

**QUARTERLY STATEMENT
OF THE
NEW MEXICO HEALTH CONNECTIONS**

**of
Albuquerque
in the state of
New Mexico**

**TO THE
Insurance Department
OF THE STATE OF
New Mexico**

**FOR THE QUARTER ENDED
JUNE 30, 2020**

2020



QUARTERLY STATEMENT
AS OF JUNE 30, 2020
OF THE CONDITION AND AFFAIRS OF THE
NEW MEXICO HEALTH CONNECTIONS

NAIC Group Code 0000 , 0000 NAIC Company Code 15011 Employer's ID Number 45-1294709
(Current Period) (Prior Period)

Organized under the Laws of New Mexico , State of Domicile or Port of Entry NM

Country of Domicile United States

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 09/05/2011 Commenced Business 09/05/2011

Statutory Home Office 6001 Indian School Road NE Suite 150 , Albuquerque, NM, US 87110
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 6001 Indian School Road NE Suite 150
(Street and Number)

Albuquerque, NM, US 87110 (505)596-6100
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 6001 Indian School Road NE Suite 150 , Albuquerque, NM, US 87110
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 6001 Indian School Road NE Suite 150
(Street and Number)

Albuquerque, NM, US 87110 (505)596-6100
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address WWW.MYNMHC.ORG

Statutory Statement Contact Marilyn Louise Rippie (505)596-6103
(Name) (Area Code)(Telephone Number)(Extension)
marilyn.rippie@mynmhc.org (866)231-1344
(E-Mail Address) (Fax Number)

OFFICERS

<u>Name</u>	<u>Title</u>
Marlene Christina Baca	President/Chief Executive Officer
James R Tryon MD	Secretary
Margaret Gunter Phd	Treasurer
Marilyn Louise Rippie	Chief Financial Officer

OTHERS

DIRECTORS OR TRUSTEES

Dennis Michael Litos	Margaret Gunter Phd
James R Tryon MD	Mark Unverzagt MD
Marie Elena Alvarez	

State of _____
 County of _____ 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) Marlene Christina Baca _____ (Printed Name) 1. President/Chief Executive Officer _____ (Title)	_____ (Signature) Marilyn Louise Rippie _____ (Printed Name) 2. Chief Financial Officer _____ (Title)	_____ (Signature) _____ (Printed Name) 3. _____ (Title)
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Subscribed and sworn to before me this _____ day of _____, 2020

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

Yes[X] No[]

 (Notary Public Signature)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	1,175,547		1,175,547	3,190,233
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
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 (\$.....1,768,291), cash equivalents (\$.....192,449) and short-term investments (\$.....0)	1,960,740		1,960,740	4,799,974
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)	3,136,287		3,136,287	7,990,207
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	3,322		3,322	12,755
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,826,818		3,826,818	296,898
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 (\$.....9,880,683)	9,880,683		9,880,683	7,437,209
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	8,819,147		8,819,147	7,755,711
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	21,456		21,456	31,285
21. Furniture and equipment, including health care delivery assets (\$.....0)	15,628	15,628		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....915,563) and other amounts receivable	1,278,785	363,222	915,563	1,492,196
25. Aggregate write-ins for other-than-invested assets	1,995,640	167,572	1,828,068	
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	28,977,766	546,422	28,431,344	25,016,261
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	28,977,766	546,422	28,431,344	25,016,261
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Expenses	167,572	167,572		
2502. Other Receivables	1,828,068		1,828,068	
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,995,640	167,572	1,828,068	

