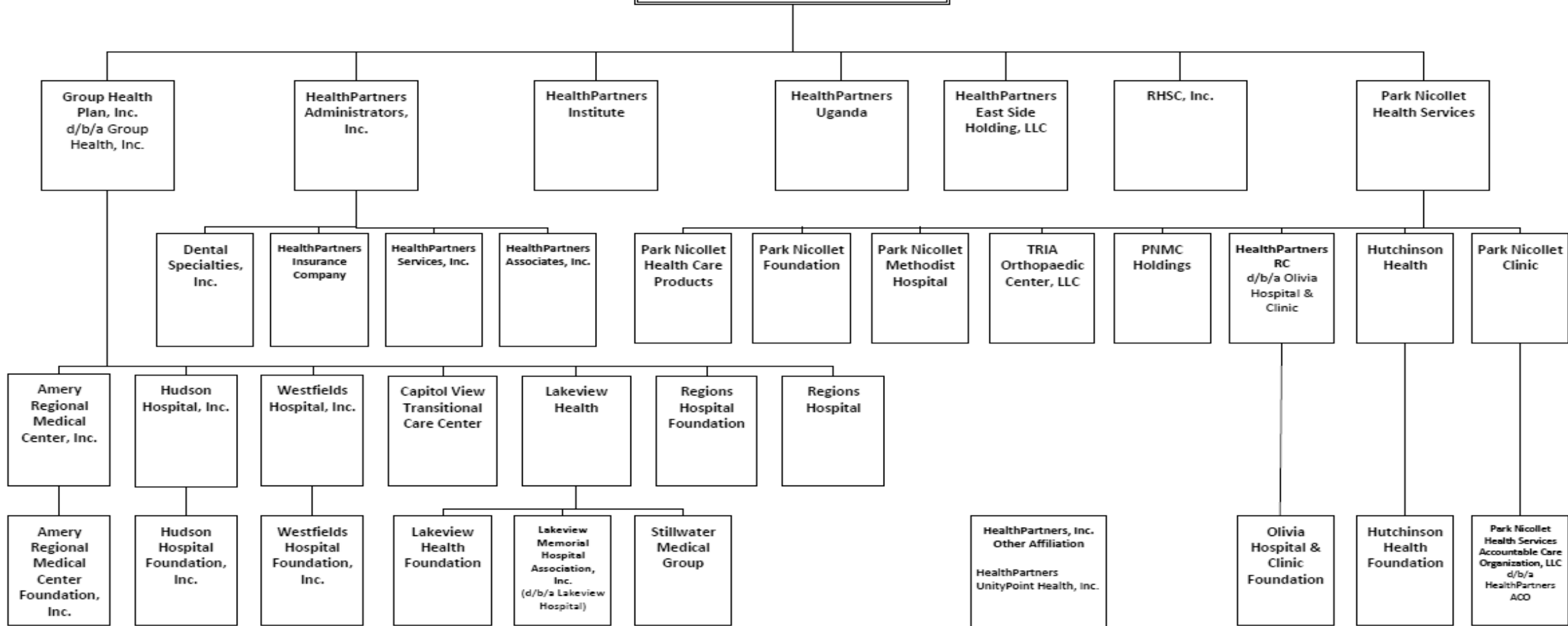
- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. N -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

STATEMENT AS OF MARCH 31, 2024 OF THE HealthPartners UnityPoint Health, Inc.

