



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2019
OF THE CONDITION AND AFFAIRS OF THE
Quartz Health Insurance Corporation

NAIC Group Code 4870 , 4870 NAIC Company Code 95341 Employer's ID Number 39-1565691
(Current Period) (Prior Period)

Organized under the Laws of Wisconsin , State of Domicile or Port of Entry WI

Country of Domicile United States of America

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

Incorporated/Organized 07/17/1986 Commenced Business 10/03/1986

Statutory Home Office 2650 Novation Parkway , Madison, WI, US 53713
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 840 Carolina Street
(Street and Number)

Sauk City, WI, US 53583 (608)643-2491
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 840 Carolina Street , Sauk City, WI, US 53583
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 840 Carolina Street
(Street and Number)

Sauk City, WI, US 53583 (608)643-2491
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.QuartzBenefits.com

Statutory Statement Contact Austin Olliff Kennedy (608)471-4784
(Name) (Area Code)(Telephone Number)(Extension)

Austin.Kennedy@quartzbenefits.com (608)643-2564
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title
Terry Robert Bolz	President & CEO
Gary John Lenth MD	CMO and Executive VP
Kyle Paul Brua	Senior Vice President & Chief Actuary
James Lee Hiveley	Vice President, CFO and Treasurer
Kristie Sue Meier	Assistant Secretary
Christine Catherine Senty	General Counsel, VP and Secretary

OTHERS

DIRECTORS OR TRUSTEES

Gerald Earl Arndt	Michael Ernest Dallman
Michael James Dolan MD	Heidi Marie Eglash
William James Farrell	Robert Wayne Flannery
Virginia Lynn Graves	Kevin Richard Hauser
Alan Scott Kaplan MD	Gerald Richard Kember
John Charles Sickels	

State of Wisconsin
 County of Dane ss

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

_____ (Signature) Terry Robert Bolz _____ (Printed Name) 1. President & CEO _____ (Title)	_____ (Signature) James Lee Hiveley _____ (Printed Name) 2. Vice President, CFO and Treasurer _____ (Title)	_____ (Signature) Christine Senty _____ (Printed Name) 3. General Counsel, VP and Secretary _____ (Title)
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Subscribed and sworn to before me this
12 day of November , 2019

- a. Is this an original filing?
 b. If no, 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes[X] No[]

 (Notary Public Signature)

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	1,548,246		1,548,246	1,547,892
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	106,518,518		106,518,518	82,603,074
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....4,384,573), cash equivalents (\$.....581,797) and short-term investments (\$.....0)	4,966,369		4,966,369	44,125,145
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	113,033,133		113,033,133	128,276,111
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	15,262		15,262	25,060
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	402,489	2,176	400,313	2,212,488
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....125,252) and contracts subject to redetermination (\$.....0)	125,252		125,252	254,559
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				493
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	343,005		343,005	146,420
18.2 Net deferred tax asset	1,875,710		1,875,710	
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)	3,163	3,163		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	849	849		
24. Health care (\$.....11,753) and other amounts receivable	42,650	30,897	11,753	2,224,267
25. Aggregate write-ins for other-than-invested assets	41,503	31,703	9,800	
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	115,883,016	68,788	115,814,228	133,139,398
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	115,883,016	68,788	115,814,228	133,139,398
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Expenses	31,703	31,703		
2502. State Income Tax Recoverable	9,800		9,800	
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	41,503	31,703	9,800	

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	1,262,086	70,072	1,332,158	28,553,980
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	6,266		6,266	515,782
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	37,756		37,756	515,523
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	140,163		140,163	620,178
9. General expenses due or accrued	19,206		19,206	784,401
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	94,549		94,549	1,976,378
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)	46,812		46,812	72,215
24. Total liabilities (Lines 1 to 23)	1,606,838	70,072	1,676,910	33,038,457
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X	3,448,400	3,448,400
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	135,371,200	135,371,200
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(24,682,282)	(38,718,659)
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.20 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	114,137,318	100,100,941
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	115,814,228	133,139,398
DETAILS OF WRITE-INS				
2301. State Income Tax Payable				10,175
2302. Escheat Payable	46,812		46,812	62,040
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	46,812		46,812	72,215
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

