

STATEMENT AS OF MARCH 31, 2021 OF THE 60067:Dean Health Insurance, Inc.



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Dean Health Insurance, Inc.

NAIC Group Code 1294 1291 NAIC Company Code 60067 Employer's ID Number 39-1630837
(Current) (Prior)

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

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

Incorporated/Organized 07/01/1995 Commenced Business 01/01/1997

Statutory Home Office 1277 Dering Way Madison, WI, US 53717
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1277 Dering Way 608-836-1400
(Street and Number) (Area Code) (Telephone Number)
Madison, WI, US 53717
(City or Town, State, Country and Zip Code)

Mail Address 1277 Dering Way Madison, WI, US 53717
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1277 Dering Way 608-836-1400
(Street and Number) (Area Code) (Telephone Number)
Madison, WI, US 53717
(City or Town, State, Country and Zip Code)

Internet Website Address www.deancare.com

Statutory Statement Contact Janet Marie Berger 608-830-6960
(Name) (Area Code) (Telephone Number)
janet.berger@deancare.com 608-252-0896
(E-mail Address) (FAX Number)

OFFICERS

President Walter Leslie McPherson, Jr. Secretary & General Counsel Dean Allen Sutton
Treasurer & CFO Randy John Ruplinger

OTHER

| | | |
|---|---|--|
| <u>Randy John Ruplinger, Treasurer & CFO</u> | <u>Kevin Jan Eichhorn, Chief Medical Officer</u> | <u>Stephanie Jean Cook, VP - Compliance, Audit & Public Policy</u> |
| <u>Michael Andrew Weber, VP - Sales, Client & Health Promotion Services</u> | <u>David Scott Docherty, SVP - Chief Growth Officer</u> | <u>Bradley William Bartle, Chief Actuary & VP of Applied Analytics</u> |
| <u>Kathy Ann Killen, VP - Operations</u> | <u>Loretta Anne Lorenzen, VP - Network Management & Contracting</u> | <u>Daniel James Houchell, VP - Product Management</u> |
| <u>Ralph Buehling, VP - Information Technology</u> | <u>Jason Andrew Coans, VP - Business Transformation</u> | |

DIRECTORS OR TRUSTEES

| | | |
|-------------------------------------|--------------------------------------|-----------------------------------|
| <u>William Milton Ehrhardt M.D.</u> | <u>Mark Anthony Covalesski Ph.D.</u> | <u>Jennifer Lynn Meske M.D.</u> |
| <u>Jason Steven Isenberg M.D.</u> | <u>Ralph Richard Kaufen</u> | <u>Gregory Michael Maske M.D.</u> |
| <u>Albert John Musa M.D.</u> | <u>John Michael Phelan M.D.</u> | <u>Wesley Norwood Sparkman</u> |
| <u>Stephen John Sramek M.D.</u> | <u>Diamond Williams Boatwright</u> | <u>Jamie Fuller</u> |
| <u>Katie Kennedy</u> | | |

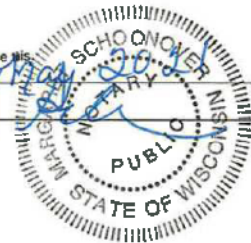
State of Wisconsin SS:
County of Dane

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.

Walter Leslie McPherson, Jr. Randy John Ruplinger Dean Allen Sutton
President Treasurer & CFO Secretary

