



# HEALTH QUARTERLY STATEMENT

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

## HealthPartners UnityPoint Health, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

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

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

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

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

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

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

Internet Website Address www.HealthPartnersunitypointhealth.com

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

### OFFICERS

President Rebecca A. Woody Treasurer Sharilyn A. Campbell  
Secretary Vacant

### OTHER

Jim Eppel, Chair Dan Carpenter, Vice Chair

### DIRECTORS OR TRUSTEES

Dan Carpenter Jim Eppel Megan Romine  
Mallory McKinney Sharilyn Campbell Pat Courneya

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

Vacant  
Secretary

Sharilyn A. Campbell  
Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022

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 appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

STATEMENT AS OF JUNE 30, 2022 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 (\$ .....(3,488,268) ), cash equivalents (\$ .....13,253,367 ) and short-term investments (\$ ..... ) .....	9,765,099		9,765,099	8,226,084
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) .....	9,765,099	0	9,765,099	8,226,084
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	14,730		14,730	107
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,362,173		1,362,173	474,907
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 .....	244,984		244,984	1,016,568
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 .....	4,592,641		4,592,641	2,844,523
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	1,023,175		1,023,175	1,895,433
24. Health care (\$ .....3,684,000 ) and other amounts receivable .....	23,288,876		23,288,876	18,131,989
25. Aggregate write-ins for other than invested assets .....	613,200	613,200	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	40,904,878	613,200	40,291,678	32,589,611
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	40,904,878	613,200	40,291,678	32,589,611
<b>DETAILS OF WRITE-INS</b>				
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 broker commissions .....	613,200	613,200	0	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	613,200	613,200	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	9,878,500		9,878,500	7,708,800
2. Accrued medical incentive pool and bonus amounts .....	63,998		63,998	7,116
3. Unpaid claims adjustment expenses .....	224,500		224,500	175,200
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 .....	1,444,728		1,444,728	1,442,072
9. General expenses due or accrued .....	10,796,016		10,796,016	10,697,616
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 .....	2,727,791		2,727,791	1,647,335
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	25,135,533	0	25,135,533	21,678,139
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	49,000,000	44,000,000
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	(613,200)	(72,126)
31. Unassigned funds (surplus) .....	XXX	XXX	(34,230,655)	(34,016,402)
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	15,156,145	10,911,472
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	40,291,678	32,589,611
<b>DETAILS OF WRITE-INS</b>				
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. Change in Prepaid Expenses .....	XXX	XXX	(613,200)	(72,126)
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	(613,200)	(72,126)

**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	88,980	72,086	144,226
2. Net premium income ( including \$ non-health premium income)	XXX	57,716,452	39,750,074	80,664,049
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	57,716,452	39,750,074	80,664,049
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits		44,863,462	34,313,613	71,415,254
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		7,022,890	5,208,355	10,418,533
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		4,899	3,095	1,276,953
16. Subtotal (Lines 9 to 15)	0	51,891,251	39,525,063	83,110,740
<b>Less:</b>				
17. Net reinsurance recoveries		244,985		1,016,568
18. Total hospital and medical (Lines 16 minus 17)	0	51,646,266	39,525,063	82,094,172
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 1,154,516 cost containment expenses		2,349,786	2,077,578	4,121,117
21. General administrative expenses		3,931,590	2,540,432	4,856,907
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	57,927,642	44,143,073	91,072,196
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(211,190)	(4,392,999)	(10,408,147)
25. Net investment income earned		(3,063)	(41,314)	(85,795)
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	(3,063)	(41,314)	(85,795)
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	(214,253)	(4,434,313)	(10,493,942)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	(214,253)	(4,434,313)	(10,493,942)
<b>DETAILS OF WRITE-INS</b>				
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
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	10,911,472	7,477,540	7,477,540
34. Net income or (loss) from Line 32.....	(214,253)	(4,434,313)	(10,493,942)
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.....	(541,074)	(60,014)	(72,126)
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.....	5,000,000	0	14,000,000
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	4,244,673	(4,494,327)	3,433,932
49. Capital and surplus end of reporting period (Line 33 plus 48)	15,156,145	2,983,213	10,911,472
<b>DETAILS OF WRITE-INS</b>			
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 JUNE 30, 2022 OF THE HealthPartners UnityPoint Health, Inc.