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	X X X	12,578	379,855	488,458
2. Net premium income (including \$.....0 non-health premium income)	X X X	3,089,017	149,813,842	192,955,214
3. Change in unearned premium reserves and reserves for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X	8,040	2,829	4,901
7. Aggregate write-ins for other non-health revenues	X X X	423,187		
8. Total revenues (Lines 2 to 7)	X X X	3,520,244	149,816,671	192,960,115
Hospital and Medical:				
9. Hospital/medical benefits	70,928	1,348,446	102,250,347	133,566,101
10. Other professional services	1,819	34,591	2,606,046	3,401,798
11. Outside referrals				
12. Emergency room and out-of-area	5,004	95,125	7,166,626	9,354,946
13. Prescription drugs		251,392	18,279,276	23,767,081
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	77,751	1,729,554	130,302,295	170,089,926
Less:				
17. Net reinsurance recoveries		259	306,433	306,433
18. Total hospital and medical (Lines 16 minus 17)	77,751	1,729,295	129,995,862	169,783,493
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....496,729 cost containment expenses		560,520	3,570,919	4,763,519
21. General administrative expenses		1,249,011	14,932,489	18,328,013
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			(1,980,249)	(3,800,000)
23. Total underwriting deductions (Lines 18 through 22)	77,751	3,538,826	146,519,021	189,075,025
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(18,582)	3,297,650	3,885,090
25. Net investment income earned		89,207	587,132	652,128
26. Net realized capital gains (losses) less capital gains tax of \$.....0			(26,156)	(960,836)
27. Net investment gains or (losses) (Lines 25 plus 26)		89,207	560,976	(308,708)
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....(30,215))]		(30,215)	(10,879)	34,276
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	40,410	3,847,747	3,610,658
31. Federal and foreign income taxes incurred	X X X	(163,309)	765,818	848,580
32. Net income (loss) (Lines 30 minus 31)	X X X	203,719	3,081,929	2,762,078
DETAILS OF WRITE-INS				
0601. THIRD PARTY RECOVERIES	X X X			4,901
0602. OTHER INCOME	X X X	8,040	2,829	
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	8,040	2,829	4,901
0701. Gain on Sale of Assets	X X X	423,187		
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X	423,187		
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	100,100,943	77,369,616	77,369,616
34. Net income or (loss) from Line 32	203,719	3,081,929	2,762,078
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	11,915,440	(1,040,369)	2,793,125
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	1,875,710	(114,614)	
39. Change in nonadmitted assets	41,506	261,238	439,861
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in		15,765,000	15,765,000
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		971,265	971,263
48. Net change in capital and surplus (Lines 34 to 47)	14,036,375	18,924,449	22,731,327
49. Capital and surplus end of reporting period (Line 33 plus 48)	114,137,318	96,294,065	100,100,943
DETAILS OF WRITE-INS			
4701. IMPAIRMENT ON INTANGIBLE ASSET			971,263
4702. CORRECTION OF ERROR IN PREVIOUSLY FILED STATEMENT		971,265	
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		971,265	971,263

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	4,073,352	146,569,127	184,636,006
2. Net investment income	76,757	698,707	989,811
3. Miscellaneous income	434,614	2,829	4,901
4. TOTAL (Lines 1 to 3)	4,584,723	147,270,663	185,630,718
5. Benefit and loss related payments	26,768,083	133,188,995	167,705,057
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	4,959,449	20,438,570	24,992,879
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	33,276	992,246	936,232
10. TOTAL (Lines 5 through 9)	31,760,808	154,619,811	193,634,168
11. Net cash from operations (Line 4 minus Line 10)	(27,176,085)	(7,349,148)	(8,003,450)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		7,399,454	33,963,629
12.2 Stocks			142
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets		50,000	50,000
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds		4,639	
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)		7,454,093	34,013,771
13. Cost of investments acquired (long-term only):			
13.1 Bonds		1,547,639	1,547,639
13.2 Stocks	12,000,000	19,315,000	19,315,000
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	15,795	840,565	971,264
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	12,015,795	21,703,204	21,833,903
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(12,015,795)	(14,249,111)	12,179,868
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock		15,765,000	15,765,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	33,105	4,775,260	6,907,617
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	33,105	20,540,260	22,672,617
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)	(39,158,775)	(1,057,999)	26,849,035
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	44,125,144	17,276,109	17,276,109
19.2 End of period (Line 18 plus Line 19.1)	4,966,369	16,218,110	44,125,144