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....13,403,851 reinsurance ceded)	1,050,323		1,050,323	10,245,898
2. Accrued medical incentive pool and bonus amounts	13,000		13,000	481,750
3. Unpaid claims adjustment expenses	814,441		814,441	408,707
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				343,349
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	3,602,042		3,602,042	1,618,973
9. General expenses due or accrued	375,111		375,111	2,308,549
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	20,172,364		20,172,364	7,565,725
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)	112,500		112,500	
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	26,139,781		26,139,781	22,972,951
25. Aggregate write-ins for special surplus funds	X X X	X X X		699,485
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	1,000	1,000
29. Surplus notes	X X X	X X X	77,317,782	77,317,782
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	(75,027,219)	(75,974,957)
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.20 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	2,291,563	2,043,310
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	28,431,344	25,016,261
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. 9010 Fee Estimate	X X X	X X X		699,485
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		699,485
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	87,634	109,707	211,263
2. Net premium income (including \$.....0 non-health premium income)	X X X		7,110,115	20,929,175
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		7,110,115	20,929,175
Hospital and Medical:				
9. Hospital/medical benefits		23,355,151	31,634,385	62,575,194
10. Other professional services		8,860	65,607	128,407
11. Outside referrals				
12. Emergency room and out-of-area		3,665,923	3,826,010	9,258,026
13. Prescription drugs		9,950,338	10,333,579	21,819,367
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts			(359,410)	(359,410)
16. Subtotal (Lines 9 to 15)		36,980,272	45,500,171	93,421,584
Less:				
17. Net reinsurance recoveries		36,980,272	40,988,831	79,970,849
18. Total hospital and medical (Lines 16 minus 17)			4,511,340	13,450,735
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....0 cost containment expenses			1,496,180	5,897,197
21. General administrative expenses		189,958	1,712,286	1,316,936
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		189,958	7,719,806	20,664,868
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(189,958)	(609,691)	264,307
25. Net investment income earned		16,258	92,843	154,074
26. Net realized capital gains (losses) less capital gains tax of \$.....0		(6,292)		20,723
27. Net investment gains or (losses) (Lines 25 plus 26)		9,966	92,843	174,797
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		31,664		
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	(148,328)	(516,848)	439,104
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	(148,328)	(516,848)	439,104
DETAILS OF WRITE-INS				
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.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. Other Income		31,664		
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)		31,664		

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	2,043,312	1,472,511	1,472,511
34. Net income or (loss) from Line 32	(148,328)	(516,848)	439,104
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			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	396,581	207,400	131,697
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)	248,253	(309,448)	570,801
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,291,565	1,163,063	2,043,312
DETAILS OF WRITE-INS			
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
Cash from Operations			
1. Premiums collected net of reinsurance	8,272,965	202,062	(2,458,393)
2. Net investment income	40,830	108,335	194,122
3. Miscellaneous income			
4. TOTAL (Lines 1 to 3)	8,313,795	310,397	(2,264,271)
5. Benefit and loss related payments	9,745,322	1,643,240	(4,686,868)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	1,685,998	(1,823)	8,569,400
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)	11,431,320	1,641,417	3,882,532
11. Net cash from operations (Line 4 minus Line 10)	(3,117,525)	(1,331,020)	(6,146,803)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	1,993,255	1,965,856	6,248,797
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			904
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	1,993,255	1,965,856	6,249,701
13. Cost of investments acquired (long-term only):			
13.1 Bonds		496,872	496,872
13.2 Stocks			
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)		496,872	496,872
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)	1,993,255	1,468,984	5,752,829
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds	112,500		
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(1,827,465)	622,013	610,623
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(1,714,965)	622,013	610,623
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)	(2,839,235)	759,977	216,649
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	4,799,975	4,583,326	4,583,326
19.2 End of period (Line 18 plus Line 19.1)	1,960,740	5,343,303	4,799,975

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 Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	16,808	16,808								
2. First Quarter	14,731	14,731								
3. Second Quarter	13,992	13,992								
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	87,634	87,634								
Total Member Ambulatory Encounters for Period:										
7. Physician	4,231	4,231								
8. Non-Physician	60,249	60,249								
9. Total	64,480	64,480								
10. Hospital Patient Days Incurred	1,455	1,455								
11. Number of Inpatient Admissions	246	246								
12. Health Premiums Written (a)	47,149,382	47,149,382								
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	47,149,382	47,149,382								
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	32,258,308	32,258,308								
18. Amount Incurred for Provision of Health Care Services	36,980,272	36,980,272								