**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 .....	56,831,842	39,741,981	80,537,889
2. Net investment income .....	(17,686)	(41,237)	(85,562)
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	56,814,156	39,700,744	80,452,327
5. Benefit and loss related payments .....	50,415,100	40,783,907	83,235,892
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	6,801,338	3,723,460	7,284,889
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) .....	57,216,438	44,507,367	90,520,781
11. Net cash from operations (Line 4 minus Line 10) .....	(402,282)	(4,806,623)	(10,068,454)
<b>Cash from Investments</b>			
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
<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 .....	5,000,000	0	14,000,000
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) .....	(3,058,703)	1,209,473	(6,115,742)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	1,941,297	1,209,473	7,884,258
<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) .....	1,539,015	(3,597,150)	(2,184,196)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	8,226,084	10,410,280	10,410,280
19.2 End of period (Line 18 plus Line 19.1) .....	9,765,099	6,813,130	8,226,084

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

--	--	--	--

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year .....	12,154	0	8,853	0	0	0	0	3,301	0	0
2. First Quarter .....	14,794	0	8,166	0	0	0	0	6,628	0	0
3. Second Quarter .....	15,144		8,087					7,057		
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	88,980		48,617					40,363		
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	82,962		28,223					54,739		
8. Non-Physician .....	19,840		5,312					14,528		
9. Total	102,802	0	33,535	0	0	0	0	69,267	0	0
10. Hospital Patient Days Incurred	4,469		570					3,899		
11. Number of Inpatient Admissions	491		148					343		
12. Health Premiums Written (a) .....	58,098,736		27,075,418					31,023,318		
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	58,098,736		27,075,418					31,023,318		
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services.....	49,721,551		24,280,763					25,440,788		
18. Amount Incurred for Provision of Health Care Services	51,891,251		23,807,163					28,084,088		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....31,023,318



## 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) .....	5,006,357	20,212,923	165,000	4,740,400	5,171,357	5,379,000
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 .....	1,870,557	26,010,283	123,000	4,850,100	1,993,557	2,329,800
7. Title XIX - Medicaid .....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	6,876,914	46,223,206	288,000	9,590,500	7,164,914	7,708,800
10. Healthcare receivables (a) .....	1,866,253	1,817,747			1,866,253	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	3,564		59,099	4,899	62,663	7,116
13. Totals (Lines 9-10+11+12)	5,014,225	44,405,459	347,099	9,595,399	5,361,324	7,715,916

(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 #	6/30/2022	12/31/2021
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 4)				\$ (214,253)	\$ (10,493,942)
(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>\$ (214,253)</u>	<u>\$ (10,493,942)</u>
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)				\$ 15,156,145	\$ 10,911,472
(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>\$ 15,156,145</u>	<u>\$ 10,911,472</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	\$ 5,259,717	\$ 5,255,460	\$ 4,257	\$ -	\$ 5,259,717	12.858%	13.054%
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%
<b>o. Total Restricted Assets</b>	<b>\$ 5,259,717</b>	<b>\$ 5,255,460</b>	<b>\$ 4,257</b>	<b>\$ -</b>	<b>\$ 5,259,717</b>	<b>12.858%</b>	<b>13.054%</b>

(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 - None**

**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 June 30, 2022 and December 31, 2021, the Company reported \$1,023,175 and \$1,895,433, 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. Changes in balances of gross paid in and contributed surplus funds from the prior year are due to a \$5 million capital contribution in May which included \$2.5 million from HealthPartners, Inc. and \$2.5 million from UnityPoint Health.

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 June 30, 2022 and December 31, 2021:

	2022	2021
a. Net reimbursement for administrative expenses (including administrative fees) in excess of or (under) actual expenses	\$ (84,811)	\$ 379,698
b. Total net other income or expenses (including interest paid to or received from plans)	\$ (337)	\$ (12,337)
c. Net gain or (loss) from operations	\$ (85,148)	\$ 367,361
d. Total claim payment volume	\$ 157,289,231	\$ 298,517,754

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 June 30, 2022, 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 [ ] No [X]

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

Amount

## a. Permanent ACA Risk Adjustment Program

## Assets

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

\$ -

## Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment

\$ -

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)

\$ -

## Operations (Revenue &amp; 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 &amp; 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 &amp; Expense)

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

\$ -

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

\$ -

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

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

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

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

Reserves for claims attributable to the events of prior years have decreased from \$7,708,800 at December 31, 2021 to \$7,164,914 at June 30, 2022.