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001	Line 12.6 includes transfer of Money Market funds to Cash Equivalents - sale from DA Part 1 to purchase on Schedule E Part 2			
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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							
Total Members at end of:										
1. Prior Year	35,461	968	22,278	1,392			1,802		9,021	
2. First Quarter	1,330	5		1,325						
3. Second Quarter	1,300			1,300						
4. Third Quarter	1,281			1,281						
5. Current Year										
6. Current Year Member Months	12,578	38	779	11,761						
Total Member Ambulatory Encounters for Period:										
7. Physician	5,382	14	333	4,964			71			
8. Non-Physician	5,464	14	273	5,111			66			
9. Total	10,846	28	606	10,075			137			
10. Hospital Patient Days Incurred	1,631		26	1,605						
11. Number of Inpatient Admissions	166		7	159						
12. Health Premiums Written (a)	3,089,230	(29,012)	657,857	2,478,847			(20,964)		2,502	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,089,230	(29,012)	657,857	2,478,847			(20,964)		2,502	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	26,768,837	1,625,699	24,121,042	1,747,383			(2,112,683)		1,387,396	
18. Amount Incurred for Provision of Health Care Services	1,729,554	(163,104)	(158,496)	2,321,704			(262,853)		(7,697)	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

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

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered	7,535	77	39	19	70	7,740
0399999 Aggregate Accounts Not Individually Listed - Covered	135,714	1,394	697	349	1,255	139,409
0499999 Subtotals	143,249	1,471	736	368	1,325	147,149
0599999 Unreported claims and other claim reserves						441,446
0699999 Total Amounts Withheld						743,563
0799999 Total Claims Unpaid						1,332,158
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)	25,377,181	369,300	41,550	50,217	25,418,731	28,083,703
2. Medicare Supplement	483,118	1,264,265	3,095	1,093,811	486,213	529,944
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan	(2,112,684)				(2,112,684)	(1,631,109)
6. Title XVIII - Medicare						
7. Title XIX - Medicaid	1,387,396		143,484		1,530,880	1,571,443
8. Other health						
9. Health subtotal (Lines 1 to 8)	25,135,011	1,633,565	188,129	1,144,028	25,323,140	28,553,981
10. Healthcare receivables (a)	41,726				41,726	2,224,267
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	25,093,285	1,633,565	188,129	1,144,028	25,281,414	26,329,714

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Quartz Health Insurance Corporation (“the Company”) are presented on the basis of accounting practices prescribed or permitted by the Office of the Commissioner of Insurance of the State of Wisconsin (OCI).

The OCI recognizes only statutory accounting practices prescribed or permitted by the State of Wisconsin for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Wisconsin Insurance Law. The National Association of Insurance Commissioners’ (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Wisconsin. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically, the nonadmission of receivables from affiliates and independent physicians associations (IPA). The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. If the Company had not used the above prescribed and permitted practice that differed from the NAIC basis of accounting, a risk based capital regulatory event would not have been triggered.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Wisconsin is shown below:

	SSAP #	F/S Page	F/S Line #	2019	2018
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$203,719	\$2,762,078
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2,3=4)	XXX	XXX	XXX	\$203,719	\$2,762,078
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$114,137,318	\$100,100,941
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
Non-admission of affiliate receivables	25	2	23	(\$849)	
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$114,138,167	\$100,100,941

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

C. Accounting Policy – No change

D. Going Concern

Management has evaluated the ability to continue as a going concern and has determined there is no substantial doubt regarding the entity’s ability to continue as a going concern. The entity’s conditions and events, considered in the aggregate indicate that it will be able to meet its obligations as they become due within one year after the date that the financial statements are issued.