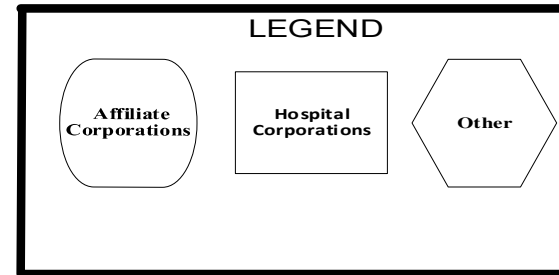
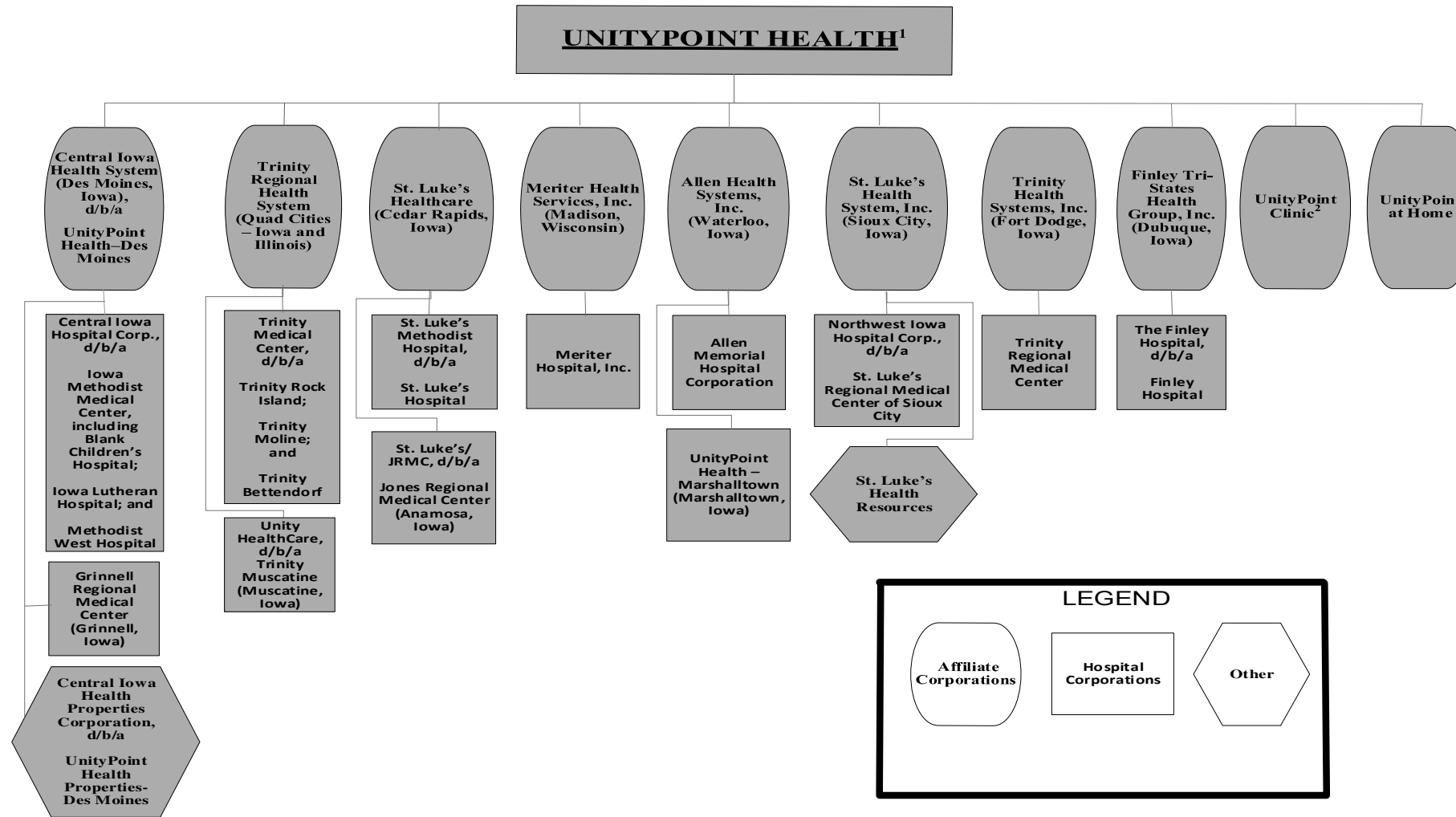
HealthPartners System

HealthPartners, Inc.

March 31, 2024



STATEMENT AS OF MARCH 31, 2024 OF THE HealthPartners UnityPoint Health, Inc.