Subscribed and sworn to before me this _____ day of _____

Margaret



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

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 | 1,506,420 | | 1,506,420 | 1,506,903 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | 205,762,351 | | 205,762,351 | 197,230,898 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$7,594,845), cash equivalents (\$) and short-term investments (\$) | 7,594,845 | | 7,594,845 | 7,405,005 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | | | 0 | 0 |
| 8. Other invested assets | | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 214,862,616 | 0 | 214,862,616 | 206,142,806 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 2,342 | | 2,342 | 9,361 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | 0 | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | 129,920 | | 129,920 | 132,418 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 78,604 | | 78,604 | 0 |
| 24. Health care (\$) and other amounts receivable | | | 0 | 0 |
| 25. Aggregate write-ins for other than invested assets | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 215,073,482 | 0 | 215,073,482 | 206,284,585 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 215,073,482 | 0 | 215,073,482 | 206,284,585 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 0 | 0 | 0 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|----------------|-------------|-------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ _____ reinsurance ceded) | 1,195,153 | | 1,195,153 | 1,964,118 |
| 2. Accrued medical incentive pool and bonus amounts | (42,155) | | (42,155) | (145,262) |
| 3. Unpaid claims adjustment expenses | 35,855 | | 35,855 | 51,161 |
| 4. Aggregate health policy reserves, including the liability of \$ _____ for medical loss ratio rebate per the Public Health Service Act | | | 0 | 0 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | | | 0 | 0 |
| 9. General expenses due or accrued | 716,325 | | 716,325 | 650,581 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ _____ on realized gains (losses)) | 145,614 | | 145,614 | 128,381 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others | | | 0 | 0 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including \$ _____ current) and interest thereon \$ _____ (including \$ _____ current) | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates | 483,557 | | 483,557 | 184,927 |
| 16. Derivatives | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ _____ authorized reinsurers, \$ _____ unauthorized reinsurers and \$ _____ certified reinsurers) | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$ _____) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ _____ current) | 0 | 0 | 0 | 0 |
| 24. Total liabilities (Lines 1 to 23) | 2,534,349 | 0 | 2,534,349 | 2,833,906 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. Common capital stock | XXX | XXX | 2,000,000 | 2,000,000 |
| 27. Preferred capital stock | XXX | XXX | | |
| 28. Gross paid in and contributed surplus | XXX | XXX | 9,070,000 | 9,070,000 |
| 29. Surplus notes | XXX | XXX | | 0 |
| 30. Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | 201,469,133 | 192,380,679 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 _____ shares common (value included in Line 26 \$ _____) | XXX | XXX | | |
| 32.2 _____ shares preferred (value included in Line 27 \$ _____) | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 212,539,133 | 203,450,679 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 215,073,482 | 206,284,585 |
| DETAILS OF WRITE-INS | | | | |
| 2301. | | | | |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) | 0 | 0 | 0 | 0 |
| 2501. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|-----------|--------------------|------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months | .XXX | 14,606 | 15,672 | 63,419 |
| 2. Net premium income (including \$ non-health premium income)..... | .XXX | 543,898 | 657,512 | 2,692,004 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | .XXX | | | .0 |
| 4. Fee-for-service (net of \$ medical expenses)..... | .XXX | | | .0 |
| 5. Risk revenue | .XXX | | | .0 |
| 6. Aggregate write-ins for other health care related revenues | .XXX | .0 | .0 | .0 |
| 7. Aggregate write-ins for other non-health revenues | .XXX | .0 | .0 | .0 |
| 8. Total revenues (Lines 2 to 7) | .XXX | 543,898 | 657,512 | 2,692,004 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | | | .0 |
| 10. Other professional services | | | | .0 |
| 11. Outside referrals | | | | .0 |
| 12. Emergency room and out-of-area | | | | .0 |
| 13. Prescription drugs | | | | .0 |
| 14. Aggregate write-ins for other hospital and medical | .0 | (246,167) | 24,043 | 2,665,450 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | 103,107 | 31,727 | (226,244) |
| 16. Subtotal (Lines 9 to 15) | .0 | (143,060) | 55,770 | 2,439,206 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | | | .0 |
| 18. Total hospital and medical (Lines 16 minus 17) | .0 | (143,060) | 55,770 | 2,439,206 |
| 19. Non-health claims (net) | | | | .0 |
| 20. Claims adjustment expenses, including \$12,991 cost containment expenses | | 13,531 | .0 | 63,208 |
| 21. General administrative expenses | | (24,121) | (140,150) | (360,034) |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) | | | | .0 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | .0 | (153,650) | (84,380) | 2,142,380 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | .XXX | 697,548 | 741,892 | 549,624 |
| 25. Net investment income earned | | 7,566 | 18,764 | 8,540,302 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | | |
| 27. Net investment gains (losses) (Lines 25 plus 26) | .0 | 7,566 | 18,764 | 8,540,302 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)] | | | | .0 |
| 29. Aggregate write-ins for other income or expenses | .0 | .0 | .0 | .0 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | .XXX | 705,114 | 760,656 | 9,089,926 |
| 31. Federal and foreign income taxes incurred | .XXX | 145,614 | 159,744 | 128,381 |
| 32. Net income (loss) (Lines 30 minus 31) | .XXX | 559,500 | 600,912 | 8,961,545 |
| DETAILS OF WRITE-INS | | | | |
| 0601. | .XXX | | | |
| 0602. | .XXX | | | |
| 0603. | .XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | .XXX | .0 | .0 | .0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) | .XXX | .0 | .0 | .0 |
| 0701. | .XXX | | | |
| 0702. | .XXX | | | |
| 0703. | .XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | .XXX | .0 | .0 | .0 |
| 0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) | .XXX | .0 | .0 | .0 |
| 1401. Stop Loss Claims | | (246,167) | 24,043 | 2,665,450 |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | .0 | .0 | .0 | .0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | .0 | (246,167) | 24,043 | 2,665,450 |
| 2901. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | .0 | .0 | .0 | .0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | .0 | .0 | .0 | .0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 203,450,679 | 157,673,585 | 157,673,585 |
| 34. Net income or (loss) from Line 32..... | 559,500 | 600,912 | 8,961,545 |
| 35. Change in valuation basis of aggregate policy and claim reserves..... | | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$..... | 8,531,452 | (22,809,246) | 45,311,121 |
| 37. Change in net unrealized foreign exchange capital gain or (loss)..... | | | |
| 38. Change in net deferred income tax..... | (2,498) | 0 | 4,428 |
| 39. Change in nonadmitted assets..... | | | |
| 40. Change in unauthorized and certified reinsurance..... | 0 | 0 | 0 |
| 41. Change in treasury stock..... | 0 | 0 | 0 |
| 42. Change in surplus notes..... | 0 | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles..... | | | |
| 44. Capital Changes: | | | |
| 44.1 Paid in..... | | | 0 |
| 44.2 Transferred from surplus (Stock Dividend)..... | 0 | 0 | 0 |
| 44.3 Transferred to surplus..... | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in..... | 0 | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend)..... | | | |
| 45.3 Transferred from capital..... | | | |
| 46. Dividends to stockholders..... | | 0 | (8,500,000) |
| 47. Aggregate write-ins for gains or (losses) in surplus..... | 0 | 0 | 0 |
| 48. Net change in capital & surplus (Lines 34 to 47)..... | 9,088,454 | (22,208,334) | 45,777,094 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 212,539,133 | 135,465,251 | 203,450,679 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page..... | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 | 0 |