2. Accounting Changes and Corrections of Errors – No change

3. Business Combinations and Goodwill – Not applicable

4. Discontinued Operations – Not applicable

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans – Not applicable

B. Debt Restructuring – Not applicable

C. Reverse Mortgages – Not applicable

D. Loan-Backed Securities – Not applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions – Not applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not applicable

H. Repurchase Agreements Transactions Accounted for as a Sale – Not applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – Not applicable

J. Real Estate – Not applicable

K. Low-Income Housing Tax Credits (LIHTC) – Not applicable

Notes to Financial Statement

- L. Restricted Assets – No change
- M. Working Capital Finance Investments – Not applicable
- N. Offsetting and Netting of Assets and Liabilities – Not applicable
- O. Structured Notes – Not applicable
- P. 5* Securities – Not applicable
- Q. Short Sales – Not applicable
- R. Prepayment Penalty and Acceleration Fees – Not applicable
- 6. Joint Ventures, Partnerships and Limited Liability Companies – No change**
- 7. Investment Income – No change**
- 8. Derivative Instruments – Not applicable**
- 9. Income Taxes – No change**
- 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**
- The Company made capital contributions to its subsidiary, Quartz Health Benefit Plans Corporation on February 28, 2019 and March 28, 2019, totaling \$12,000,000.
- The Company and its subsidiaries and affiliates have made name changes effective May 20, 2019. The changes are as follows:
 Quartz Health Plan Corporation (QHPC) – formerly Gundersen Health Plan
 Quartz Health Plan MN Corporation (QHPMC) – formerly Gundersen Health Plan Minnesota
 Quartz Health Benefit Plans Corporation (QHBPC) – formerly Unity Health Plans Insurance Corporation
 Quartz Health Insurance Corporation (QHIC) – formerly Physicians Plus Insurance Corporation
- 11. Debt – Not applicable**
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans. – Not applicable**
- 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations – No change**
- 14. Liabilities, Contingencies and Assessments – No change**
- 15. Leases – No Change**
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk – Not applicable**
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - Not applicable**
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans – No Change**
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – Not applicable**
- 20. Fair Value Measurements – No Change**
- A.
- (1) Fair Value Measurements at Reporting Date – None
 - (2) Fair Value Measurements in (Level 3) - of the Fair Value Hierarchy - None
 - (3) Policy for Recognizing Transfers Between Levels – Not applicable
 - (4) Valuation technique for fair value measurements within Level 2 and Level 3 of the fair value hierarchy - Not applicable
 - (5) Derivative Assets and Liabilities – Not applicable
- B. Other Fair Value Disclosures – Not applicable
- C. Aggregate fair value for all financial instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$1,614,418	\$1,548,248	\$0	\$1,614,418	\$0	\$0	\$0

Notes to Financial Statement

Common Stock	\$106,518,518	\$106,518,518	\$0	\$0	\$106,518,518	\$0	\$0
Short term/Cash Equivalents	\$581,796	\$581,796	\$0	\$581,796	\$0	\$0	\$0

D. Not Practicable to Estimate Fair Value – Not applicable

E. Investments measure using the NAV practical expedient – Not applicable

21. Other Items Plan

The Company has made a name change effective May 20, 2019 to Quartz Health Insurance Corporation (QHIC) from the former name Physicians Plus Insurance Corporation.

22. Events Subsequent Plans – No Change

Subsequent events have been considered through 11/11/2019 for the statutory statement issued on 11/15/2019.

23. Reinsurance – No Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. – D. No Change

E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

Yes

The Company had zero balances for the risk corridors program due to a lack of sufficient federal funding to cover the estimated recoverable amounts.

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

Description	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	\$125,252
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$33
3. Premium adjustments payable due to ACA Risk Adjustment	\$37,756
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$247,737
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$49
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$0
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$0
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$0
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$0
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$0
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$0
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$0
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$259
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	\$0
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$0
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$0
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$0

- (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.

Accrued During the Prior Year on Business Written	Received or Paid as of the Current Year on	Differences	Adjustments	Unsettled Balances as of the Reporting Date
---	--	-------------	-------------	---

