



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

NAIC Group Code 4870 , 4870 NAIC Company Code 95101 Employer's ID Number 39-1807071  
(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[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]  
 Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]  
 Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 03/13/1995 Commenced Business 09/01/1995

Statutory Home Office 2651 Midwest Dr. , Onalaska, WI, US 54650  
(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
Christine Catherine Senty	General Counsel, VP and Secretary
Kristie Sue Meier	Assistant Secretary

**OTHERS**

**DIRECTORS OR TRUSTEES**

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

State of Wisconsin  
 County of Sauk City 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 & Treasurer _____ (Title)	_____ (Signature) Christine Catherine Senty _____ (Printed Name) 3. General Counsel, VP and Secretary _____ (Title)
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 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 .....	4,503,927		4,503,927	6,016,497
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	3,897,818		3,897,818	2,725,403
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 (\$.....4,848,353), cash equivalents (\$.....34,876,804) and short-term investments (\$.....0) .....	39,725,158		39,725,158	28,995,654
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) .....	48,126,903		48,126,903	37,737,554
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	93,780		93,780	53,894
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	5,647,190	50,084	5,597,106	2,739,279
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 (\$.....0) and contracts subject to redetermination (\$.....2,675,849) .....	2,675,849		2,675,849	116,125
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....				59,967
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 .....	298,397		298,397	1,073,067
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				2,414,579
24. Health care (\$.....1,538,949) and other amounts receivable .....	1,538,949		1,538,949	1,202,149
25. Aggregate write-ins for other-than-invested assets .....	113,197	14,439	98,758	15,000
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	58,494,265	64,523	58,429,742	45,411,614
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	58,494,265	64,523	58,429,742	45,411,614
<b>DETAILS OF WRITE-INS</b>				
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 .....	14,439	14,439		
2502. State Income Tax Receivable .....	98,758		98,758	15,000
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	113,197	14,439	98,758	15,000

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	26,094,204	834,799	26,929,003	23,674,018
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....	906,679		906,679	992,563
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	203,274		203,274	648,625
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	649,910		649,910	982,674
9. General expenses due or accrued .....	53,196		53,196	266,082
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 .....	5,814,173		5,814,173	
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 .....	2,442,360		2,442,360	1,754,237
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....	207,350		207,350	138,777
24. Total liabilities (Lines 1 to 23) .....	36,371,146	834,799	37,205,945	28,456,976
25. Aggregate write-ins for special surplus funds .....	X X X	X X X		
26. Common capital stock .....	X X X	X X X		
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	14,409,750	14,409,750
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	6,814,047	2,544,888
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2 .....0 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	21,223,797	16,954,638
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	58,429,742	45,411,614
<b>DETAILS OF WRITE-INS</b>				
2301. Access Fees .....	40,006		40,006	30,577
2302. Escheat .....	114,741		114,741	108,200
2303. Other .....	52,603		52,603	
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	207,350		207,350	138,777
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	514,220	435,197	576,703
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	190,052,615	162,851,224	215,236,693
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			
7. Aggregate write-ins for other non-health revenues .....	X X X			
8. Total revenues (Lines 2 to 7) .....	X X X	190,052,615	162,851,224	215,236,693
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	5,203,796	167,864,385	138,204,457	186,988,265
10. Other professional services .....				
11. Outside referrals .....			2,087,192	2,381,598
12. Emergency room and out-of-area .....			941,384	1,113,886
13. Prescription drugs .....		7,376,230	8,591,978	9,729,089
14. Aggregate write-ins for other hospital and medical .....	24,299	783,841	2,371,782	3,010,563
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....	5,228,095	176,024,456	152,196,793	203,223,401
<b>Less:</b>				
17. Net reinsurance recoveries .....			117,029	117,763
18. Total hospital and medical (Lines 16 minus 17) .....	5,228,095	176,024,456	152,079,764	203,105,638
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....2,353,670 cost containment expenses .....		4,670,091	4,094,767	6,000,949
21. General administrative expenses .....		9,450,264	9,554,455	11,036,458
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....			(1,500,000)	(2,400,000)
23. Total underwriting deductions (Lines 18 through 22) .....	5,228,095	190,144,811	164,228,986	217,743,045
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	(92,196)	(1,377,762)	(2,506,352)
25. Net investment income earned .....		609,383	335,536	450,973
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		609,383	335,536	450,973
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29. Aggregate write-ins for other income or expenses .....				75
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	517,187	(1,042,226)	(2,055,304)
31. Federal and foreign income taxes incurred .....	X X X			
32. Net income (loss) (Lines 30 minus 31) .....	X X X	517,187	(1,042,226)	(2,055,304)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	X X X			
0602. ....	X X X			
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			
0701. ....	X X X			
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			
1401. Other Medical .....	24,299	783,841	2,371,782	3,010,563
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) .....	24,299	783,841	2,371,782	3,010,563
2901. Other Income .....				75
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) .....				75