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

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

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

STATEMENT AS OF MARCH 31, 2024 OF THE HealthPartners UnityPoint Health, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
			39-1726539				Amery Regional Medical Center Foundation, Inc.	WI	NIA	Amery Regional Medical Center, Inc.	Board/Reserve		HealthPartners, Inc.	NO	2
			39-0908320				Amery Regional Medical Center, Inc.	WI	NIA	RH-Wisconsin and Group Health Plan, Inc.	Board/Reserve		HealthPartners, Inc.	NO	
			41-2011453				Capitol View Transitional Care Center	MN	NIA	HPI-Ramsey	Board/Reserve		HealthPartners, Inc.	NO	2
			45-1297583				Dental Specialties, Inc.	MN	NIA	HealthPartners Administrators, Inc.	Board/Reserve		HealthPartners, Inc.	NO	2
1258	HealthPartners GRP	52628	41-0797853				Group Health Plan, Inc.	MN	IA	HealthPartners, Inc.	Reserve Powers		HealthPartners, Inc.	NO	
			52-2365151				HealthPartners Associates, Inc.	MN	NIA	HealthPartners Administrators, Inc.	Ownership	100.000	HealthPartners, Inc.	NO	
			20-1282428				HealthPartners East Side Holding, LLC	DE	NIA	HealthPartners, Inc.	Member		HealthPartners, Inc.	NO	
1258	HealthPartners GRP	44547	41-1683523				HealthPartners Insurance Company	MN	RE	HealthPartners Administrators, Inc.	Ownership	100.000	HealthPartners, Inc.	NO	
			41-1683568				HealthPartners Services, Inc.	MN	NIA	HealthPartners Administrators, Inc.	Ownership	100.000	HealthPartners, Inc.	NO	
			41-1629390				HealthPartners, Administrators, Inc.	MN	NIA	HealthPartners, Inc.	Ownership	100.000	HealthPartners, Inc.	NO	
1258	HealthPartners GRP	95766	41-1693838				HealthPartners, Inc.	MN	IA	HealthPartners, Inc.			HealthPartners, Inc.	NO	
			41-1670163				HealthPartners Institute	MN	NIA	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	NO	2
			84-1715908				Hutchinson Health	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	2
			36-3317820				Hutchinson Health Foundation	MN	NIA	Hutchinson Health	Board/Reserve		HealthPartners, Inc.	NO	2
1258	HealthPartners GRP	15888	32-0484314				HealthPartners UnityPoint Health, Inc.	IA	IA	HealthPartners, Inc.	Ownership	50.000	HealthPartners, Inc.	NO	1
			39-1279567				Hudson Hospital Foundation	WI	NIA	Hudson Hospital, Inc.	Board/Reserve		HealthPartners, Inc.	NO	2
			39-0804125				Hudson Hospital, Inc.	WI	NIA	RH-Wisconsin and Group Health Plan, Inc.	Board/Reserve		HealthPartners, Inc.	NO	
							Lakeview Memorial Hospital Association, Inc.	MN	NIA	Stillwater Health System	Board/Reserve		HealthPartners, Inc.	NO	2
			41-0811697				Lakeview Health Foundation	MN	NIA	Stillwater Health System	Board/Reserve		HealthPartners, Inc.	NO	2
			41-1386635				Lakeview Health Foundation	MN	NIA	Stillwater Health System	Board/Reserve		HealthPartners, Inc.	NO	2
			41-0834920				Park Nicollet Clinic	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	2
			23-7346465				Park Nicollet Foundation	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	2
			01-0638901				Park Nicollet Health Care Products	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	2
			36-3465840				Park Nicollet Health Services	MN	NIA	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	NO	2
			41-0132080				Park Nicollet Methodist Hospital	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	2
							Park Nicollet Health Services Accountable Care Organization, LLC	MN	NIA	Park Nicollet Health Services	Member		HealthPartners, Inc.	NO	2
			41-1741792				PNMC Holdings	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	2
			41-0956618				Regions Hospital	MN	NIA	HPI-Ramsey	Board/Reserve		HealthPartners, Inc.	NO	2
			41-1888902				Regions Hospital Foundation	MN	NIA	HPI-Ramsey	Board/Reserve		HealthPartners, Inc.	NO	2
			41-1891928				RHSC, Inc.	MN	NIA	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	NO	2
			30-0221189				Lakeview Health	MN	NIA	HPI-Ramsey	Board/Reserve		HealthPartners, Inc.	NO	2
			83-0379473				Stillwater Medical Group	MN	NIA	Stillwater Health System	Board/Reserve		HealthPartners, Inc.	NO	2
			20-0034003				TRIA Orthopaedic Center, LLC	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	2
							HealthPartners Uganda	UGA	NIA	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	NO	2
			39-1770913				Westfields Hospital Foundation, Inc.	WI	NIA	Westfields Hospital, Inc.	Board/Reserve		HealthPartners, Inc.	NO	2
			39-0808442				Westfields Hospital, Inc.	WI	NIA	RH-Wisconsin and Group Health Plan, Inc.	Board/Reserve		HealthPartners, Inc.	NO	
			84-4261122				HealthPartners RC	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	2
			41-1839619				Olivia Hospital & Clinic Foundation	MN	NIA	HealthPartners RC	Board/Reserve		HealthPartners, Inc.	NO	2
							Iowa Health System dba UnityPoint Health (UPH)	IA	UDP	UPH is the ultimate parent entity	N/A	0.000	None	NO	
			27-3819741				Broadband, Inc.	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			42-1201924				Allen Health Systems, Inc.	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			42-1189791				Central Iowa Health System	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			42-1307495				Finley Tri-States Health Group, Inc.	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			42-1477471				UnityPoint at Home	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			27-0987243				HNC Services, Inc.	IA	NIA	UPH	Ownership	100.000	UPH	NO	