Notes to Financial Statement

	Before December 31 of the Prior Year		Business Written Before December 31 of the Prior Year		Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 +8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$254,559	\$0	\$79,306	\$0	\$175,253	\$0	\$(50,001)	\$0	A	\$125,252	\$0
2. Premium adjustments payable	\$0	\$(515,523)	0	\$(198,379)	\$0	\$(317,144)	\$0	\$289,342	B	\$0	\$(27,802)
3. Subtotal ACA Permanent Risk Adjustment Program	\$254,559	\$(515,523)	\$79,306	\$(198,379)	\$175,253	\$(137,144)	\$(50,001)	\$289,342		\$125,252	\$(27,802)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$493	\$0	\$752	\$0	\$(259)	\$0	\$259	\$0	C	\$0	\$0
2. Amounts recoverable for claims unpaid (contra liability)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0
3. Amounts receivable relating to uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$0	\$0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	F	\$0	\$0
5. Ceded reinsurance premiums payable	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	G	\$0	\$0
6. Liability for amounts held under uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	H	\$0	\$0
7. Subtotal ACA Transitional Reinsurance Program	\$493	\$0	\$752	\$0	\$(259)	\$0	\$259	\$0		\$0	\$0
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	I	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	J	\$0	\$0
3. Subtotal ACA Risk Corridors Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
d. Total for ACA Risk Sharing Provisions	\$255,052	\$(515,523)	\$80,058	\$(198,379)	\$174,994	\$(317,144)	\$(49,742)	\$289,342		\$125,252	\$(27,802)

Explanation of Adjustments

A. Adjusted based on the CMS 2018 Final 2018 Risk Adjustment Report

B. Adjusted based on the CMS 2018 Final 2018 Risk Adjustment Report

C. Actual receipt more than expected.

D.

E.

F.

G.

H.

I.

J.

(4) Roll forward of risk corridors asset and liability balances by program benefit year

Risk Corridors Program Year	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		
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 +8)	
					5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	Ref	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	A	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	B	\$0	\$0
b. 2015											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0
c. 2016											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	F	\$0	\$0
d. Total for risk corridors	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0

Explanation of Adjustments

A.

B.

C.

D.

E.

F.

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Column 1 through 10 respectively)

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	(1) Estimated Amount to be Filed or Final Amount Filed with CMS	(2) Non-Accrued Amounts for Impairment or Other Reasons	(3) Amounts received from CMS	(4) Asset Balance (Gross of Non-admissions) (1-2-3)	(5) Non-admitted Amount	(6) Net Admitted Asset (4-5)
a. 2014	\$149,459	\$149,459	\$0	\$0	\$0	\$0

Notes to Financial Statement

b.	2015	\$0	\$0	\$0	\$0	\$0	\$0
c.	2016	\$464,542	\$464,542	\$0	\$0	\$0	\$0
d.	Total (a+b+c)	\$614,001	\$614,001	\$0	\$0	\$0	\$0

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Column 6) should equal 24E(2)c1

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims that were attributable to insured events of prior years decreased by \$1,048,000 in 2019 as a result of re-estimation of unpaid claims and claim adjustment expenses (see Underwriting and Investment Exhibit Part 2B on Page 11). The Company uses paid claims and completion factors based on historical payment patterns to estimate incurred claims. Changes in payment patterns and claims trends can result in changes to prior years' claims estimates. Original estimates were decreased as additional information became known regarding individual claims.

26. Intercompany Pooling Arrangements – Not applicable**27. Structured Settlements** – Not applicable**28. Health Care Receivables** – No change**29. Participating Policies** – Not applicable**30. Premium Deficiency Reserves** – No change**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[] N/A[X]

- 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[X] No[]
- 2.2 If yes, date of change: 07/09/2019

- 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]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[X] 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. 12/31/2017
- 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. 12/31/2017
- 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). 06/17/2019
- 6.4 By what department or departments?
Office of the Commissioner of Insurance of the State of Wisconsin
- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
		No	No	No	No

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

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

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

- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ 0

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

GENERAL INTERROGATORIES (Continued)

INVESTMENT

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		
14.22 Preferred Stock		
14.23 Common Stock	82,603,074	106,518,518
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	82,603,074	106,518,518
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[] No[X]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]
If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 16.3 Total payable for securities lending reported on the liability page \$ 0
17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank Institutional Trust and Custody	777 E Wisconsin Ave, Milwaukee, WI 53202

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[] No[X]
- 17.4 If yes, give full and complete information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- 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 for each self-designated PLGI security:

- The security was purchased prior to January 1, 2018 .
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

GENERAL INTERROGATORIES (Continued)

- 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]

GENERAL INTERROGATORIES

PART 2 - HEALTH

- | | |
|---|---------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent | 72.100% |
| 1.2 A&H cost containment percent | 16.100% |
| 1.3 A&H expense percent excluding cost containment expenses | 37.200% |
| 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. | \$..... 0 |
| 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. | \$..... 0 |
| 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[X] |