## 26. Intercompany Pooling Arrangements

None

## 27. Structured Settlements

None

## 28. Health Care Receivables

## A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
6/30/2022	\$ 3,684	\$ 1,918	\$ 3,297	0	0
3/31/2022	\$ 3,252	\$ 1,715	\$ 1,561	0	0
12/31/2021	\$ 1,917	\$ 1,216	\$ 2,238	0	0
9/30/2021	\$ 2,790	\$ 1,322	\$ 2,201	0	0
6/30/2021	\$ 2,595	\$ 1,323	\$ 1,924	0	0
3/31/2021	\$ 2,395	\$ 681	\$ 1,927	0	0
12/31/2020	\$ 419	\$ 976	\$ 142	0	0
9/30/2020	\$ 108	\$ 1,099	\$ 916	0	0
6/30/2020	\$ -	\$ 1,002	\$ 833	0	0
3/31/2020	\$ -	\$ 735	\$ 745	0	0

## B. Risk-Sharing Receivables - None

## 29. Participating Policies - None

None

## 30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

\$0

2. Date of the most recent evaluation of this liability

06/30/2022

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. .... 12/31/2019
- 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). .... 06/09/2021
- 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: ..... \$ 1,023,175

**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<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>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 [  ] 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 [  ]
- 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 [  ] 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 [  ] 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 [  ] 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 [  ]

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 [  ]

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 [  ]

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent .....91.5 %
  - 1.2 A&H cost containment percent .....2.0 %
  - 1.3 A&H expense percent excluding cost containment expenses .....8.9 %
- 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
<b>NONE</b>									

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

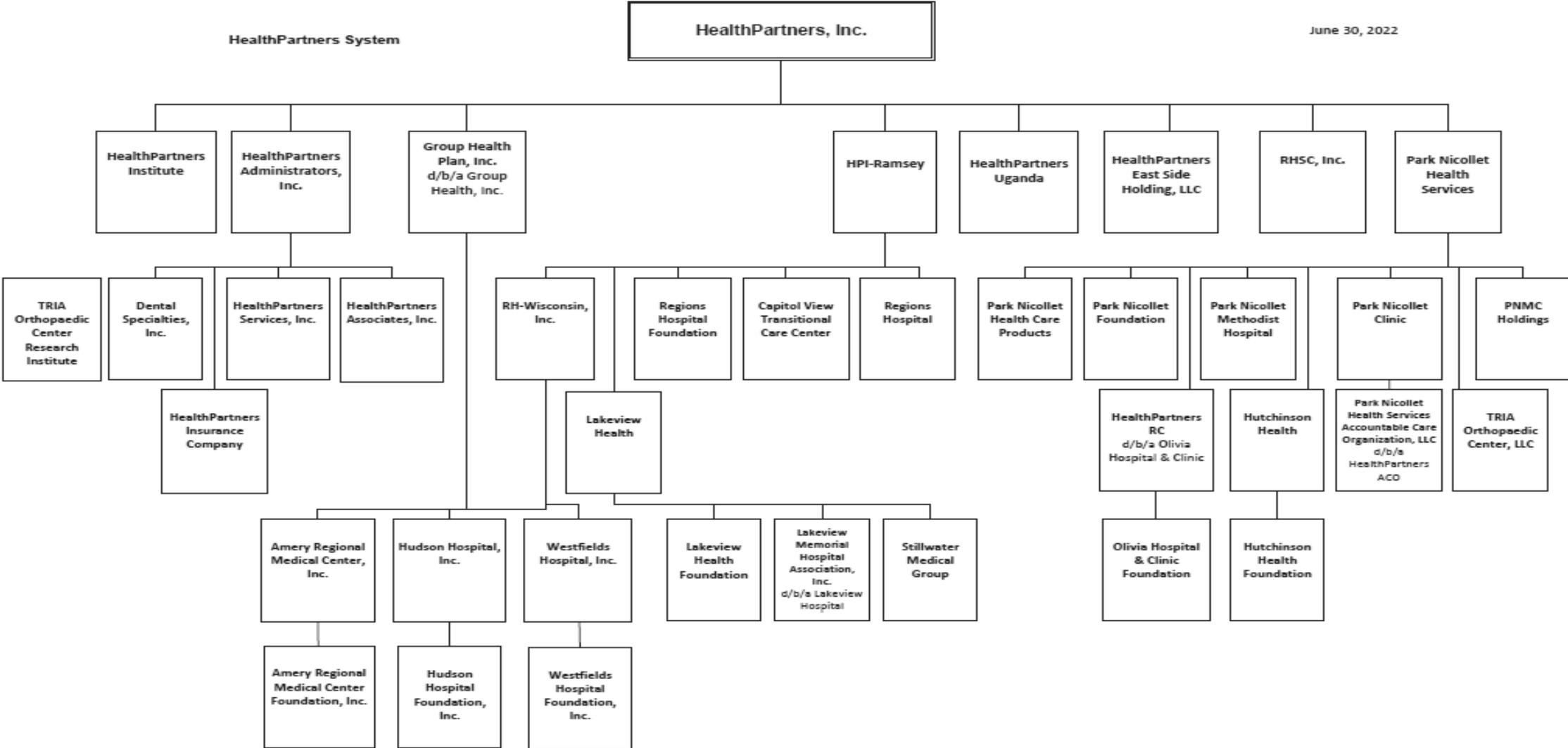
Current Year to Date - Allocated by States and Territories