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

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	16,954,638	21,798,530	21,798,530
34. Net income or (loss) from Line 32 .....	517,187	(1,042,226)	(2,055,304)
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 .....	172,412	(37,168)	(225,582)
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	3,579,560	4,359	(2,563,006)
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 .....			
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 .....			
48. Net change in capital and surplus (Lines 34 to 47) .....	4,269,159	(1,075,035)	(4,843,892)
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	21,223,797	20,723,495	16,954,638
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			

**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 .....	183,822,539	155,193,600	209,224,094
2. Net investment income .....	582,066	292,325	456,808
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	184,404,605	155,485,925	209,680,902
5. Benefit and loss related payments .....	161,218,768	125,248,355	177,948,893
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	12,956,333	12,370,416	17,049,723
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			
10. TOTAL (Lines 5 through 9) .....	174,175,101	137,618,771	194,998,616
11. Net cash from operations (Line 4 minus Line 10) .....	10,229,504	17,867,154	14,682,286
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	1,500,000	1,500,000	3,000,000
12.2 Stocks .....			
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....			225,582
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	1,500,000	1,500,000	3,225,582
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....			499,605
13.2 Stocks .....	1,000,000		1,000,000
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	1,000,000		1,499,605
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) .....	500,000	1,500,000	1,725,977
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			
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) .....		3,785,654	(1,888,852)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....		3,785,654	(1,888,852)
<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) .....	10,729,504	23,152,808	14,519,411
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	28,995,655	14,476,244	14,476,244
19.2 End of period (Line 18 plus Line 19.1) .....	39,725,159	37,629,052	28,995,655

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

20.0001				
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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 .....	46,952		91	1,971				15,937	28,953	
2. First Quarter .....	57,380	730	401	1,871				16,611	37,767	
3. Second Quarter .....	57,150	717	425	1,855				16,688	37,465	
4. Third Quarter .....	56,713	689	436	1,825				16,783	36,980	
5. Current Year .....										
6. Current Year Member Months .....	514,220	6,293	3,684	16,671				150,023	337,549	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	244,897	1,614	1,144	9,113				91,903	141,123	
8. Non-Physician .....	284,241	1,404	885	15,142				155,193	111,617	
9. Total .....	529,138	3,018	2,029	24,255				247,096	252,740	
10. Hospital Patient Days Incurred .....	27,955	216	45	1,206				18,275	8,213	
11. Number of Inpatient Admissions .....	4,761	24	14	136				2,289	2,298	
12. Health Premiums Written (a) .....	190,406,261	6,845,912	819,997	3,185,573				124,487,837	55,066,942	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	190,406,261	6,845,912	819,997	3,185,573				124,487,837	55,066,942	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	171,474,215	2,832,884	1,186,561	2,879,997				112,058,607	52,516,166	
18. Amount Incurred for Provision of Health Care Services .....	176,024,456	6,273,735	688,792	2,714,507				114,926,293	51,421,129	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....124,487,837.