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

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

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
Pharmacy	3,965,486					3,965,486
0199999 Individually Listed Claims Unpaid	3,965,486					3,965,486
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	3,308,132	958,037	336,330	147,063	39,285	4,788,847
0499999 Subtotals	7,273,618	958,037	336,330	147,063	39,285	8,754,333
0599999 Unreported claims and other claim reserves						5,699,840
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						14,454,173
0899999 Accrued Medical Incentive Pool And Bonus Amounts						13,000

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)	8,213,137		1,050,323		9,263,460	10,245,898
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	8,213,137		1,050,323		9,263,460	10,245,898
10. Healthcare receivables (a)	550,143	728,643			550,143	2,261,225
11. Other non-health						
12. Medical incentive pools and bonus amounts	468,750		13,000		481,750	481,750
13. Totals (Lines 9 - 10 + 11 + 12)	8,131,744	(728,643)	1,063,323		9,195,067	8,466,423

(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 accompanying financial statements of New Mexico Health Connections (the Company) have been prepared in conformity with accounting practices prescribed or permitted by the state of New Mexico for determining and reporting the financial conditions and results of operation of an insurance company for determining its solvency under New Mexico 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 New Mexico.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of New Mexico is shown below:

		SSAP#	F/S Page	F/S Line#	2020	2019
NET INCOME						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	(148,326)	439,102
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total					
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total					
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	(148,326)	439,102
SURPLUS						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	2,291,563	2,043,309
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total					
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)	Rx Compliance Audit	04,09	2	24	0	79,000
(799)	Total				0	79,000
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	2,291,563	1,964,309

B. Use of Estimates in the Preparation of the Financial Statements

No Material Change

C. Accounting Policy

(1) –No Material Change

(2)- Bonds are recorded at amortized cost. The company has no mandatory convertible securities or SVO-identified bond ETFs

(3) – (5) No Material Change

(6) Loan Backed Securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities except for interest only securities where the yield had become negative, that are valued using the prospective method.

Notes to Financial Statement

(7) – (13) No Material Change

D. Going Concern

New Mexico Health Connections received a favorable Risk Adjustment in 2019 related to the 2018 Risk Adjustment year, this transaction had a positive outcome, in addition the projected Risk Adjustment for 2020 related to 2019 will also be positive. The Company will continue to manage its medical costs and continues to implement cost saving initiatives. Company leadership continues to actively monitor the performance of the company, capital and surplus balances with the intention of continuing operations.

2. Accounting Changes and Corrections of Errors

No Material change

3. Business Combinations and Goodwill

a. Statutory Purchase Method – No Material Change

b. Statutory Merger – No Material Change

c. Assumption Reinsurance – No Material Change

d. Impairment Loss – No Material Change

4. Discontinued Operations

No Material Change

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - No Material Change

B. Debt Restructuring - No Material Change

C. Reverse Mortgages - No Material Change

D. Loan-Backed Securities

(1) Prepayment assumptions are obtained from Bloomberg market data and the Company's investment manager's internal estimates

(2) OTTI recognized 4th quarter – None

(3) Recognized OTTI by CUSIP – None

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains: - None

5) Additional considerations – None

E. Dollar Repurchase Agreements and/or Security Lending Transactions – None

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None

H. Repurchase Agreements Transactions Accounted for as a Sale – None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None

J. Real Estate – No Material Change

K. Low-income housing tax credits (LIHTC) – No Material Change

L. Restricted Assets (Including Pledged) – No Material Change

M. Working Capital Finance Investments - None

N. Offsetting and Netting of Assets and Liabilities – None

O. 5GI Securities – No Material Change

P. Short Sales – No Material Change

Notes to Financial Statement

Q. Prepayment Penalty and Accelerated Fees – No Material Change

6. Joint Ventures, Partnerships and Limited Liability Companies

No Material Change

7. Investment Income

No Material Change

8. Derivative Instruments

None

9. Income Taxes

No Material Change

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

No Material Change

11. Debt

A. Debt – During the second quarter of 2020, the Company applied for and received a loan totaling \$112,500 pursuant to the Paycheck Protection Program under the Coronavirus Aid, Relief, and Economic Security Act (the “CARES Act”). The loan is for two years, carries an interest rate of 1% per annum, and both principal and interest payments are deferred for the first seven months.