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		4,600,677							4,600,677
15. Indiana IN	N									0
16. Iowa IA	L	27,075,417	26,422,641							53,498,058
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	27,075,417	31,023,318	0	0	0	0	0	58,098,735	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX								0	
61. Totals (Direct Business)	XXX	27,075,417	31,023,318	0	0	0	0	0	58,098,735	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

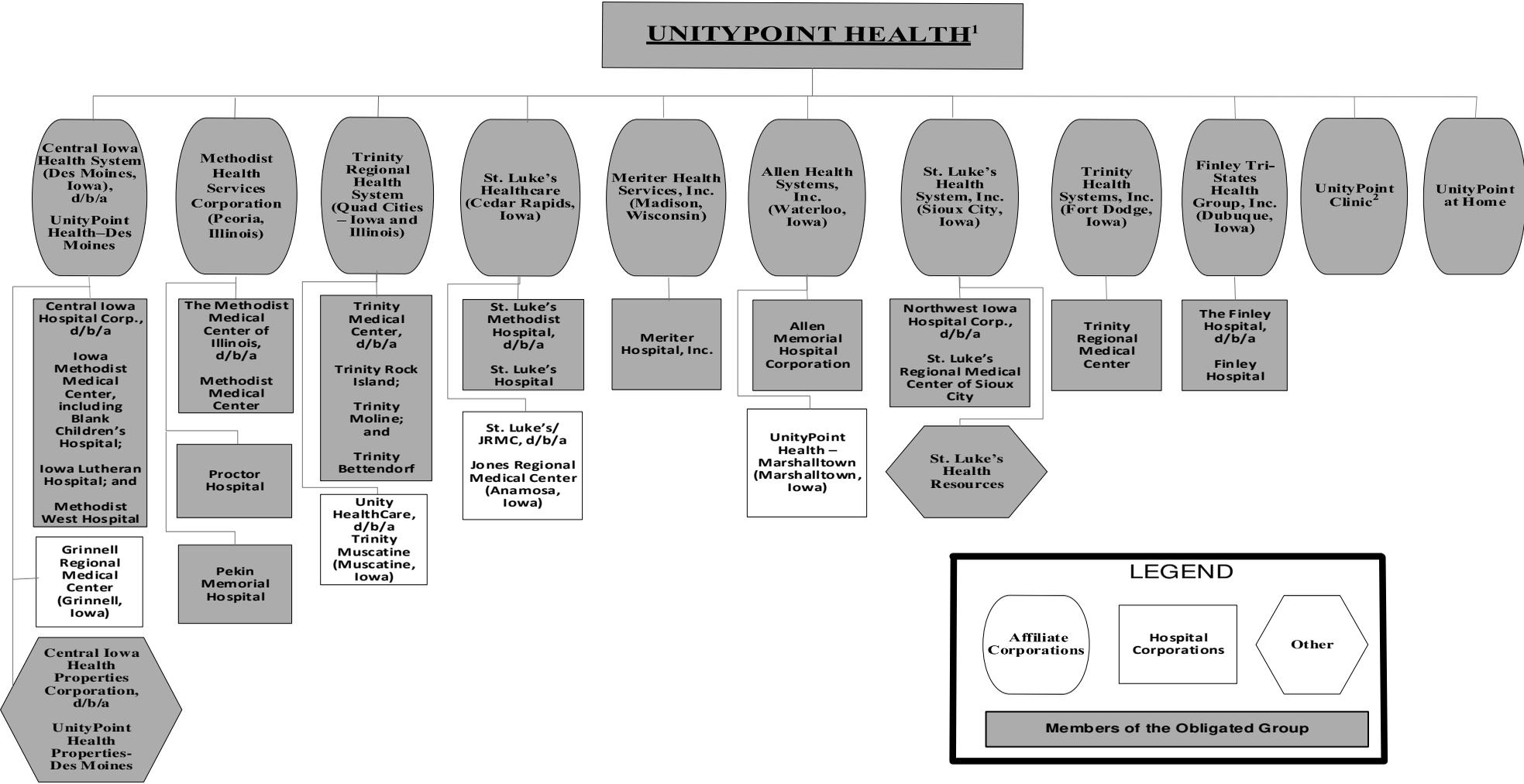
(a) Active Status Counts:

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

STATEMENT AS OF JUNE 30, 2022 OF THE HealthPartners UnityPoint Health, Inc.