**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 .....	121,902	1,252	626	313	1,127	125,220
0399999 Aggregate Accounts Not Individually Listed - Covered .....	3,810,406	39,141	19,571	9,785	35,227	3,914,130
0499999 Subtotals .....	3,932,308	40,393	20,197	10,098	36,354	4,039,350
0599999 Unreported claims and other claim reserves .....						22,889,653
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						26,929,003
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) .....	(421,380)	4,440,825	541	711,686	(420,839)	21,807
2. Medicare Supplement .....	655,409	2,224,588	4,625	551,437	660,034	649,434
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....	11,472,110	100,586,497	27,505	17,531,381	11,499,615	17,942,715
7. Title XIX - Medicaid .....	8,073,576	44,442,590	53,480	8,048,348	8,127,056	5,060,062
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	19,779,715	151,694,500	86,151	26,842,852	19,865,866	23,674,018
10. Healthcare receivables (a) .....		1,032,362				2,327,618
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9 - 10 + 11 + 12) .....	19,779,715	150,662,138	86,151	26,842,852	19,865,866	21,346,400

(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 Plan Corporation (“the Plan”) are presented on a basis of accounting practices prescribed or permitted by the Wisconsin Office of the Commissioner of Insurance (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 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. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Plan’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
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$517,187	(\$2,055,304)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:					
(3) State Permitted Practices that increase/(decrease) NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$517,187	(\$2,055,304)
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$21,223,797	\$16,954,638
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: Non-admission of affiliate receivables	25	2	23		(\$1,995,605)
(7) State Permitted Practices that increase/(decrease) NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$21,223,797	\$18,950,243

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 (or within one year after the date that the financial statements are available to be issued when applicable).

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

L. Restricted Assets – No change

## Notes to Financial Statement

- 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** – Not applicable
- 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** – No change except for the following items: The Plan made a \$1,000,000 capital contribution to its 100% owned insurance subsidiary, Quartz Health Plan MN Corporation in August of 2019.
- The Plan and its affiliates and subsidiary had name changes effective May 20, 2019 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** – Not applicable
- 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** – Not applicable
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators** – Not applicable
- 20. Fair Value Measurements**  
 A. - D. – Not Applicable.

Types	Fair Value	Admitted	Level 1	Level 2	Level 3	Not Practicable
US GOVT Bond	2,494,045	2,502,541		2,494,045		
FHLB Bond	2,005,225	2,001,387		2,005,225		
Total	4,499,270	4,503,928		4,499,270		

- 21. Other Items** –  
 The Plan had a name change from formerly Gundersen Health Plan (GHP) to Quartz Health Plan Corporation (QHPC) effective May 20, 2019.

Not applicable

- 22. Events Subsequent** –  
 Subsequent events have been considered through 11/12/2019 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 (ACA)

## Notes to Financial Statement

(1)

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

YES

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

Description	Amount
<b>a. Permanent ACA Risk Adjustment Program</b>	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	2,675,849
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	1,167
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	202,107
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	1,771,106
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	2,138
<b>b. Transitional ACA Reinsurance Program</b>	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	
5. Ceded reinsurance premiums payable due to ACA Reinsurance	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	
9. ACA Reinsurance contributions – not reported as ceded premium	
<b>c. Temporary ACA Risk Corridors Program</b>	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

	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)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
<b>a. Permanent ACA Risk Adjustment Program</b>											
1. Premium adjustments receivable (including high risk pool payments)	116,125				116,125		2,559,724		A	2,675,849	
2. Premium adjustments (payable) (including high risk pool premium)		(648,625)		(1,235,136)		586,511		(586,511)	B		0
3. Subtotal ACA Permanent Risk Adjustment Program	116,125	(648,625)		(1,235,136)	116,125	586,511	2,559,724	(586,511)		2,675,849	0
<b>b. Transitional ACA Reinsurance Program</b>											
1. Amounts recoverable for claims paid	11,611		20,773		(9,162)		9,162		C		
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium									F		
5. Ceded reinsurance premiums payable									G		
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program	11,611		20,773		(9,162)		9,162				