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 | 543,898 | 657,512 | 2,692,004 |
| 2. Net investment income | 16,067 | 17,868 | 8,536,829 |
| 3. Miscellaneous income | 0 | 0 | 0 |
| 4. Total (Lines 1 to 3) | 559,965 | 675,380 | 11,228,833 |
| 5. Benefit and loss related payments | 522,798 | 437,094 | 1,525,398 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | (61,028) | (231,503) | (330,328) |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 128,381 | 155,100 | 155,100 |
| 10. Total (Lines 5 through 9) | 590,151 | 360,691 | 1,350,170 |
| 11. Net cash from operations (Line 4 minus Line 10) | (30,186) | 314,689 | 9,878,663 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 0 | 0 | 0 |
| 12.2 Stocks | 0 | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 | 0 |
| 12.4 Real estate | 0 | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 0 | 0 | 0 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 0 | 1,512,790 | 1,512,790 |
| 13.2 Stocks | 0 | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 1,512,790 | 1,512,790 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 0 | (1,512,790) | (1,512,790) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 0 | 8,500,000 |
| 16.6 Other cash provided (applied) | 220,026 | 94,521 | 543,754 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | 220,026 | 94,521 | (7,956,246) |
| 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) | 189,840 | (1,103,580) | 409,627 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 7,405,005 | 6,995,378 | 6,995,378 |
| 19.2 End of period (Line 18 plus Line 19.1) | 7,594,845 | 5,891,798 | 7,405,005 |

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

| | | | |
|---------------|--|--|---|
| 20.0001. | | | 0 |
|---------------|--|--|---|

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 | | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|-----------|---------------------------------------|------------|---|---|---|---|---|---|-----------|
| | Total | Comprehensive (Hospital & Medical) | | | | | | | | |
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 5,307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,307 |
| 2. First Quarter | 4,887 | | | | | | | | | 4,887 |
| 3. Second Quarter | 0 | | | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 14,606 | | | | | | | | | 14,606 |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 0 | | | | | | | | | |
| 8. Non-Physician | 0 | | | | | | | | | |
| 9. Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 0 | | | | | | | | | |
| 11. Number of Inpatient Admissions | 0 | | | | | | | | | |
| 12. Health Premiums Written (a) | 656,179 | | | | | | | | | 656,179 |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 656,179 | | | | | | | | | 656,179 |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 800,684 | | | | | | | | | 800,684 |
| 18. Amount Incurred for Provision of Health Care Services | (143,060) | | | | | | | | | (143,060) |

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

STATEMENT AS OF MARCH 31, 2021 OF THE 60067:Dean Health Insurance, Inc.
CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
 Aging Analysis of Unpaid Claims

| Account | Aging Analysis of Unpaid Claims | | | | | Total |
|--|---------------------------------|--------------|--------------|---------------|---------------|-----------|
| | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | |
| 0299999 Aggregate accounts not individually listed-uncovered | | | | | | 0 |
| 0399999 Aggregate accounts not individually listed-uncovered | | | | | | 0 |
| 0499999 Aggregate accounts not individually listed-covered | | | | | | 0 |
| 0599999 Subtotals | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699999 Unreported claims and other claim reserves | | | | | | |
| 0799999 Total amounts withheld | | | | | | |
| 0899999 Total claims unpaid | | | | | | 1,965,133 |
| 0999999 Accrued medical incentive pool and bonus amounts | | | | | | 1,965,133 |
| | | | | | | (42,155) |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid | | | | Estimated Claim Reserve and Claim Liability December 31 of Prior Year | |
|---|---|---|--|---|---|---|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| | Liability | | | | 5 | 6 |
| | End of Current Quarter | | | | Claims Incurred in Prior Years (Columns 1 + 3) | Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
| 1. Comprehensive (hospital and medical) | | | | | 0 | 0 |
| 2. Medicare Supplement | | | | | 0 | 0 |
| 3. Dental Only | | | | | 0 | 0 |
| 4. Vision Only | | | | | 0 | 0 |
| 5. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 6. Title XVIII - Medicare | | | | | 0 | 0 |
| 7. Title XIX - Medicaid | | | | | 0 | 0 |
| 8. Other health | 522,798 | | 1,163,434 | 31,719 | 1,686,232 | 1,964,118 |
| 9. Health subtotal (Lines 1 to 8) | 522,798 | 0 | 1,163,434 | 31,719 | 1,686,232 | 1,964,118 |
| 10. Healthcare receivables (a) | | | | | 0 | 0 |
| 11. Other non-health | | | | | 0 | 0 |
| 12. Medical incentive pools and bonus amounts | | | (145,262) | 103,107 | (145,262) | (145,262) |
| 13. Totals (Lines 9-10+11+12) | 522,798 | 0 | 1,018,172 | 134,826 | 1,540,970 | 1,818,856 |

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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Dean Health Insurance, Inc. (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 solvency under the Wisconsin Insurance Law. The National Association of Insurance Commissioners' 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.

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

| | SSAP # | F/S Page | F/S Line # | March 31, 2021 | December 31, 2020 |
|---|--------|-------------|---------------|-------------------|----------------------|
| NET INCOME | | | | | |
| (1) The Company state basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | \$ 559,500 | \$ 8,961,545 |
| (2) State prescribed practices that is an increase/(decrease) from NAIC SAP None | | | | - | - |
| (3) State permitted practices that is an increase/(decrease) from NAIC SAP None | | | | - | - |
| (4) NAIC SAP | XXX | XXX | XXX | \$ 559,500 | \$ 8,961,545 |
| SURPLUS | | | | | |
| (5) The Company state basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | \$ 212,539,133 | \$ 203,450,679 |
| (6) State prescribed practices that is an increase/(decrease) from NAIC SAP None | | | | - | - |
| (7) State permitted practices that is an increase/(decrease) from NAIC SAP None | | | | - | - |
| (8) NAIC SAP | XXX | XXX | XXX | \$ 212,539,133 | \$ 203,450,679 |

B. Use of Estimates

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are recognized as revenue over the coverage period. A liability for premiums received in advance is established for premiums received for future coverage periods.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred.