B. The CO-OP has no FHLB (Federal Home Loan Bank) agreements.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

A. Defined Benefit Plan

(1) Change in benefit obligation - No Material Change

(2) Change in plan assets- No Material Change

(3) Funded status - No Material Change

(4) Components of net periodic benefit cost – None

5) The amount included in unassigned funds (surplus) for the period arising from a change in the additional minimum pension liability recognized - No Material Change

(6) Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost - No Material Change

(7) Amounts in unassigned funds (surplus) that have not been recognized as components of net periodic benefit cost - No Material Change

(8) Weighted-average assumptions used to determine net period benefit cost - No Material Change

(9) The amount of accumulated benefit obligation for defined benefit pension plans - No Material Change

(10) – (11) The defined benefit pension plan asset allocation as of the measurement date, and the target asset allocation, presented as a percentage of total plan assets - No Material Change

(12) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years - No Material Change

(13) Regulatory contribution requirements - No Material Change

(14) – (21) No Material Change

B. Description of Investment Policies and Strategies for Each Class of Plan Assets – No Material Change

Notes to Financial Statement

C. Fair Value Measurement of Plan Assets at Reporting Date – No Material Change

D. Description of the basis used to determine the overall expected long-term rate of return on assets assumption – No Material Change

E. Defined Contribution Plan – No Material Change

F. Multi-Employer Plan – No Material Change

G. Consolidated/Holding Company Plans – No Material Change

H. Post-Employment Benefits and Compensated Absences – No Material Change

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – No Material Change

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

No Material Change

14. Liabilities, Contingencies and Assessments

No Material Change

15. Leases

A. Lessee Operating Lease

No Material Change

B. Lessor Leases

No Material Change

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

No Material Change

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

A. Transfers of Receivables reported as Sales – No Material Change

B. Transfer and Servicing of Financial Assets - None

C. Wash Sales – None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No Material Change.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No Material Change.

20. Fair Value Measurements

A. The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset's or liability's classification is determined based on the lowest level input that is significant to its measurement.

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.

Notes to Financial Statement

Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.

Level 3: Inputs are unobservable and reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactively traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

(1) Fair Market Value at Reporting Date

Description for Each Class of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value(NAV)	Total
Assets at Fair Value					
Cash Equivalents	192,449				192,449
Subtotal	192,449				192,449

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy - None

(3) The Company evaluates and recognizes when transfers between levels are needed at the end of the reporting period

(4) a & b & c - There are no fair value measurements categorized within Level 3 of the fair value hierarchy

(5) Derivative assets and liabilities - None

B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements – None

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value(NAV)	Not Practicable (Carrying Value)
Bonds	\$1,184,869	\$1,175,548	\$ 417,047	\$767,822			
Cash Equivalents	\$ 192,449	\$ 192,449	\$ 192,449				

D. Not Practicable to Estimate Fair Value – None

E. Investments valued at NAV - None

21. Other Items

a. Unusual or Infrequent Items – No Material Change

b. Troubled Debt Restructuring – No Material Change

c. Other Disclosures - No Material Change

d. Business Interruption Insurance Recoveries - No Material Change

e. State Transferable Tax Credits - No Material Change

f. Subprime Related Risk Exposure – No Material Change

g. Retained Assets – No Material Change

h. Insurance Linked Securities – No Material Change

Notes to Financial Statement

i. Amount that Could be Realized on Life Insurance where reporting entity is Owner and Beneficiary or Has Otherwise obtained Rights to Control Policy – No Material Change

22. Events Subsequent

Type I - Recognized Subsequent Events

No Material Change

Type II – Non-recognized Subsequent Events

No Material Change

23. Reinsurance

No Material Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A – C No Material Change

D - Medical loss ratio rebates required pursuant to the Public Health Service Act. - No Material Change

Notes to Financial Statement

E (1) Did the reporting entity write Accident and Health insurance premiums that is subject to 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