## Notes to Financial Statement

c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium										I	
2. Reserve for rate credits or policy experience rating refunds										J	
3. Subtotal ACA Risk Corridors Program											
d. Total for ACA Risk Sharing Provisions	127,736	(648,625)	20,773	(1,235,136)	106,963	586,511	2,568,886	(586,511)		2,675,849	0

**Explanation of Adjustments**

- A. From RADV adjustment report
- B. Adjusted based on the 2018 Final ACA RA 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		Ref	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)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium									A		
2. Reserve for rate credits or policy experience rating refunds									B		
b. 2015											
1. Accrued retrospective premium									C		
2. Reserve for rate credits or policy experience rating refunds									D		
c. 2016											
1. Accrued retrospective premium									E		
2. Reserve for rate credits or policy experience rating refunds									F		
d. Total for risk corridors											

**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	2,180,301	1,837,560	342,741			
b. 2015	4,495,012	4,495,012				
c. 2016	11,664,976	11,664,976				
d. Total (a+b+c)	18,340,289	17,997,548	342,741			

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 \$1,480,534 in 2019 as a result of re-estimation of unpaid claims and claim adjustment expenses (see Underwriting and Investment Exhibit on Page Q9). The Plan 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 could change also 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**

## Notes to Financial Statement

### 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?  
 State of Wisconsin Office of the Commissioner of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] 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 .....	2,725,403	3,897,818
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) .....	2,725,403	3,897,818
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	2,725,403	3,897,818

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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for 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.



## **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  | ..... 93.857% |
| 1.2 A&H cost containment percent  | ..... 1.238%  |
| 1.3 A&H expense percent excluding cost containment expenses   | ..... 6.191%  |
| 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
<b>Accident and Health - Non-affiliates</b>								
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

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
1. Alabama (AL) .....	N								
2. Alaska (AK) .....	N								
3. Arizona (AZ) .....	N								
4. Arkansas (AR) .....	N								
5. California (CA) .....	N								
6. Colorado (CO) .....	N								
7. Connecticut (CT) .....	N								
8. Delaware (DE) .....	N								
9. District of Columbia (DC) .....	N								
10. Florida (FL) .....	N								
11. Georgia (GA) .....	N								
12. Hawaii (HI) .....	N								
13. Idaho (ID) .....	N								
14. Illinois (IL) .....	L	5,292,389	183,359					5,475,748	
15. Indiana (IN) .....	N								
16. Iowa (IA) .....	L	249,417	1,160,782					1,410,199	
17. Kansas (KS) .....	N								
18. Kentucky (KY) .....	N								
19. Louisiana (LA) .....	N								
20. Maine (ME) .....	N								
21. Maryland (MD) .....	N								
22. Massachusetts (MA) .....	N								
23. Michigan (MI) .....	N								
24. Minnesota (MN) .....	N								
25. Mississippi (MS) .....	N								
26. Missouri (MO) .....	N								
27. Montana (MT) .....	N								
28. Nebraska (NE) .....	N								
29. Nevada (NV) .....	N								
30. New Hampshire (NH) .....	N								
31. New Jersey (NJ) .....	N								
32. New Mexico (NM) .....	N								
33. New York (NY) .....	N								
34. North Carolina (NC) .....	N								
35. North Dakota (ND) .....	N								
36. Ohio (OH) .....	N								
37. Oklahoma (OK) .....	N								
38. Oregon (OR) .....	N								
39. Pennsylvania (PA) .....	N								
40. Rhode Island (RI) .....	N								
41. South Carolina (SC) .....	N								
42. South Dakota (SD) .....	N								
43. Tennessee (TN) .....	N								
44. Texas (TX) .....	N								
45. Utah (UT) .....	N								
46. Vermont (VT) .....	N								
47. Virginia (VA) .....	N								
48. Washington (WA) .....	N								
49. West Virginia (WV) .....	N								
50. Wisconsin (WI) .....	L	5,309,676	123,143,696	55,066,942				183,520,314	
51. Wyoming (WY) .....	N								
52. American Samoa (AS) .....	N								
53. Guam (GU) .....	N								
54. Puerto Rico (PR) .....	N								
55. U.S. Virgin Islands (VI) .....	N								
56. Northern Mariana Islands (MP) .....	N								
57. Canada (CAN) .....	N								
58. Aggregate other alien (OT) .....	X X X								
59. Subtotal .....	X X X	10,851,482	124,487,837	55,066,942				190,406,261	
60. Reporting entity contributions for Employee Benefit Plans .....	X X X	1,096,954						1,096,954	
61. Total (Direct Business) .....	X X X	11,948,436	124,487,837	55,066,942				191,503,215	
<b>DETAILS OF WRITE-INS</b>									
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:

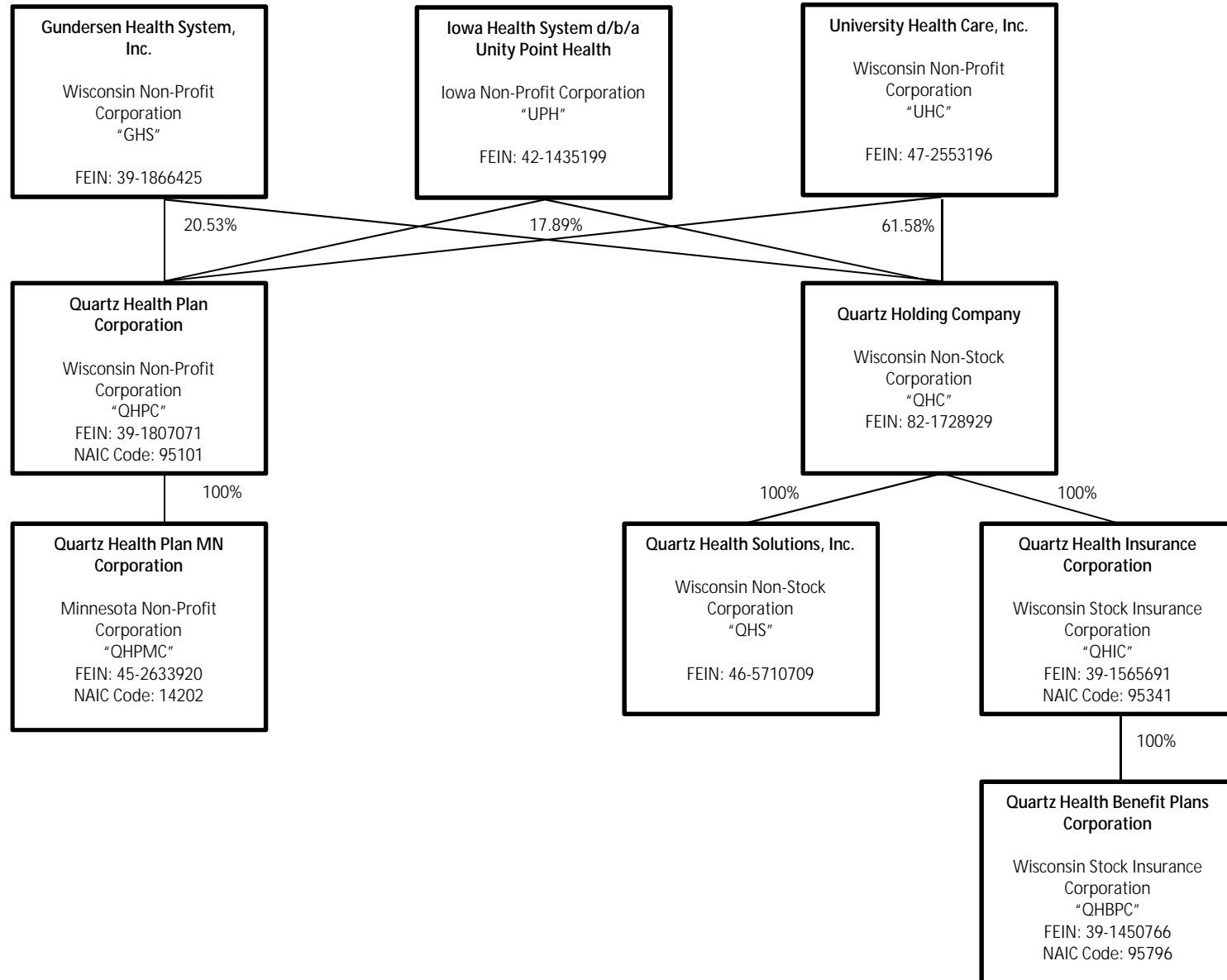
- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N None of the above Not allowed to write business in the state