Net investment income earned consists primarily of interest less investment related expenses. Interest is recognized on an accrual basis.

In addition, the Company uses the following accounting policies:

- Short-term investments are not applicable.
- Bonds are valued as prescribed by the NAIC. Bonds not backed by other loans are generally carried at cost, adjusted for the amortization of premiums, accretion of discounts, and any impairment. Premiums and discounts are amortized and accreted over the estimated lives of the related bonds based on the interest-yield method. The Company's bond portfolio is reviewed quarterly and as a result the carrying value of a bond may be reduced to reflect changes in valuation resulting from asset impairment. Bonds which have been assigned the NAIC category 3 thru 6 designations are written down to the appropriate NAIC carrying value.
- Common stock, other than investment in stock of subsidiaries and affiliates are not applicable.
- Preferred stock investments are not applicable.
- Mortgage loan on real estate are not applicable.
- Loan-backed securities and structured securities are not applicable.
- Investment in Subsidiary which includes Dean Health Plan, Inc. is carried on a statutory equity value.
- Investment in joint ventures and partnerships are not applicable.
- Derivatives are not applicable
- Premium deficiency reserves are not applicable

NOTES TO FINANCIAL STATEMENTS

11. Unpaid claims and claim adjustment expenses include an amount determined from individual case estimates and loss reports for losses incurred but not reported. Although management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the appropriate period.
 12. Prepaid expenses are not applicable
 13. Pharmaceutical rebates are not applicable
 - D. After evaluating the entity's ability to continue as a going concern, management was not aware of any conditions or events which raised substantial doubts concerning the entity's ability to continue as a going concern as of the date of the filing of this statement
2. Accounting Changes and Corrections of Errors
Not Applicable
 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. Troubled Debt Restructuring for Creditors
Not Applicable
 - C. Reverse Mortgages
Not Applicable
 - D. Loan-Backed Securities
Not Applicable
 - E. Dollar Repurchase agreements and/or securities lending transaction
Not Applicable
 - F. Repurchase agreements transactions accounted for as secured borrowing
Not Applicable
 - G. Reverse repurchase agreements transactions accounted for as a 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
Not Applicable
 - L. Restricted Assets
Not Applicable
 - M. Working Capital Finance Investments
Not Applicable
 - N. Offsetting and Netting of Assets and Liabilities
Not Applicable

NOTES TO FINANCIAL STATEMENTS

- O. 5GI Securities
Not Applicable
- P. Short Sales
Not Applicable
- Q. Prepayment Penalty and Acceleration Fees
Not Applicable
6. Joint Ventures, Partnerships and Limited Liability Companies
- A. Detail for Those Greater than 10% of Admitted Assets
Not Applicable
- B. Write-downs for Impairments
Not Applicable
7. Investment Income
- A. Accrued Investment Income
The Company does not admit investment income due and accrued if amounts are over 90 days past due.
- B. Amounts Nonadmitted
Not Applicable
8. Derivative Instruments
Not Applicable
9. Income Taxes
No significant changes
10. Information Concerning Parent, Subsidiaries and Affiliates
- A, B,
The Company is owned 100% by Dean Health Systems, Inc. All outstanding shares of Dean Health Systems, Inc., are 100% owned by FPP, Inc., who is owned 100% by SSM Health Care Corporation. The Company owns 100% of Dean Health Plan, Inc.
- C Change in Terms of Intercompany Arrangements
Not Applicable
- D. Amounts Due to or from Related Parties
- | DUE FROM | March 31, 2021 | December 31, 2020 |
|--------------------------|----------------|-------------------|
| Navitus Health Solutions | \$ 78,604 | \$ - |
-
- | DUE TO | March 31, 2021 | December 31, 2020 |
|----------------------------------|----------------|-------------------|
| Dean Health Plan, Inc. | \$ 4,625 | \$ 185 |
| Dean Health Service Company, LLC | \$ 299,932 | \$ 184,740 |
| Dean Health Systems, Inc. | \$ 179,000 | \$ 2 |
| Totals | \$ 483,557 | \$ 184,927 |
- E. Guarantees or Contingencies for Related Parties
Not Applicable
- F. Management, Service Contracts, Cost Sharing Arrangements
No Significant Changes
- G. Nature of Relationships that Could Affect Operations
Not Applicable
- H. Amount Deducted for Investment in Upstream Parent
Not Applicable

NOTES TO FINANCIAL STATEMENTS**I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets**

Dean Health Insurance, Inc. owns 100% of the common stock of Dean Health Plan, Inc., its subsidiary, which is carried on a statutory equity basis. As of March 31, 2021, the investment in Dean Health Plan, Inc. was \$205,762,351.