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 Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
16535	36-4233459	01/01/2019	ZURICH AMER INS CO	NY	SSL/A/I	Authorized		
16535	36-4233459	01/01/2019	ZURICH AMER INS CO	NY	SSL/A/I	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1.	State, Etc.	1 Active Status (a)	Direct Business Only							
			2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
2.	Alabama (AL)	N								
3.	Alaska (AK)	N								
4.	Arizona (AZ)	N								
5.	Arkansas (AR)	N								
6.	California (CA)	N								
7.	Colorado (CO)	N								
8.	Connecticut (CT)	N								
9.	Delaware (DE)	N								
10.	District of Columbia (DC)	N								
11.	Florida (FL)	N								
12.	Georgia (GA)	N								
13.	Hawaii (HI)	N								
14.	Idaho (ID)	N								
15.	Illinois (IL)	L								
16.	Indiana (IN)	N								
17.	Iowa (IA)	N								
18.	Kansas (KS)	N								
19.	Kentucky (KY)	N								
20.	Louisiana (LA)	N								
21.	Maine (ME)	N								
22.	Maryland (MD)	N								
23.	Massachusetts (MA)	N								
24.	Michigan (MI)	N								
25.	Minnesota (MN)	N								
26.	Mississippi (MS)	N								
27.	Missouri (MO)	N								
28.	Montana (MT)	N								
29.	Nebraska (NE)	N								
30.	Nevada (NV)	N								
31.	New Hampshire (NH)	N								
32.	New Jersey (NJ)	N								
33.	New Mexico (NM)	N								
34.	New York (NY)	N								
35.	North Carolina (NC)	N								
36.	North Dakota (ND)	N								
37.	Ohio (OH)	N								
38.	Oklahoma (OK)	N								
39.	Oregon (OR)	N								
40.	Pennsylvania (PA)	N								
41.	Rhode Island (RI)	N								
42.	South Carolina (SC)	N								
43.	South Dakota (SD)	N								
44.	Tennessee (TN)	N								
45.	Texas (TX)	N								
46.	Utah (UT)	N								
47.	Vermont (VT)	N								
48.	Virginia (VA)	N								
49.	Washington (WA)	N								
50.	West Virginia (WV)	N								
51.	Wisconsin (WI)	L	3,107,692		2,502	(20,964)			3,089,230	
52.	Wyoming (WY)	N								
53.	American Samoa (AS)	N								
54.	Guam (GU)	N								
55.	Puerto Rico (PR)	N								
56.	U.S. Virgin Islands (VI)	N								
57.	Northern Mariana Islands (MP)	N								
58.	Canada (CAN)	N								
59.	Aggregate other alien (OT)	X X X								
60.	Subtotal	X X X	3,107,692		2,502	(20,964)			3,089,230	
61.	Reporting entity contributions for Employee Benefit Plans	X X X	1,433						1,433	
62.	Total (Direct Business)	X X X	3,109,125		2,502	(20,964)			3,090,663	
DETAILS OF WRITE-INS										
58001.		X X X								
58002.		X X X								
58003.		X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG

E Eligible - Reporting entities eligible or approved to write surplus lines in the state