3

- 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



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# 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? (Y/N)	*
4870	University Hlth Care & Gundersen Luthera	00000	391866425				Gundersen Health System, Inc	WI	UDP				GHS/UPH/UHC	N	
4870	University Hlth Care & Gundersen Luthera	00000	421435199				Iowa Health System dba Unity Point Health	IA	UDP				GHS/UPH/UHC	N	
4870	University Hlth Care & Gundersen Luthera	00000	472553196				University Health Care, Inc.	WI	UDP				GHS/UPH/UHC	N	
4870	University Hlth Care & Gundersen Luthera	95101	391807071				Quartz Health Plan Corporation	WI	RE	Gundersen Health System, Inc	Ownership	20.5	GHS/UPH/UHC	N	
4870	University Hlth Care & Gundersen Luthera	95101	391807071				Quartz Health Plan Corporation	WI	RE	Iowa Health System dba Unity Point Health	Ownership	17.9	GHS/UPH/UHC	N	
4870	University Hlth Care & Gundersen Luthera	95101	391807071				Quartz Health Plan Corporation	WI	RE	University Health Care, Inc.	Ownership	61.6	GHS/UPH/UHC	N	
4870	University Hlth Care & Gundersen Luthera	14202	452633920				Quartz Health Plan MN Corporation	MN	DS	Quartz Health Plan Corporation	Ownership	100.0	GHS/UPH/UHC	N	
4870	University Hlth Care & Gundersen Luthera	00000	821728929				Quartz Holding Company	WI	NIA	University Health Care, Inc.	Ownership	61.6	GHS/UPH/UHC	N	
4870	University Hlth Care & Gundersen Luthera	00000	821728929				Quartz Holding Company	WI	NIA	Iowa Health System dba Unity Point Health	Ownership	17.9	GHS/UPH/UHC	N	
4870	University Hlth Care & Gundersen Luthera	00000	82178929				Quartz Holding Company	WI	NIA	Gundersen Health System, Inc.	Ownership	20.5	GHS/UPH/UHC	N	
4870	University Hlth Care & Gundersen Luthera	00000	465710709				Quartz Health Solutions, Inc.	WI	NIA	Quartz Holding Company	Ownership	100.0	GHS/UPH/UHC	N	
4870	University Hlth Care & Gundersen Luthera	95341	391565691				Quartz Health Insurance Corporation	WI	IA	Quartz Holding Company	Ownership	100.0	GHS/UPH/UHC	N	
4870	University Hlth Care & Gundersen Luthera	95796	391450766				Quartz Health Benefit Plans Corporation	WI	IA	Quartz Health Insurance Corporation	Ownership	100.0	GHS/UPH/UHC	N	

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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



95101201936500003

2019

Document Code: 365





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

**Real Estate**

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

**NONE**

**SCHEDULE D - VERIFICATION**

**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	8,741,899	10,486,733
2. Cost of bonds and stocks acquired .....	1,000,000	1,499,605
3. Accrual of discount .....	171	2,266
4. Unrealized valuation increase (decrease) .....	172,416	(225,582)
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....	1,500,000	3,000,000
7. Deduct amortization of premium .....	12,740	21,123
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) .....	8,401,746	8,741,899
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	8,401,746	8,741,899