STATEMENT AS OF MARCH 31, 2024 OF THE HealthPartners UnityPoint Health, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
			26-3300536				West Lakes Medical Equipment, L.L.C.	IA	NIA	UnityPoint at Home	Ownership	50.000	UPH	NO	
			45-4550692				Iowa Health Accountable Care, L.C.	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			42-1411630				Iowa Physicians Clinic Medical Foundation	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			42-1019872				Northwest Iowa Hospital Corporation	IA	NIA	St. Luke's Health System, Inc.	Ownership	100.000	UPH	NO	
			42-1511142				Iowa Health System Contracting Services, L.C.	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			42-1294091				St. Lukes Health System, Inc.	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			42-1509042				Iowa Statewide Poison Control Center	IA	NIA	UPH	Ownership	50.000	UPH	NO	
			42-1487968				St. Lukes Healthcare	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			42-1222877				Trinity Health Systems, Inc.	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			42-1414390				Medimore, Inc.	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			36-3351952				Trinity Regional Health System	IL	NIA	UPH	Ownership	100.000	UPH	NO	
			42-1487967				St. Lukes/Jones Regional Medical Center	IA	NIA	St. Lukes Healthcare	Ownership	100.000	UPH	NO	
			42-1466284				Anamosa Area Ambulance Service	IA	NIA	St. Lukes/Jones Regional Medical Center	Ownership	100.000	UPH	NO	
			42-0504780				St. Lukes Methodist Hospital	IA	NIA	St. Lukes Healthcare	Ownership	100.000	UPH	NO	
			42-1276632				STL Care Company	IA	NIA	St. Lukes Healthcare	Ownership	100.000	UPH	NO	
			45-2671609				Cedar Rapids Community Cancer Center Foundation	IA	NIA	St. Lukes Methodist Hospital	Ownership	44.000	UPH	NO	
			39-1894395				Cedar Rapids Medical Education Foundation	IA	NIA	St. Lukes Methodist Hospital	Ownership	50.000	UPH	NO	
			26-0310416				Eastern Iowa Sleep Center, LLC	IA	NIA	St. Lukes Methodist Hospital	Ownership	33.330	UPH	NO	
			27-1814458				Medical Laboratories of Eastern Iowa, L.C.	IA	NIA	St. Lukes Methodist Hospital	Ownership	100.000	UPH	NO	
			42-1260463				MR Associates, LLP	IA	NIA	St. Lukes Methodist Hospital	Ownership	33.330	UPH	NO	
			72-1550812				The Outpatient Surgery Center of Cedar Rapids, L.L.C.	IA	NIA	St. Lukes Methodist Hospital	Ownership	50.000	UPH	NO	
			27-1349596				St. Lukes Coe Steam, Inc.	IA	NIA	St. Lukes Methodist Hospital	Ownership	50.000	UPH	NO	
			42-1193499				STL Health Resources Co.	IA	NIA	St. Lukes Methodist Hospital	Ownership	100.000	UPH	NO	
			42-1233759				Central Iowa Health Properties Corporation	IA	NIA	Central Iowa Health System	Ownership	100.000	UPH	NO	
			42-0680452				Central Iowa Hospital Corporation	IA	NIA	Central Iowa Health System	Ownership	100.000	UPH	NO	
			42-1467682				Iowa Health Foundation	IA	NIA	Central Iowa Health System	Ownership	100.000	UPH	NO	
			20-5031651				1776 Westlakes Parkway, L.C.	IA	NIA	Central Iowa Hospital Corporation	Ownership	33.330	UPH	NO	
			42-1412497				Des Moines Area Medical Education Consortium, Inc.	IA	NIA	Central Iowa Hospital Corporation	Ownership	33.000	UPH	NO	
			03-0482623				Iowa Diagnostic Imaging and Procedure Center, L.C.	IA	NIA	Central Iowa Hospital Corporation	Ownership	50.000	UPH	NO	
			42-1516120				Lakeview Surgery Center, L.C.	IA	NIA	Central Iowa Hospital Corporation	Ownership	50.000	UPH	NO	
			42-1508092				Orthopaedic Outpatient Surgery Center, L.C.	IA	NIA	Central Iowa Hospital Corporation	Ownership	50.000	UPH	NO	
			26-3193923				West Lakes Sleep Center, L.L.C.	IA	NIA	Central Iowa Hospital Corporation	Ownership	50.000	UPH	NO	
			42-0680410				The Dubuque Visiting Nurse Association	IA	NIA	Finley Tri-States Health Group, Inc.	Ownership	100.000	UPH	NO	
			42-0680354				The Finley Hospital	IA	NIA	Finley Tri-States Health Group, Inc.	Ownership	100.000	UPH	NO	
			42-1428503				Health Care Affiliates of the Tri-States, L.L.C.	IA	NIA	Finley Tri-States Health Group, Inc.	Ownership	50.000	UPH	NO	
			42-1467002				Delhi Point Condo Association	IA	NIA	The Finley Hospital	Ownership	60.350	UPH	NO	
			20-1597161				Dubuque Endoscopy Center, L.C.	IA	NIA	The Finley Hospital	Ownership	51.000	UPH	NO	
			42-1487138				Finley/Hartig Homecare, L.L.C.	IA	NIA	The Finley Hospital	Ownership	50.000	UPH	NO	
			42-0937390				North Central Iowa Mental Health Center, Incorporated	IA	NIA	Trinity Health Systems, Inc.	Ownership	100.000	UPH	NO	
			45-3791448				Trimark Physicians Group	IA	NIA	Trinity Health Systems, Inc.	Ownership	100.000	UPH	NO	
			42-1222381				Trinity Health Foundation	IA	NIA	Trinity Health Systems, Inc.	Ownership	100.000	UPH	NO	
			42-1009175				Trinity Regional Medical Center	IA	NIA	Trinity Health Systems, Inc.	Ownership	100.000	UPH	NO	

STATEMENT AS OF MARCH 31, 2024 OF THE HealthPartners UnityPoint Health, Inc.