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

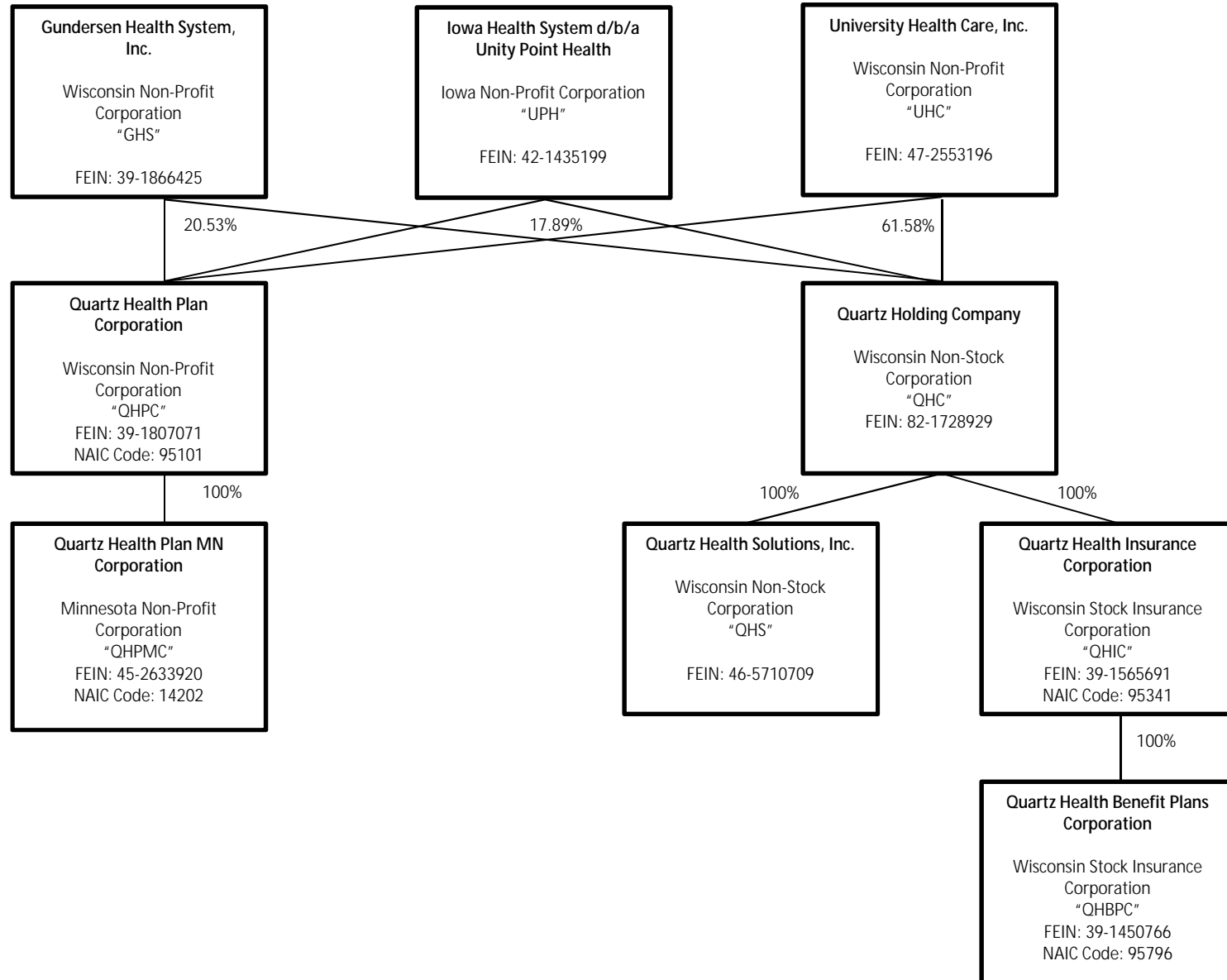
2

R Registered - Non-domiciled RRGs

Q Qualified - Qualified or accredited reinsurer

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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART
 2019 Organization Chart



Q15

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

016

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0487	University Health Care & Gundersen Luthe	00000	39-1866425				Gundersen Health System, Inc.	WI	UIP	Parent Entity			None	N	0000000
0487	University Health Care & Gundersen Luthe	00000	42-1435199				Iowa Health System dba UnityPoint Health	IA	UIP	Parent Entity			None	N	0000000
0487	University Health Care & Gundersen Luthe	00000	47-2553196				University Health Care, Inc.	WI	UIP	Parent Entity			None	N	0000000
0487	University Health Care & Gundersen Luthe	95101	39-1807071				Quartz Health Plan Corporation	WI	IA	Gundersen Health System, Inc.	Ownership	20.5	GHS/UPH/UHC	N	0000000
0487	University Health Care & Gundersen Luthe	95101	39-1807071				Quartz Health Plan Corporation	WI	IA	Iowa Health System dba UnityPoint Health	Ownership	17.9	GHS/UPH/UHC	N	0000000
0487	University Health Care & Gundersen Luthe	95101	39-1807071				Quartz Health Plan Corporation	WI	IA	University Health Care, Inc.	Ownership	61.6	GHS/UPH/UHC	N	0000000
0487	University Health Care & Gundersen Luthe	14202	45-2633920				Quartz Health Plan MN Corporation	MN	IA	Quartz Health Plan Corporation	Ownership	100.0	GHS/UPH/UHC	N	0000000
0487	University Health Care & Gundersen Luthe	00000	82-1728929				Quartz Holding Company	WI	UDP	Gundersen Health System, Inc.	Ownership	20.5	GHS/UPH/UHC	N	0000000
0487	University Health Care & Gundersen Luthe	00000	82-1728929				Quartz Holding Company	WI	UDP	Iowa Health System dba UnityPoint Health	Ownership	17.9	GHS/UPH/UHC	N	0000000
0487	University Health Care & Gundersen Luthe	00000	82-1728929				Quartz Holding Company	WI	UDP	University Health Care, Inc.	Ownership	61.6	GHS/UPH/UHC	N	0000000
0487	University Health Care & Gundersen Luthe	00000	46-5710709				Quartz Health Solutions, Inc fka SPWI TPA, Inc.	WI	NIA	Quartz Holding Company	Ownership	100.0	GHS/UPH/UHC	N	0000000
0487	University Health Care & Gundersen Luthe	95341	39-1565691				Quartz Health Insurance Corporation	WI	RE	Quartz Holding Company	Ownership	100.0	GHS/UPH/UHC	N	0000000
0487	University Health Care & Gundersen Luthe	95796	39-1450766				Quartz Health Benefit Plans Corporation	WI	DS	Quartz Health Insurance Corporation	Ownership	100.0	GHS/UPH/UHC	N	0000000
		00000												N	0000000
		00000												N	0000000