STATEMENT AS OF JUNE 30, 2022 OF THE HealthPartners UnityPoint Health, Inc.



15.1

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

<sup>2</sup> 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 JUNE 30, 2022 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				Amy Regional Medical Center Foundation, Inc.	WI	NIA	Amy Regional Medical Center, Inc.	Board/Reserve		HealthPartners, Inc.	NO	3
			39-0908320				Amy Regional Medical Center, Inc.	WI	NIA	RH-Wisconsin and Group Health Plan, Inc.	Board/Reserve		HealthPartners, Inc.	NO	1
			41-2011453				Capitol View Transitional Care Center	MN	NIA	HPI-Ramsey	Board/Reserve		HealthPartners, Inc.	NO	3
			45-1297583				Dental Specialties, Inc.	MN	NIA	HealthPartners Administrators, Inc.	Board/Reserve		HealthPartners, Inc.	NO	3
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					NO	
			41-1670163				HealthPartners Institute	MN	NIA	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	NO	3
			84-1715908				Hutchinson Health	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	3
			36-3317820				Hutchinson Health Foundation	MN	NIA	Hutchinson Health	Board/Reserve		HealthPartners, Inc.	NO	3
1258	HealthPartners GRP	15888	32-0484314				HealthPartners UnityPoint Health, Inc.	IA	IA	HealthPartners, Inc.	Ownership	50.000	HealthPartners, Inc.	NO	2
			41-1793333				HPI-Ramsey	MN	NIA	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	NO	3
			39-1279567				Hudson Hospital Foundation	WI	NIA	Hudson Hospital, Inc.	Board/Reserve		HealthPartners, Inc.	NO	3
			39-0804125				Hudson Hospital, Inc.	WI	NIA	RH-Wisconsin and Group Health Plan, Inc.	Board/Reserve		HealthPartners, Inc.	NO	1
			41-0811697				Lakeview Memorial Hospital Association, Inc.	MN	NIA					NO	3
			41-1386635				Lakeview Health Foundation	MN	NIA	Stillwater Health System	Board/Reserve		HealthPartners, Inc.	NO	3
			41-0834920				Park Nicollet Clinic	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	3
			41-1656735				Park Nicollet Enterprises	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	3
			23-7346465				Park Nicollet Foundation	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	3
			01-0638901				Park Nicollet Health Care Products	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	3
			36-3465840				Park Nicollet Health Services	MN	NIA	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	NO	3
			41-0132080				Park Nicollet Methodist Hospital	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	3
			27-0684883				Care Organization, LLC	MN	NIA	Park Nicollet Health Services	Member		HealthPartners, Inc.	NO	3
			41-1741792				Physicians Neck & Back Clinics	MN	NIA	Group Health Plan, Inc.	Board/Reserve		HealthPartners, Inc.	NO	3
			41-0956618				PNMC Holdings	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	3
			41-1888902				Regions Hospital	MN	NIA	HPI-Ramsey	Board/Reserve		HealthPartners, Inc.	NO	3
			41-1891928				Regions Hospital Foundation	MN	NIA	HPI-Ramsey	Board/Reserve		HealthPartners, Inc.	NO	3
			20-2287016				RHSC, Inc.	MN	NIA	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	NO	3
			30-0221189				RH-Wisconsin, Inc.	WI	NIA	HPI-Ramsey	Board/Reserve		HealthPartners, Inc.	NO	3
			83-0379473				Lakeview Health	MN	NIA	HPI-Ramsey	Board/Reserve		HealthPartners, Inc.	NO	3
			20-0034003				Stillwater Medical Group	MN	NIA	Stillwater Health System	Board/Reserve		HealthPartners, Inc.	NO	3
			20-0033919				TRIA Orthopaedic Center, LLC	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	3
			39-1770913				TRIA Orthopaedic Research Institute	MN	NIA		Board		HealthPartners, Inc.	NO	3
			39-0808442				HealthPartners Uganda	USA	NIA	HealthPartners, Inc.	Board/Reserve		HealthPartners, Inc.	NO	3
			84-4261122				Westfields Hospital Foundation, Inc.	WI	NIA	Westfields Hospital, Inc.	Board/Reserve		HealthPartners, Inc.	NO	3
			41-1839619				Westfields Hospital, Inc.	WI	NIA	RH-Wisconsin and Group Health Plan, Inc.	Board/Reserve		HealthPartners, Inc.	NO	1
							HealthPartners RC	MN	NIA	Park Nicollet Health Services	Board/Reserve		HealthPartners, Inc.	NO	3
							Olivia Hospital & Clinic Foundation	MN	NIA	HealthPartners RC	Board/Reserve		HealthPartners, Inc.	NO	3
			42-1435199				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				HNo Services, Inc.	IA	NIA	UPH	Ownership	100.000	UPH	NO	