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

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			36-3678909				The Robert Young Center for Community Mental Health	.. IL.....	.. NIA.....	Trinity Regional Health System	Ownership.....	100.000	UPH	.. NO.....	
			36-3320141				Trinity Health Enterprises, Inc.	.. IL.....	.. NIA.....	Trinity Regional Health System	Ownership.....	100.000	UPH	.. NO.....	
			36-3321751				Trinity Health Foundation	.. IL.....	.. NIA.....	Trinity Regional Health System	Ownership.....	100.000	UPH	.. NO.....	
			36-2739299				Trinity Medical Center	.. IL.....	.. NIA.....	Trinity Regional Health System	Ownership.....	100.000	UPH	.. NO.....	
			42-0680337				Unity HealthCare	.. IA.....	.. NIA.....	Trinity Regional Health System	Ownership.....	100.000	UPH	.. NO.....	
			42-1525031				Unity HealthCare Foundation	.. IA.....	.. NIA.....	Unity HealthCare	Ownership.....	100.000	UPH	.. NO.....	
			37-1288604				Precedence, Inc.	.. IL.....	.. NIA.....	The Robert Young Center for Community Mental Health	Ownership.....	100.000	UPH	.. NO.....	
			45-5470017				Precedence Care Coordination Entity, LLC	.. IL.....	.. NIA.....	The Robert Young Center for Community Mental Health	Ownership.....	100.000	UPH	.. NO.....	
			36-3710164				Metro MRI Center Limited Partnership	.. IL.....	.. NIA.....	Trinity Medical Center	Ownership.....	33.970	UPH	.. NO.....	
			36-4356301				Advanced Imaging Center, LLC	.. IL.....	.. NIA.....	Trinity Medical Center	Ownership.....	51.000	UPH	.. NO.....	
			36-4471903				Quad City Ambulatory Surgery Center, L.L.C.	.. IL.....	.. NIA.....	Trinity Medical Center	Ownership.....	49.720	UPH	.. NO.....	
			20-5895205				Pierce Street Same Day Surgery, L.C.	.. IA.....	.. NIA.....	Northwest Iowa Hospital Corporation	Ownership.....	50.000	UPH	.. NO.....	
			42-1036971				Siouxland Medical Education Foundation, Inc.	.. IA.....	.. NIA.....	Northwest Iowa Hospital Corporation	Ownership.....	25.000	UPH	.. NO.....	
			31-1712115				Health, Incorporated	.. IA.....	.. NIA.....	St. Lukes Health System, Inc.	Ownership.....	50.000	UPH	.. NO.....	
			26-1120134				Siouxland PACE, Inc.	.. IA.....	.. NIA.....	St. Lukes Health System, Inc.	Ownership.....	100.000	UPH	.. NO.....	
			42-1059182				St. Lukes Health Resources	.. IA.....	.. NIA.....	St. Lukes Health System, Inc.	Ownership.....	100.000	UPH	.. NO.....	
			38-3320710				Hospice of Siouxland	.. IA.....	.. NIA.....	Health, Incorporated	Ownership.....	100.000	UPH	.. NO.....	
			42-1185707				Siouxland Paramedics, Inc.	.. IA.....	.. NIA.....	Health, Incorporated	Ownership.....	100.000	UPH	.. NO.....	
			42-1411233				Siouxland Regional Cancer Center	.. IA.....	.. NIA.....	Health, Incorporated	Ownership.....	100.000	UPH	.. NO.....	
			42-1201924				Allen College	.. IA.....	.. NIA.....	Allen Health Systems, Inc.	Ownership.....	100.000	UPH	.. NO.....	
			42-0698265				Allen Memorial Hospital Corporation	.. IA.....	.. NIA.....	Allen Health Systems, Inc.	Ownership.....	100.000	UPH	.. NO.....	