As of March 31, 2021, the financial condition of Dean Health Plan, Inc. was as follows:

| | Balance |
|-------------|-------------|
| Assets | 371,970,695 |
| Liabilities | 166,208,344 |
| Equity | 205,762,351 |

J. Write-down for Impairments of SCA Entities

Not Applicable

K. Detail of the Investment in a Foreign Subsidiary

Not Applicable

L. Detail of the Investment in a Downstream Noninsurance Holding Company

Not Applicable

M. Non-Insurance subsidiary, controller and affiliated entity valuations

Not Applicable

N. Non Insurance SCA investments

Not Applicable

O. SCA Loss Tracking

Not Applicable

11. Debt

Not Applicable

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits and Compensated Absences and Other Postretirement Benefit Plans**A. Defined Benefit Plans**

Not Applicable

B. Description of Investment Policies

Not Applicable

C. Fair value of Plan Assets

Not Applicable

D. Rate of Return Assumptions

Not Applicable

E. Defined Contribution Plans

Not Applicable

F. Multiemployer Plans

Not Applicable

G. Consolidated/Holdings Company Plans

Not Applicable

H. Postemployment Benefit and Compensated Absences

Not Applicable

I. Impact of Medicare Modernization Act on Postretirement Benefits

Not Applicable

NOTES TO FINANCIAL STATEMENTS

13. Capital and Surplus, Dividend Restrictions, Dividends and Quasi-Reorganizations

A. Outstanding Shares

The Company has 100,000 shares of Common Stock authorized, issued and outstanding. All outstanding shares of the Company are owned by Dean Health Systems, Inc., a wholly owned subsidiary of FPP, Inc., a wholly-owned subsidiary of SSM Health Care Corporation.

B. Dividend Rate of Preferred Stock

Not Applicable

C. Dividend Restrictions

Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Wisconsin.

D. Ordinary or Extraordinary Dividends Paid

No Significant Changes

E. Profits that May be Paid as Ordinary Dividends

Within the limitations of (C) above, there are no restrictions placed on the portion of the Company's profits that may be paid as ordinary dividends to stockholders.

F. Restrictions Placed on Surplus

There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

G. Mutual Surplus Advances

Not Applicable

H. Company Stock Held for Special Purposes

Not Applicable

I. Changes in Special Surplus Funds

Not Applicable

J. Changes in Unassigned Funds

The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses are \$8,531,452.

K. Surplus Notes

Not Applicable

L. Quasi-Reorganizations

Not Applicable

M. Effective Date of Quasi-Reorganizations

Not Applicable

14. Contingencies

A. Contingent Commitments

Not Applicable

B. Guaranty Funds and Other Assessments

Not Applicable

C. Gain Contingencies

Not Applicable

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not Applicable

E. Joint and Several Liabilities

Not Applicable

NOTES TO FINANCIAL STATEMENTS

- F. Other Contingencies
 - Not Applicable
- 15. Leases
 - A. Lessee Leasing Arrangements
 - Not Applicable
 - B. Lessor Leasing Arrangements
 - 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
 - A. Transfers of Receivables Reported as Sales
 - Not Applicable
 - B. Transfer and Servicing of Financial Assets
 - Not Applicable
 - C. Wash Sales
 - Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
 - A. Administrative Services Only (ASO) Plans
 - Not Applicable
 - B. Administrative Services Contract (ASC) Plans
 - Not Applicable
 - C. Medicare or Other Similarly Structure Cost Based Reimbursement Contract
 - Not Applicable
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
 - Not Applicable
- 20. Fair Value Measurements
 - A. Inputs used for Assets and Liabilities Measured and Reported at Fair Value
 - (1) Items Measured at Fair Value by Levels 1, 2 and 3
 - Not Applicable
 - (2) Roll Forward of Level 3 items
 - Not Applicable
 - (3) Policy for Transfers Into and Out of Level 3
 - Not Applicable
 - (4) Inputs and Techniques used for Level 2 and Level 3 Fair Value
 - Not Applicable
 - (5) Derivative Assets and Liabilities
 - Not Applicable
 - B. Other Fair Value Disclosures
 - Not applicable

NOTES TO FINANCIAL STATEMENTS**C. Aggregate Fair Value for All Financial Instruments by Levels 1, 2 and 3**

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Not Practicable (Carrying Value) | Net Asset Value (NAV) Included i Level 2 |
|------------------------------|----------------------|-----------------|--------------|---------|---------|----------------------------------|--|
| Long-Term Bonds | \$ 1,524,200 | \$ 1,505,420 | \$ 1,524,200 | \$ - | \$ - | \$ - | \$ - |

D. Reasons Not Practicable to Estimate Fair Value

Not Applicable

E. NAV Practical Expedient Investments

Not Applicable

21. Other Disclosures and Unusual Items**A. Extraordinary Items**

Not Applicable

B. Troubled Debt Restructuring for Debtors

Not Applicable

C. Other Disclosures

Not Applicable

D. Business Interruption Insurance Recoveries

Not Applicable

E. State Transferable and Non-Transferable Tax Credits

Not Applicable

F. Subprime Mortgage Related Risk Exposure

Not Applicable

G. Retained Assets

Not Applicable

H. Proceeds from issuance of insurance-linked securities

Not Applicable

22. Events Subsequent**A. Type I - Recognized Subsequent Events**

Not Applicable

B. Type II - Non-recognized Subsequent Event

Subsequent events have been considered through 5/15/2021 for the statutory financial statement issued on 5/15/2021.

23. Reinsurance**A. Ceded Reinsurance Report****Section 1 – General Interrogatories**

- Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes () No (X)
- Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes () No (X)

NOTES TO FINANCIAL STATEMENTS

2. Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

3. What is the estimated amount of the aggregate reduction in surplus, for agreements, not reflected in Section 2 above, of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
4. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the company as of the effective date of the agreement? Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable

C. Commutation of Ceded Reinsurance

Not Applicable

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable

25. Changes in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2020 were \$1,964,118. As of March 31, 2021, \$522,798 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,163,434 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been no change in prior-year development since December 31, 2020 to March 31, 2021. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

Not Applicable

27. Structured Settlements

Not Applicable

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Not Applicable

B. Risk Sharing Receivables

Not Applicable

29. Participating Policies

Not Applicable

30. Premium Deficiency Reserves

Not Applicable

31. Anticipated Salvage and Subrogation

Not Applicable

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 [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 [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes. _____
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 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 [] N/A [X]
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. 12/31/2018
- 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. 12/31/2018
- 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). 03/06/2020
- 6.4 By what department or departments? _____
- 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 |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| | | | | | |