STATEMENT AS OF JUNE 30, 2022 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	
			37-1111135				Methodist Health Services Corporation	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	
			45-2871609				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	
			27-3625869				Central Iowa Cardiovascular Co-Management Co., LLC	IA	NIA	Central Iowa Hospital Corporation	Ownership	20.000	UPH	NO	
			45-3017991				Central Iowa Oncology Co-Management Company	IA	NIA	Central Iowa Hospital Corporation	Ownership	20.000	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	
			27-1414600				West Hospital Orthopedic Co-Management Company, LLC	IA	NIA	Central Iowa Hospital Corporation	Ownership	20.000	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	58.770	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	

STATEMENT AS OF JUNE 30, 2022 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)	*
			42-1009175				Trinity Regional Medical Center	IA	NIA	Trinity Health Systems, Inc.	Ownership	100.000	UPH	NO	
			42-6081474				Trinity Regional Hospital Auxiliary	IA	NIA	Trinity Regional Medical Center	Ownership	100.000	UPH	NO	
			37-1140939				Methodist Health Ventures, Inc.	IL	NIA	Methodist Health Services Corporation	Ownership	100.000	UPH	NO	
			37-1223550				Provider Resource Management, Inc.	IL	NIA	Methodist Health Services Corporation	Ownership	100.000	UPH	NO	
			51-0186460				The Methodist Medical Center Foundation	IL	NIA	Methodist Health Services Corporation	Ownership	100.000	UPH	NO	
			37-0661223				The Methodist Medical Center of Illinois	IL	NIA	Methodist Health Services Corporation	Ownership	100.000	UPH	NO	
			37-1111134				Methodist Services, Inc.	IL	NIA	Methodist Health Services Corporation	Ownership	100.000	UPH	NO	
			20-5430137				Optimum Health Solutions, Inc.	IL	NIA	Methodist Health Ventures, Inc.	Ownership	100.000	UPH	NO	
			37-1387622				Renal Intervention Center, L.L.C.	IL	NIA	Methodist Health Ventures, Inc.	Ownership	15.000	UPH	NO	
			26-1128108				Central Illinois Cancer Care Center, L.L.C.	IL	NIA	The Methodist Medical Center of Illinois	Ownership	100.000	UPH	NO	
			20-8243285				Central Illinois Endoscopy Center, LLC	IL	NIA	The Methodist Medical Center of Illinois	Ownership	49.000	UPH	NO	
			56-2584132				Central Illinois Work Injury Resource Center, LLC	IL	NIA	The Methodist Medical Center of Illinois	Ownership	49.000	UPH	NO	
			81-0584193				Rehabilitation Therapy Services, L.L.C.	IL	NIA	The Methodist Medical Center of Illinois	Ownership	60.000	UPH	NO	
			36-4147437				Proctor Health Systems	IL	NIA	Methodist Health Services Corporation	Ownership	100.000	UPH	NO	
			37-0681540				Proctor Hospital	IL	NIA	Methodist Health Services Corporation	Ownership	100.000	UPH	NO	
			37-1295532				Health Plus, Inc.	IL	NIA	Methodist Health Services Corporation	Ownership	100.000	UPH	NO	
			37-1196307				Belcrest Services, Ltd.	IL	NIA	Methodist Health Services Corporation	Ownership	100.000	UPH	NO	
			36-3510390				Hult Center for Healthy Living, Inc.	IL	NIA	Proctor Hospital	Ownership	100.000	UPH	NO	
			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	Mental Health	Ownership	100.000	UPH	NO	
			36-4140096				Precedence Plus	IL	NIA	Precedence, Inc.	Ownership	50.000	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	50.000	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	
			42-1225667				Human Services, Inc.	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	