			42-1201138				Memorial Foundation of Allen Hospital	.. IA.....	.. NIA.....	Allen Health Systems, Inc.	Ownership.....	100.000	UPH	.. NO.....	
			39-1412318				Meriter Health Services, Inc.	.. WI.....	.. NIA.....	UPH	Ownership.....	100.000	UPH	.. NO.....	
			39-1458235				Meriter Management Services, Inc.	.. WI.....	.. NIA.....	Meriter Health Services, Inc.	Ownership.....	100.000	UPH	.. NO.....	
			39-1293620				Meriter Health Enterprises, Inc.	.. WI.....	.. NIA.....	Meriter Management Services, Inc.	Ownership.....	100.000	UPH	.. NO.....	
			23-7098688				Meriter Foundation, Inc.	.. WI.....	.. NIA.....	Meriter Health Services, Inc.	Ownership.....	100.000	UPH	.. NO.....	
			39-0806367				Meriter Hospital, Inc.	.. WI.....	.. NIA.....	Meriter Health Services, Inc.	Ownership.....	100.000	UPH	.. NO.....	
			30-0072647				Wisconsin Dialysis, Inc.	.. WI.....	.. NIA.....	Meriter Hospital, Inc.	Ownership.....	45.000	UPH	.. NO.....	
			39-1531753				Madison Environmental Resourcing, Inc.	.. WI.....	.. NIA.....	Meriter Hospital, Inc.	Ownership.....	36.000	UPH	.. NO.....	
			39-1948840				Transformations Surgery Center, Inc.	.. WI.....	.. NIA.....	Meriter Hospital, Inc.	Ownership.....	50.000	UPH	.. NO.....	
			26-0902344				Wisconsin Sleep, Inc.	.. WI.....	.. NIA.....	Meriter Hospital, Inc.	Ownership.....	50.000	UPH	.. NO.....	
			39-1940656				Madison Surgery Center, Inc.	.. WI.....	.. NIA.....	Meriter Hospital, Inc.	Ownership.....	33.330	UPH	.. NO.....	
			39-1091317				Madison United Healthcare Linen, Ltd.	.. WI.....	.. NIA.....	Meriter Hospital, Inc.	Ownership.....	33.330	UPH	.. NO.....	
			27-1081808				Center for Healthcare Education and Simulation, Inc.	.. WI.....	.. NIA.....	Meriter Hospital, Inc.	Ownership.....	33.330	UPH	.. NO.....	
			27-3496527				Generations Fertility Care, Inc.	.. WI.....	.. NIA.....	Meriter Hospital, Inc.	Ownership.....	33.330	UPH	.. NO.....	
4870		95341	39-1565691				Quartz Health Insurance Corporation	.. WI.....	.. NIA.....	Quartz Holding Company	Ownership.....	100.000	UPH	.. NO.....	
			42-1489697				Mississippi Valley Sleep Disorder Center, L.C.	.. IA.....	.. NIA.....	Trinity Medical Center	Ownership.....	51.000	UPH	.. NO.....	
			45-4699315				Medical Environmental Recovery, Inc.	.. WI.....	.. NIA.....	Madison Environmental Resourcing, Inc	Ownership.....	100.000	UPH	.. NO.....	
			42-0733463				Black Hawk-Grundy Mental Health Center, Inc.	.. IA.....	.. NIA.....	Allen Health Systems, Inc.	Ownership.....	100.000	UPH	.. NO.....	
		15888	32-0484314				HealthPartners UnityPoint Health, Inc.	.. IA.....	.. NIA.....	UPH	Ownership.....	50.000	UPH	.. NO.....	
			47-5453680				North Ankeny Medical Park, L.L.C.	.. IA.....	.. NIA.....	Central Iowa Hospital Corporation	Ownership.....	25.330	UPH	.. NO.....	
			47-3564984				UPHT-SCA Holdings, LLC	.. DE.....	.. NIA.....	Trinity Medical Center	Ownership.....	51.000	UPH	.. NO.....	
			42-1429641				Mississippi Medical Plaza, L.C.	.. IA.....	.. NIA.....	UPHT-SCA Holdings, LLC	Ownership.....	51.390	UPH	.. NO.....	