GENERAL INTERROGATORIES

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

FINANCIAL

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

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No
 11.2 If yes, give full and complete information relating thereto: _____
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ _____0
 13. Amount of real estate and mortgages held in short-term investments: \$ _____0
 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No
 14.2 If yes, please complete the following:

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|---|--|---|
| 14.21 Bonds | \$ 0 | \$ _____ |
| 14.22 Preferred Stock | \$ 0 | \$ _____ |
| 14.23 Common Stock | \$ 197,230,898 | \$ 205,762,351 |
| 14.24 Short-Term Investments | \$ 0 | \$ _____ |
| 14.25 Mortgage Loans on Real Estate | \$ 0 | \$ _____ |
| 14.26 All Other | \$ 0 | \$ _____ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ 197,230,898 | \$ 205,762,351 |
| 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
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
 If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____0
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ _____0
 16.3 Total payable for securities lending reported on the liability page. \$ _____0

GENERAL INTERROGATORIES

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

| 1 | 2 |
|----------------------|-------------------|
| Name of Custodian(s) | Custodian Address |
| | |

- 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 | 2 | 3 |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | Complete Explanation(s) |
| | | |

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

- 17.4 If yes, give full information relating thereto:

| 1 | 2 | 3 | 4 |
|---------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | 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 | 2 |
|--|-------------|
| Name of Firm or Individual | Affiliation |
| SSMHC Portfolio Management Company (PMC) | A..... |

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [] No [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 invested 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 | 2 | 3 | 4 | 5 |
|--|--|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| N/A | SSM Health Care Portfolio Management Company | 549300KX60C4DGDZY61 | N | NO..... |

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

- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- 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 of 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.
- 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.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

- Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- The fund only or predominantly holds bonds in its portfolio.
- The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent(23.9)%
- 1.2 A&H cost containment percent 2.0 %
- 1.3 A&H expense percent excluding cost containment expenses(4.3)%
- 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 []

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

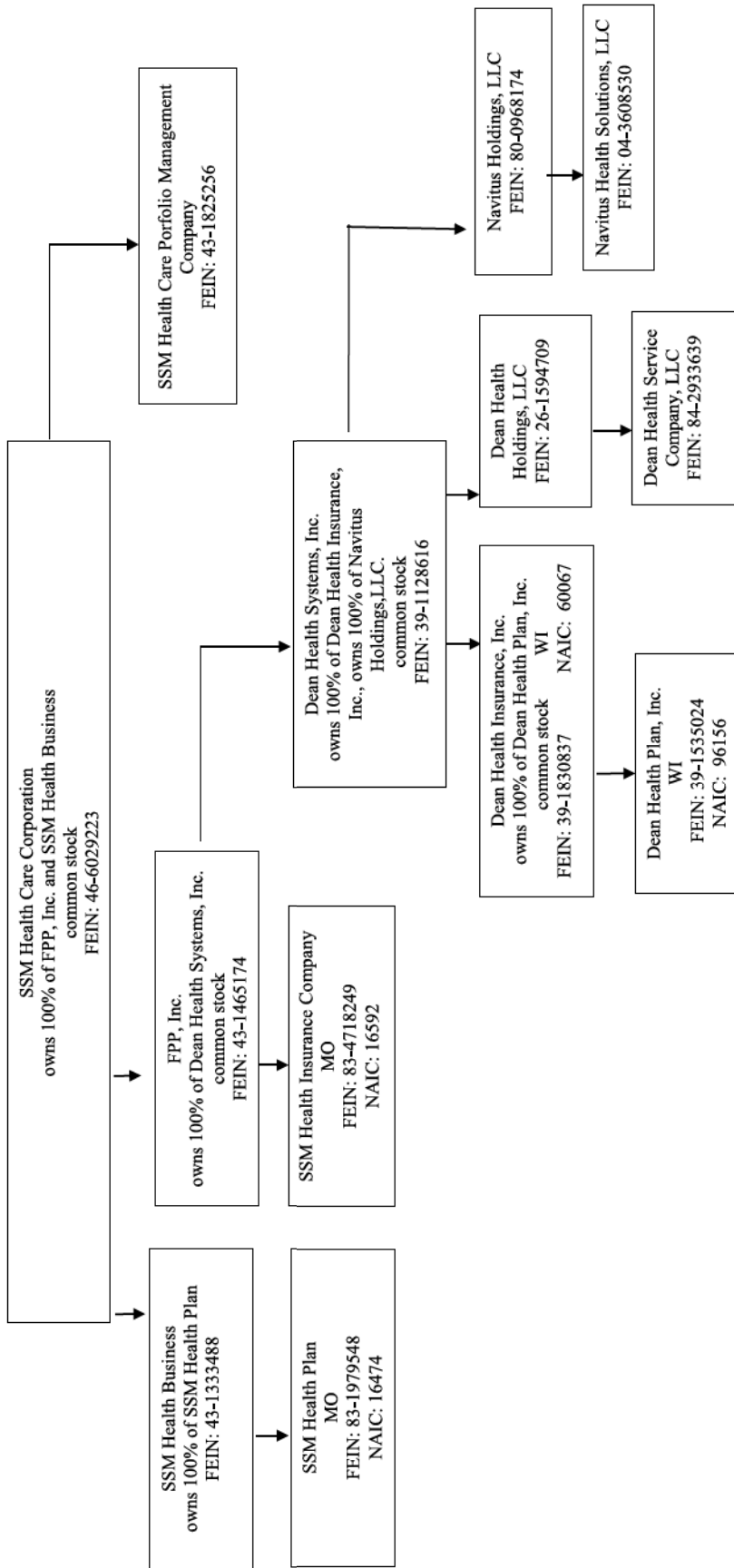
Current Year to Date - Allocated by States and Territories