STATEMENT AS OF JUNE 30, 2022 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)	*
4870		95341	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	
			39-1565691				Quartz Health Insurance Corporation	WI	NIA	Quartz Holding Company	Ownership	100.000	UPH	NO	
			47-1608704				Central Iowa Surgical Services Co-Management Company, LLC	IA	NIA	Central Iowa Hospital Corporation	Ownership	26.700	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	
			32-0484314	15888			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	28.010	UPH	NO	
			81-0872241				UnityPoint Health at Work	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			81-0994377				Trinity College of Nursing & Health Sciences	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	
			81-4609769				UnityPoint Health Junction Medical, LLC	IL	NIA	Methodist Health Ventures, Inc.	Ownership	100.000	UPH	NO	
			36-4053068				Home Health Plus Services, Inc.	IL	NIA	Methodist Health Ventures, 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	
			37-1178386				Park Court, Limited	IL	NIA	Methodist Health Services Corporation	Ownership	100.000	UPH	NO	
			37-0692351				Pekin Memorial Hospital	IL	NIA	Methodist Health Services Corporation	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	
			37-117052				Pekin ProHealth Inc.	IL	NIA	Methodist Health Services Corporation	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	The Robert Young Center for Community Mental Health	Ownership	49.000	UPH	NO	
			42-1134273				Quartz Holding Company	WI	NIA	UPH	Ownership	16.020	UPH	NO	
			39-1807071				Quartz Health Plan Corporation	WI	NIA	UPH	Ownership	14.260	UPH	NO	
			45-2633920				Quartz Health Plan MN Corporation	MN	NIA	Quartz Health Plan Corporation	Ownership	100.000	UPH	NO	
			46-5710709				Quartz Health Solutions, Inc. (f/k/a SPWI TPA, Inc.)	WI	NIA	Quartz Holding Company	Ownership	100.000	UPH	NO	
			4870				Quartz Health Benefit Plans Corporation (f/k/a Unity Health Plans Insurance Corporation)	WI	NIA	Quartz Health Insurance Corporation	Ownership	100.000	UPH	NO	
			42-0942273				Eyerly-Ball Community Mental Health Services	IA	NIA	Central Iowa Health System	Ownership	100.000	UPH	NO	
			42-1436490				Health Advantage Plus, Inc.	IA	NIA	Grinnell Regional Medical Center	Ownership	100.000	UPH	NO	

STATEMENT AS OF JUNE 30, 2022 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)	*
			42-0933383				Grinnell Regional Medical Center	IA	NIA	Central Iowa Health System	Ownership	100.000	UPH	NO	
			42-1454737				Grinnell Regional Medical Center Foundation	IA	NIA	Grinnell Regional Medical Center	Ownership	100.000	UPH	NO	
			36-4799633				Central Iowa Physio, LLC	IA	NIA	UnityPoint Health-Marshalltown	Ownership	50.000	UPH	NO	
			83-1281114				Ankeny Medical Park Surgery Center, L.C.	IA	NIA	Central Iowa Hospital Corporation	Ownership	45.000	UPH	NO	
			83-2074985				Unitypoint Broadlawn Psychiatry Education Foundation	IA	NIA	Central Iowa Health System	Ownership	50.000	UPH	NO	
			83-1720113				United Medical Park ASC, LLC	IA	NIA	Allen Memorial Hospital Corporation	Ownership	58.000	UPH	NO	
			83-4051901				UnityPoint Health-UnityPlace	IL	NIA	Methodist Health Services Corporation	Ownership	100.000	UPH	NO	
			45-2224777				Honeyman Dialysis, LLC	DE	NIA	St. Luke's Methodist Hospital	Ownership	5.000	UPH	NO	
			27-3955535				PCI Regional Medical Mall, LLC	IA	NIA	St. Luke's Methodist Hospital	Ownership	10.000	UPH	NO	
			26-4589328				HealthNet Connect, L.C.	IA	NIA	UPH	Ownership	36.400	UPH	NO	
			27-5406624				Davis Dialysis, LLC	DE	NIA	Northwest Iowa Hospital Corporation	Ownership	5.000	UPH	NO	
			02-0738699				Rural Health Alliance, LLC	MN	NIA	Grinnell Regional Medical Center	Ownership	6.660	UPH	NO	
			82-1118502				Legacy Senior Housing Investors, LLC	IA	NIA	Central Iowa Hospital Corporation	Ownership	11.890	UPH	NO	
			37-1004882				Human Service Center	IL	NIA	UnityPoint Health-UnityPlace	Ownership	100.000	UPH	NO	
			26-1755679				Prairie View Villas No. 1	IL	NIA	Tazwood Mental Health Center, Inc.	Ownership	100.000	UPH	NO	
			37-1278969				Tazwood Mental Health Center, Inc.	IL	NIA	UnityPoint Health-UnityPlace	Ownership	100.000	UPH	NO	
			82-3442909				Pathware, Inc.	DE	NIA	UPH	Ownership	22.500	UPH	NO	
			81-4644959				Kaizen Health, Inc.	DE	NIA	UPH	Ownership	19.400	UPH	NO	
			47-3885665				b.well Connected Health Inc.	MD	NIA	UPH	Ownership	6.350	UPH	NO	
			46-4594972				Bright.md Inc.	OR	NIA	UPH	Ownership	5.920	UPH	NO	
			20-3348862				Vida Diagnostics Inc.	IA	NIA	UPH	Ownership	12.700	UPH	NO	
			42-1466719				Grinnell Private Investment Co., LLC	IA	NIA	Health Advantage Plus, Inc.	Ownership	23.200	UPH	NO	
			82-1941000				Health Velocity Capital I, LP	CA	NIA	UPH	Ownership	6.030	UPH	NO	
			85-1990451				Eastern Iowa Sleep Supply, LLC	IA	NIA	UnityPoint at Home	Ownership	51.000	UPH	NO	
			27-3820391				BHC, L.C.	IA	NIA	UPH	Ownership	100.000	UPH	NO	
			84-3864099				The Quad Cities Rehabilitation Institute, LLC	DE	NIA	Trinity Medical Center	Ownership	50.000	UPH	NO	
			23-7075505				Grinnell Regional Medical Center Auxiliary	IA	NIA	Grinnell Regional Medical Center	Ownership	100.000	UPH	NO	
			82-5327208				CCRC of West Des Moines, LLC	IA	NIA	Central Iowa Hospital Corporation	Ownership	47.510	UPH	NO	
			37-1850807				SEI Global Private Assets IV, LP	PA	NIA	UPH	Ownership	12.580	UPH	NO	
			30-0811749				SEI Global Private Assets III, LP	PA	NIA	UPH	Ownership	28.400	UPH	NO	
			27-3999686				SEI Core Property Fund, LP	PA	NIA	UPH	Ownership	6.220	UPH	NO	
			30-0867768				SEI Energy Debt Fund, LP	PA	NIA	UPH	Ownership	22.910	UPH	NO	
			27-4355527				Heritage Healthcare Innovation Fund, LP	TN	NIA	UPH	Ownership	5.080	UPH	NO	
			87-3455481				Up Fit, LLC	IA	NIA	Allen Memorial Hospital Corporation	Ownership	25.000	UPH	NO	
			81-5313244				DocStation, Inc.	DE	NIA	UPH	Ownership	14.580	UPH	NO	
			84-3075305				Prolucent Health, Inc.	DE	NIA	UPH	Ownership	7.700	UPH	NO	
			37-1874135				TailorMed Medical Ltd.	ISR	NIA	UPH	Ownership	5.120	UPH	NO	
			42-1439662				Amity Fellowserve - Iowa, Inc.	IA	NIA	Allen Memorial Hospital Corporation	Ownership	45.490	UPH	NO	