STATEMENT AS OF MARCH 31, 2024 OF THE HealthPartners UnityPoint Health, Inc.

SCHEDULE Y
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			81-0872241				UnityPoint Health at Work Trinity College of Nursing & Health Sciences	IA	NIA	Iowa Physicians Clinic Medical Foundation	Ownership	100.000	UPH	NO	
			81-0994377					IL	NIA	Trinity Medical Center	Ownership	100.000	UPH	NO	
			81-5034179				UnityPoint Health - Marshalltown	IA	NIA	Allen Health Systems, Inc.	Ownership	100.000	UPH	NO	
			46-3262602				Madison Rehabilitation Hospital, LLC	WI	NIA	Meriter Hospital, Inc.	Ownership	19.000	UPH	NO	
			42-1045257				Abbe Center For Community Mental Health, Inc.	IA	NIA	AbbeHealth, Inc.	Ownership	100.000	UPH	NO	
			42-1373123				AbbeHealth, Inc.	IA	NIA	St. Luke's Healthcare	Ownership	100.000	UPH	NO	
			23-7085316				Aging Services, Inc.	IA	NIA	AbbeHealth, Inc.	Ownership	100.000	UPH	NO	
			81-5031103				Yunker Rehabilitation Therapy Services, LLC	IA	NIA	Central Iowa Hospital Corporation	Ownership	100.000	UPH	NO	
			42-1361755				Abbe Management Corporation	IA	NIA	AbbeHealth, Inc.	Ownership	100.000	UPH	NO	
			39-1177562				HCP Corporation	WI	NIA	Meriter Hospital, Inc.	Ownership	100.000	UPH	NO	
			42-1134273				Center for Alcohol and Drug Services, Inc.	IA	NIA	The Robert Young Center for Community Mental Health	Ownership	100.000	UPH	NO	
			82-1846069				Top of the World Ranch - Milan, L.L.C. Series 1	IL	NIA	The Robert Young Center for Community Mental Health	Ownership	49.000	UPH	NO	
			82-1854077				Top of the World Ranch - Milan, L.L.C. Series 2	IL	NIA	Mental Health	Ownership	49.000	UPH	NO	
4870			39-1807071				Quartz Holding Company	WI	NIA	UPH	Ownership	16.020	UPH	NO	
			45-2633920				Quartz Health Plan Corporation	WI	NIA	UPH	Ownership	14.260	UPH	NO	
			46-5710709				Quartz Health Plan MN Corporation	MN	NIA	Quartz Health Plan Corporation	Ownership	100.000	UPH	NO	
			39-1450766				Quartz Health Solutions, Inc. (f/k/a SPWI TPA, Inc.)	WI	NIA	Quartz Holding Company	Ownership	100.000	UPH	NO	
4870			42-0942273				Quartz Health Benefit Plans Corporation (f/k/a Unity Health Plans Insurance Corporation)	WI	NIA	Quartz Health Insurance Corporation	Ownership	100.000	UPH	NO	
			42-1436490				Eyerly-Ball Community Mental Health Services	IA	NIA	Central Iowa Health System	Ownership	100.000	UPH	NO	
			42-0933383				Health Advantage Plus, Inc.	IA	NIA	Grinnell Regional Medical Center	Ownership	100.000	UPH	NO	
			42-1454737				Grinnell Regional Medical Center	IA	NIA	Central Iowa Health System	Ownership	100.000	UPH	NO	
			36-4799633				Grinnell Regional Medical Center Foundation	IA	NIA	Grinnell Regional Medical Center	Ownership	100.000	UPH	NO	
			83-1281114				Central Iowa Physio, LLC	IA	NIA	UnityPoint Health-Marshalltown	Ownership	50.000	UPH	NO	
			83-2074985				Ankeny Medical Park Surgery Center, L.C.	IA	NIA	Central Iowa Hospital Corporation	Ownership	45.000	UPH	NO	
			83-1720113				Unitypoint Broadlawn Psychiatry Education Foundation	IA	NIA	Central Iowa Health System	Ownership	50.000	UPH	NO	
			45-2224777				United Medical Park ASC, LLC	IA	NIA	Allen Memorial Hospital Corporation	Ownership	58.000	UPH	NO	
			27-3955535				Honeyman Dialysis, LLC	DE	NIA	St. Luke's Methodist Hospital	Ownership	5.000	UPH	NO	
			26-4589328				PCI Regional Medical Mall, LLC	IA	NIA	St. Luke's Methodsit Hospital	Ownership	10.000	UPH	NO	
			27-5406624				HealthNet Connect, L.C.	IA	NIA	UPH	Ownership	36.400	UPH	NO	
			02-0738699				Davis Dialysis, LLC	DE	NIA	Northwest Iowa Hospital Corporation	Ownership	5.000	UPH	NO	
			82-1118502				Rural Health Alliance, LLC	MN	NIA	Grinnell Regional Medical Center	Ownership	6.660	UPH	NO	
			82-3442909				Legacy Senior Housing Investors, LLC	IA	NIA	Central Iowa Hospital Corporation	Ownership	11.890	UPH	NO	
			81-4644959				Pathware, Inc.	DE	NIA	UPH	Ownership	27.690	UPH	NO	
			47-3885665				Kaizen Health, Inc.	DE	NIA	UPH	Ownership	21.500	UPH	NO	
			46-4594972				b.well Connected Health Inc.	MD	NIA	UPH	Ownership	6.350	UPH	NO	
			20-3348862				Bright.md Inc.	OR	NIA	UPH	Ownership	5.920	UPH	NO	
			42-1466719				Vida Diagnostics Inc.	IA	NIA	UPH	Ownership	13.010	UPH	NO	
			82-1941000				Grinnell Private Investment Co., LLC	IA	NIA	Health Advantage Plus, Inc.	Ownership	23.200	UPH	NO	
							Health Velocity Capital I, LP	CA	NIA	UPH	Ownership	5.620	UPH	NO	