## 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
<b>BONDS</b>								
1. NAIC 1 (a) .....	6,007,609		1,500,000	(3,681)	6,012,078	6,007,609	4,503,928	6,016,497
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	6,007,609		1,500,000	(3,681)	6,012,078	6,007,609	4,503,928	6,016,497
<b>PREFERRED STOCK</b>								
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 .....	6,007,609		1,500,000	(3,681)	6,012,078	6,007,609	4,503,928	6,016,497

(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 .....	21,464,883	11,880,203
2.	Cost of cash equivalents acquired .....	63,732,396	51,437,378
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....	50,320,474	41,852,698
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) .....	34,876,804	21,464,883
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	34,876,804	21,464,883

**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**

## SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation and Administrative Symbol/ Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X				X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999999	Subtotal - Preferred Stocks				X X X		X X X		X X X
<b>Common Stocks - Parent, Subsidiaries and Affiliates</b>									
000000000	QUARTZ HEALTH PLAN MN CORPORATION		08/13/2019	QUARTZ HEALTH PLAN MN CORPORATION		1,000,000	X X X		K
9199999	Subtotal - Common Stocks - Parent, Subsidiaries and Affiliates				X X X	1,000,000	X X X		X X X
9799997	Subtotal - Common Stocks - Part 3				X X X	1,000,000	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	1,000,000	X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	1,000,000	X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	1,000,000	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

## SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n Date	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation and Admini- strative Symbol/ Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
<b>Bonds - U.S. Special Revenue, Special Assessment</b>																						
3134G3JM3	FEDERAL HOME LN MTG CORP		07/30/2019	MATURITY	X X X	1,500,000	1,500,000	1,519,995	1,502,384		(2,384)		(2,384)		1,500,000				30,000	07/30/2019	1	
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment				X X X	1,500,000	1,500,000	1,519,995	1,502,384		(2,384)		(2,384)		1,500,000				30,000	X X X	X X X	
8399997	Subtotal - Bonds - Part 4				X X X	1,500,000	1,500,000	1,519,995	1,502,384		(2,384)		(2,384)		1,500,000				30,000	X X X	X X X	
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X	1,500,000	1,500,000	1,519,995	1,502,384		(2,384)		(2,384)		1,500,000				30,000	X X X	X X X	
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8999999	Subtotal - Preferred Stocks				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	1,500,000	X X X	1,519,995	1,502,384		(2,384)		(2,384)		1,500,000				30,000	X X X	X X X	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

**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	
<b>open depositories</b>									
Wells Fargo Funding Account # 954488	ST PAUL, MN		0.400	6,212		3,010,540	3,018,028	3,034,870	X X X
Wells Fargo Claims Account # 9600120615	ST PAUL, MN					(957,564)	(867,733)	(1,279,255)	X X X
US Bank Funding Account # 182381074372	ST PAUL, MN		0.600	8,144		6,480,553	3,205,862	3,092,738	X X X
0199998 Deposits in .....0 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	14,356		8,533,529	5,356,157	4,848,353	X X X
0299998 Deposits in .....0 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	14,356		8,533,529	5,356,157	4,848,353	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	14,356		8,533,529	5,356,157	4,848,353	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
<b>Sweep Accounts</b>								
	Wells Fargo Bank Institutional Account .....		09/27/2019 ...	1.810		31,112,663	58,160	361,826
8499999 Subtotal - Sweep Accounts .....						31,112,663	58,160	361,826
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>								
31846V542 ...	FIRST AMERN FDS INC .....		09/04/2019 ...	1.790	X X X	3,764,142	6,065	27,466
8599999 Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO .....						3,764,142	6,065	27,466
8899999 Total - Cash Equivalents .....						34,876,804	64,225	389,292

# INDEX TO HEALTH QUARTERLY STATEMENT

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