Asterisk	Explanation
1	This corporation has two corporate members (RH-Wisconsin and Group Health Plan, Inc.) with each corporate member having certain rights respecting Board representation and reserve powers. This entity also "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.
2	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.
3	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. ....	NO
--	----

Explanation:

- 1.
- 2.

Bar Code:

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



2. Communication of Internal Control Related Matters Noted in Audit (2nd Quarter Only) [Document Identifier 222]



Overflow Page for Write-ins

**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 .....	7,588,263	10,156,057
2. Cost of cash equivalents acquired .....	32,270,740	68,367,632
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....	26,605,636	70,935,426
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) .....	13,253,367	7,588,263
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	13,253,367	7,588,263

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**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**



STATEMENT AS OF JUNE 30, 2022 OF THE HealthPartners UnityPoint Health, 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 and Accrued	9 Amount Received During Year
0109999999	Total - U.S. Government Bonds					0	0	0
0309999999	Total - All Other Government Bonds					0	0	0
0509999999	Total - U.S. States, Territories and Possessions Bonds					0	0	0
0709999999	Total - U.S. Political Subdivisions Bonds					0	0	0
0909999999	Total - U.S. Special Revenues Bonds					0	0	0
1109999999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	0	0
1309999999	Total - Hybrid Securities					0	0	0
1509999999	Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
1909999999	Subtotal - Unaffiliated Bank Loans					0	0	0
2419999999	Total - Issuer Obligations					0	0	0
2429999999	Total - Residential Mortgage-Backed Securities					0	0	0
2439999999	Total - Commercial Mortgage-Backed Securities					0	0	0
2449999999	Total - Other Loan-Backed and Structured Securities					0	0	0
2459999999	Total - SVO Identified Funds					0	0	0
2469999999	Total - Affiliated Bank Loans					0	0	0
2479999999	Total - Unaffiliated Bank Loans					0	0	0
2509999999	Total Bonds					0	0	0
94975P-40-5	Wells Fargo Government CL I MMF		12/31/2021			7,993,650	14,730	8,899
VP4560-00-0	WF Govt MM FD-Instl		12/31/2021			5,259,717	0	3,576
8209999999	Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO					13,253,367	14,730	12,475
8609999999	Total Cash Equivalents					13,253,367	14,730	12,475