STATEMENT AS OF MARCH 31, 2024 OF THE HealthPartners UnityPoint Health, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
			85-1990451 .. 27-3820391 ..				Eastern Iowa Sleep Supply, LLC .....	.. IA.....	.....NIA.....	UnityPoint at Home	Ownership.....	51.000	UPH .....	.. NO.....	
							BHC, L.C. ....	.. IA.....	.....NIA.....	UPH	Ownership.....	100.000	UPH .....	.. NO.....	
			84-3864099 .. 82-5327208 .. 37-1850807 ..				The Quad Cities Rehabilitation Institute, LLC .....	.. DE.....	.....NIA.....	Trinity Medical Center	Ownership.....	50.000	UPH .....	.. NO.....	
							CCRC of West Des Moines, LLC .....	.. IA.....	.....NIA.....	Central Iowa Hospital Corporation	Ownership.....	47.510	UPH .....	.. NO.....	
			30-0811749 .. 27-3999686 ..				SEI Global Private Assets IV, LP .....	.. PA.....	.....NIA.....	UPH	Ownership.....	12.580	UPH .....	.. NO.....	
							SEI Global Private Assets III, LP .....	.. PA.....	.....NIA.....	UPH	Ownership.....	28.410	UPH .....	.. NO.....	
			30-0867768 .. 27-4355527 ..				SEI Core Property Fund, LP .....	.. PA.....	.....NIA.....	UPH	Ownership.....	6.600	UPH .....	.. NO.....	
							SEI Energy Debt Fund, LP .....	.. PA.....	.....NIA.....	UPH	Ownership.....	21.630	UPH .....	.. NO.....	
			87-3455481 .. 81-5313244 ..				Heritage Healthcare Innovation Fund, LP .....	.. TN.....	.....NIA.....	UPH	Ownership.....	4.790	UPH .....	.. NO.....	
							Up Fit, LLC .....	.. IA.....	.....NIA.....	Allen Memorial Hospital Corporation	Ownership.....	25.000	UPH .....	.. NO.....	
			84-3075305 .. 37-1874135 ..				DocStation, Inc. ....	.. DE.....	.....NIA.....	UPH	Ownership.....	14.580	UPH .....	.. NO.....	
							Proluent Health, Inc. ....	.. DE.....	.....NIA.....	UPH	Ownership.....	8.980	UPH .....	.. NO.....	
			42-1439662 .. 85-0877059 ..				TailorMed Medical Ltd. ....	.. ISR.....	.....NIA.....	UPH	Ownership.....	5.120	UPH .....	.. NO.....	
							Amity Fellowserve - Iowa, Inc. ....	.. IA.....	.....NIA.....	Allen Memorial Hospital Corporation	Ownership.....	49.000	UPH .....	.. NO.....	
			47-5087387 .. 46-3578999 ..				Cardiosense, Inc. ....	.. DE.....	.....NIA.....	UPH	Ownership.....	6.810	UPH .....	.. NO.....	
							Healthsnap, Inc. ....	.. DE.....	.....NIA.....	UPH	Ownership.....	5.370	UPH .....	.. NO.....	
							RxRevu, Inc. ....	.. DE.....	.....NIA.....	UPH	Ownership.....	3.750	UPH .....	.. NO.....	

Asterisk	Explanation
1	HealthPartners Unity Point Health, Inc. is equally owned and controlled by its two corporate members - HealthPartners, Inc. and Iowa Health System d/b/a Unity Point Health.
2	This entity "directly controls" its subsidiary or affiliate through its right to name and/or approve certain of the Board members and its subsidiary or affiliate and through reserved powers (approval rights) respecting significant decisions of the Board of its subsidiary or affiliate.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

AUGUST FILING

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

1.

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

NONE

Schedule A - Verification - Real Estate

NONE

Schedule B - Verification - Mortgage Loans

NONE

Schedule BA - Verification - Other Long-Term Invested Assets

NONE

Schedule D - Verification - Bonds and Stock

NONE

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

NONE

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

NONE

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

NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	32,161,861	9,967,651
2. Cost of cash equivalents acquired	49,461,196	115,159,545
3. Accrual of discount		0
4. Unrealized valuation increase/(decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	54,110,625	92,965,335
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	27,512,432	32,161,861
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	27,512,432	32,161,861

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

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

N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

N O N E

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

N O N E

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

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
JP MORGAN – CASH ACCOUNTS PAYABLE MINNEAPOLIS, MN					(4,641,016)	(4,276,948)	0	.XXX.
JP MORGAN – GENERAL OPERATING MINNEAPOLIS, MN					8,987,817	(868,663)	(644,865)	.XXX.
JP MORGAN – LAWSON CHECK CLEARING MINNEAPOLIS, MN					44,038	41,867	(8,333)	.XXX.
CASH MEMBERSHIP BMO MINNEAPOLIS, MN					620,812	629,159	39,297	.XXX.
JP MORGAN – CASH SELF INSURED MINNEAPOLIS, MN					(645,175)	(1,203,031)	(948,412)	.XXX.
JP MORGAN – CASH LEVEL FUNDED MINNEAPOLIS, MN					44,501	51,426	56,017	.XXX.
JP MORGAN – CASH LEVEL FUNDED TRUST MINNEAPOLIS, MN					106,389	105,739	100,643	.XXX.
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	4,517,366	(5,520,451)	(1,405,653)	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	4,517,366	(5,520,451)	(1,405,653)	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
.....								
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	0	0	4,517,366	(5,520,451)	(1,405,653)	XXX