Asterisk	Explanation
0000001	

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



95341201936500003

2019

Document Code: 365

NONE

STATEMENT AS OF **September 30, 2019** OF THE **Quartz Health Insurance Corporation**
SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		50,000
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		130,701
6. Total gain (loss) on disposals		(130,701)
7. Deduct amounts received on disposals		50,000
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	84,150,962	94,549,209
2. Cost of bonds and stocks acquired	12,000,000	20,862,639
3. Accrual of discount	356	12,866
4. Unrealized valuation increase (decrease)	11,915,444	3,633,687
5. Total gain (loss) on disposals		(830,134)
6. Deduct consideration for bonds and stocks disposed of		33,963,771
7. Deduct amortization of premium		113,534
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	108,066,762	84,150,962
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	108,066,762	84,150,962

SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	1,548,128			120	1,548,009	1,548,128	1,548,248	1,547,892
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	1,548,128			120	1,548,009	1,548,128	1,548,248	1,547,892
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	1,548,128			120	1,548,009	1,548,128	1,548,248	1,547,892

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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SI03 Schedule DA Part 1 NONE

SI03 Schedule DA Verification NONE

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification 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	9,527,930	2,121,986
2.	Cost of cash equivalents acquired	91,967	33,498,774
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	9,038,100	26,092,830
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	581,797	9,527,930
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	581,797	9,527,930

E01 Schedule A Part 2	NONE
E01 Schedule A Part 3	NONE
E02 Schedule B Part 2	NONE
E02 Schedule B Part 3	NONE
E03 Schedule BA Part 2	NONE
E03 Schedule BA Part 3	NONE
E04 Schedule D Part 3	NONE
E05 Schedule D Part 4	NONE
E06 Schedule DB Part A Section 1	NONE
E07 Schedule DB Part B Section 1	NONE
E08 Schedule DB Part D Section 1	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10 Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E11 Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

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	
open depositories									
US Bank Physicians Plus Funding Account	Madison, WI		0.600	7,092		6,746,176	4,511,428	4,411,683	X X X
US Bank Physicians Plus Administrative ZBA Account	Madison, WI					(17,786)	(28,416)	(16,988)	X X X
US Bank Physicians Plus Claims ZBA Account	Madison, WI					(35,997)	(15,178)	(10,122)	X X X
0199998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		X X X	X X X						X X X
0199999 Totals - Open Depositories		X X X	X X X	7,092		6,692,393	4,467,834	4,384,573	X X X
0299998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		X X X	X X X						X X X
0299999 Totals - Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash On Deposit		X X X	X X X	7,092		6,692,393	4,467,834	4,384,573	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash		X X X	X X X	7,092		6,692,393	4,467,834	4,384,573	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Exempt Money Market Mutual Funds - as Identified by SVO								
31846V542	FIRST AMER TREASURY OBLIG-Z		09/04/2019	1.790	X X X	581,796	937	45,836
8599999	Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO					581,796	937	45,836
8899999	Total - Cash Equivalents					581,796	937	45,836

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