| States, etc. | Direct Business Only | | | | | | | | | |
|--|------------------------|-----------------------------------|---------------------------|-------------------------|---------------------|---|---|---------------------------------|--------------------------------|------------------------------|
| | 1 Active Status (a) | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 CHIP Title XXI | 6 Federal Employees Health Benefits Program Premiums | 7 Life and Annuity Premiums & Other Considerations | 8 Property/Casualty Premiums | 9 Total Columns 2 Through 8 | 10 Deposit-Type Contracts |
| 1. Alabama AL | N | | | | | | | | 0 | |
| 2. Alaska AK | N | | | | | | | | 0 | |
| 3. Arizona AZ | N | | | | | | | | 0 | |
| 4. Arkansas AR | N | | | | | | | | 0 | |
| 5. California CA | N | | | | | | | | 0 | |
| 6. Colorado CO | N | | | | | | | | 0 | |
| 7. Connecticut CT | N | | | | | | | | 0 | |
| 8. Delaware DE | N | | | | | | | | 0 | |
| 9. District of Columbia DC | N | | | | | | | | 0 | |
| 10. Florida FL | N | | | | | | | | 0 | |
| 11. Georgia GA | N | | | | | | | | 0 | |
| 12. Hawaii HI | N | | | | | | | | 0 | |
| 13. Idaho ID | N | | | | | | | | 0 | |
| 14. Illinois IL | N | | | | | | | | 0 | |
| 15. Indiana IN | N | | | | | | | | 0 | |
| 16. Iowa IA | N | | | | | | | | 0 | |
| 17. Kansas KS | N | | | | | | | | 0 | |
| 18. Kentucky KY | N | | | | | | | | 0 | |
| 19. Louisiana LA | N | | | | | | | | 0 | |
| 20. Maine ME | N | | | | | | | | 0 | |
| 21. Maryland MD | N | | | | | | | | 0 | |
| 22. Massachusetts MA | N | | | | | | | | 0 | |
| 23. Michigan MI | N | | | | | | | | 0 | |
| 24. Minnesota MN | N | | | | | | | | 0 | |
| 25. Mississippi MS | N | | | | | | | | 0 | |
| 26. Missouri MO | N | | | | | | | | 0 | |
| 27. Montana MT | N | | | | | | | | 0 | |
| 28. Nebraska NE | N | | | | | | | | 0 | |
| 29. Nevada NV | N | | | | | | | | 0 | |
| 30. New Hampshire NH | N | | | | | | | | 0 | |
| 31. New Jersey NJ | N | | | | | | | | 0 | |
| 32. New Mexico NM | N | | | | | | | | 0 | |
| 33. New York NY | N | | | | | | | | 0 | |
| 34. North Carolina NC | N | | | | | | | | 0 | |
| 35. North Dakota ND | N | | | | | | | | 0 | |
| 36. Ohio OH | N | | | | | | | | 0 | |
| 37. Oklahoma OK | N | | | | | | | | 0 | |
| 38. Oregon OR | N | | | | | | | | 0 | |
| 39. Pennsylvania PA | N | | | | | | | | 0 | |
| 40. Rhode Island RI | N | | | | | | | | 0 | |
| 41. South Carolina SC | N | | | | | | | | 0 | |
| 42. South Dakota SD | N | | | | | | | | 0 | |
| 43. Tennessee TN | N | | | | | | | | 0 | |
| 44. Texas TX | N | | | | | | | | 0 | |
| 45. Utah UT | N | | | | | | | | 0 | |
| 46. Vermont VT | N | | | | | | | | 0 | |
| 47. Virginia VA | N | | | | | | | | 0 | |
| 48. Washington WA | N | | | | | | | | 0 | |
| 49. West Virginia WV | N | | | | | | | | 0 | |
| 50. Wisconsin WI | L | 656,179 | | | | | | | 656,179 | |
| 51. Wyoming WY | N | | | | | | | | 0 | |
| 52. American Samoa AS | N | | | | | | | | 0 | |
| 53. Guam GU | N | | | | | | | | 0 | |
| 54. Puerto Rico PR | N | | | | | | | | 0 | |
| 55. U.S. Virgin Islands VI | N | | | | | | | | 0 | |
| 56. Northern Mariana Islands MP | N | | | | | | | | 0 | |
| 57. Canada CAN | N | | | | | | | | 0 | |
| 58. Aggregate Other Aliens OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 656,179 | 0 | 0 | 0 | 0 | 0 | 0 | 656,179 | 0 |
| 60. Reporting Entity Contributions for Employee Benefit Plans | XXX | | | | | | | | 0 | |
| 61. Totals (Direct Business) | XXX | 656,179 | 0 | 0 | 0 | 0 | 0 | 0 | 656,179 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 58001. | XXX | | | | | | | | | |
| 58002. | XXX | | | | | | | | | |
| 58003. | XXX | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts:

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

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMEBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



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) | 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) | Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | |
| 234 | | 9519 | 3-533024 | | | | Dean Health Plan Inc | WI | IA | Dean Health Insurance Inc | Ownership | 100.00 | SSM Health Care Corporation | N | |
| 234 | | 9067 | 3-930867 | | | | Dean Health Insurance Inc | WI | RE | Dean Health Systems Inc | Ownership | 100.00 | SSM Health Care Corporation | N | |
| | | .0000 | 04-300830 | | | | Nevitus Health Solutions | WI | IA | Nevitus Holdings, LLC | Ownership | 100.00 | SSM Health Care Corporation | N | |
| | | .0000 | 81-098174 | | | | Nevitus Holdings, LLC | WI | IA | Dean Health Systems, Inc | Ownership | 100.00 | SSM Health Care Corporation | N | |
| | | .0000 | 3-122616 | | | | Dean Health Systems Inc | WI | IA | FPP, Inc | Ownership | 100.00 | SSM Health Care Corporation | N | |
| | | .0000 | 45-465174 | | | | FPP, Inc | WI | JRP | SSM Health Care Corporation, Not-for-profit | Ownership | 100.00 | SSM Health Care Corporation | N | |
| | | .0000 | 46-605223 | | | | SSM Health Care Corporation | MO | JRP | Other, Not-for-profit Corporation | Ownership | 100.00 | SSM Health Care Corporation | N | |
| 234 | | .0000 | 45-333488 | | | | SSM Health Business | MO | IA | SSM Health Business | Ownership | 100.00 | SSM Health Care Corporation | N | |
| 234 | | 9574 | 85-307548 | | | | SSM Health Plan | MO | IA | SSM Health Business | Ownership | 100.00 | SSM Health Care Corporation | N | |
| | | 9592 | 85-4718249 | | | | SSM Health Insurance Company | WI | IA | FPP, Inc | Ownership | 100.00 | SSM Health Care Corporation | N | |
| | | .0000 | 26-154709 | | | | Dean Health Holdings, LLC | WI | IA | Dean Health Systems, Inc | Ownership | 100.00 | SSM Health Care Corporation | N | |
| | | .0000 | 84-283369 | | | | Dean Health Service Company | WI | IA | SSM Health Holdings, LLC | Ownership | 100.00 | SSM Health Care Corporation | N | |
| | | .0000 | 45-182526 | | | | SSM Health Care Portfolio Management Company | MO | IA | SSM Health Care Corporation, Not-for-profit | Ownership | 100.00 | SSM Health Care Corporation | N | |

| Asterisk | Explanation |
|----------|-------------|
| | |

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

Explanation:

- 1.

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

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) | | |

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 paid and commitment fees | | |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | | |
| 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) | | |

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) | | |

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 | 198,737,801 | 151,919,778 |
| 2. Cost of bonds and stocks acquired | | 1,512,790 |
| 3. Accrual of discount | | .0 |
| 4. Unrealized valuation increase (decrease) | 8,531,452 | 45,311,121 |
| 5. Total gain (loss) on disposals | | .0 |
| 6. Deduct consideration for bonds and stocks disposed of | | .0 |
| 7. Deduct amortization of premium | 1,482 | 5,888 |
| 8. Total foreign exchange change in book/adjusted carrying value | | .0 |
| 9. Deduct current year's other than temporary impairment recognized | | .0 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | .0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 207,267,771 | 198,737,801 |
| 12. Deduct total nonadmitted amounts | | .0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 207,267,771 | 198,737,801 |

STATEMENT AS OF MARCH 31, 2021 OF THE 60067:Dean Health Insurance, Inc.

SCHEDULE D - PART 1B

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

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|-------------------------------------|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 1,506,903 | | | (1,483) | 1,505,420 | | | 1,506,903 |
| 2. NAIC 2 (a) | 0 | | | | 0 | | | 0 |
| 3. NAIC 3 (a) | 0 | | | | 0 | | | 0 |
| 4. NAIC 4 (a) | 0 | | | | 0 | | | 0 |
| 5. NAIC 5 (a) | 0 | | | | 0 | | | 0 |
| 6. NAIC 6 (a) | 0 | | | | 0 | | | 0 |
| 7. Total Bonds | 1,506,903 | 0 | 0 | (1,483) | 1,505,420 | 0 | 0 | 1,506,903 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | 0 | | | | 0 | | | |
| 9. NAIC 2 | 0 | | | | 0 | | | |
| 10. NAIC 3 | 0 | | | | 0 | | | |
| 11. NAIC 4 | 0 | | | | 0 | | | |
| 12. NAIC 5 | 0 | | | | 0 | | | |
| 13. NAIC 6 | 0 | | | | 0 | | | |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock | 1,506,903 | 0 | 0 | (1,483) | 1,505,420 | 0 | 0 | 1,506,903 |

(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 \$; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

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

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

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

NONE

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

NONE

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

NONE

Schedule E - Part 2 - Verification - Cash Equivalents

NONE

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

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

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 | 6 Book Balance at End of Each Month During Current Quarter | | | 9 * |
|--|-----------|-----------------------|---|---|---|-------------------|------------------|--------|
| | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| 0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories | XXX | XXX | | | 7,228,376 | 7,568,150 | 7,594,845 | XXX |
| 0199999. Totals - Open Depositories | XXX | XXX | 0 | 0 | 7,228,376 | 7,568,150 | 7,594,845 | XXX |
| 0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories | XXX | XXX | | | | | | XXX |
| 0299999. Totals - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX |
| 0399999. Total Cash on Deposit | XXX | XXX | 0 | 0 | 7,228,376 | 7,568,150 | 7,594,845 | XXX |
| 0499999. Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
| | | | | | | | | |
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| | | | | | | | | |
| 0599999. Total - Cash | XXX | XXX | 0 | 0 | 7,228,376 | 7,568,150 | 7,594,845 | XXX |

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

NONE