		AMOUNT
a.	Permanent ACA Risk Adjustment Program	
	Assets	
	1.	Premium adjustments receivable due to ACA Risk Adjustment \$9,880,683
	Liabilities	
	2.	Risk adjustment user fees payable for ACA Risk Adjustment \$ 0
	3.	Premium adjustments payable due to ACA Risk Adjustment \$ 0
	Operations (Revenue & Expense)	
	4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$2,443,474
	5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$12,516
b.	Transitional ACA Reinsurance Program	
	Assets	
	1.	Amounts recoverable for claims paid due to ACA Reinsurance \$0
	2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) \$0
	3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance \$0
	Liabilities	
	4.	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium \$0
	5.	Ceded reinsurance premiums payable due to ACA Reinsurance \$0
	6.	Liability for amounts held under uninsured plans contributions for ACA Reinsurance \$0
	Operations (Revenue & Expense)	
	7.	Ceded reinsurance premiums due to ACA Reinsurance \$0
	8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments \$0
	9.	ACA Reinsurance Contributions - not reported as ceded premium \$0
c.	Temporary ACA Risk Corridors Program	
	Assets	
	1.	Accrued retrospective premium due to ACA Risk Corridors
	Liabilities	
	2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors \$0
	Operations (Revenue & Expense)	
	3.	Effect of ACA Risk Corridors on net premium income (paid/received) \$0
	4.	Effect of ACA Risk Corridors on change in reserves for rate credits \$0

The Company does not have any self-insured business that would require disclosure of any uninsured plans contributions within the Transitional Reinsurance Program.

Notes to Financial Statement

3) Roll-forward of prior year ACA risk-sharing provisions for the following asset 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	
	1	2	3	4	Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	7,437,209				7,437,209				A	7,437,209	
2. Premium adjustments (payable)									B		
3. Subtotal ACA Permanent Risk Adjustment Program	7,437,209				7,437,209					7,437,209	
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid									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											
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	7,437,209				7,437,209					7,437,209	

Notes to Financial Statement

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

5. ACA Risk Corridor Receivable as of Reporting Date - None

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2019 were \$11,136,355 for Claims and Claims Adjustment Expense. As of June 30, 2020, \$8,540,450 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,063,323 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$1,532,582 favorable prior-year development since December 31, 2019 to June 30, 2020. The increase (decrease) is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

No Material Change

27. Structured Settlements

No Material Change

28. Health Care Receivables

No Material Change

29. Participating Policies

No Material Change

30. Premium Deficiency Reserves

No Material Change

31. Anticipated Salvage and Subrogation

No Material 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[] 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[] No[X]
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: Yes[] No[X]
- 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. Yes[] No[X]

- 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 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. 12/31/2017
- 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). 06/11/2019
- 6.4 By what department or departments?
State of New Mexico Office of Superintendent 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[] No[] N/A[X]

- 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 Yes[] No[X]

- 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. Yes[] No[X]
- 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. Yes[] No[X]

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: Yes[] No[X]
- 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). Yes[] No[X]
- 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[] No[X]

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		
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)		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

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

1 Name of Custodian(s)	2 Custodian Address
Bank of Albuquerque	201 Third Street NW Suite 1400 Albuquerque NM 87102

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
AAM Company LLC, 30 Monroe St, Chicago IL 60603	U

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes[X] No[]
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[X] No[]
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
109875	AAM Company LLC	549300DSCHEIV5W3U963	SEC	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 for each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.

GENERAL INTERROGATORIES (Continued)

- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

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

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

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

- | | |
|---|--------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent | 0.000% |
| 1.2 A&H cost containment percent | 0.000% |
| 1.3 A&H expense percent excluding cost containment expenses | 0.000% |
| 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[] No[X] |
| 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 Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates									
23647	41-0121640	01/01/2020	IRONSHORE IND INC	MN	SSL/I	CMM	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1	Direct Business Only								
	2	3	4	5	6	7	8	9	
Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts	
State, Etc.									
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)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
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)	L	47,149,382					47,149,382		
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)	N								
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	47,149,382					47,149,382		
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	X X X	47,149,382					47,149,382		
DETAILS OF WRITE-INS									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

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

1

- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

56

15 Schedule Y - Part 1 NONE

16 Schedule Y Part 1A - Detail of Insurance Holding Company System NONE

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



15011202036500002

2020

Document Code: 365

STATEMENT AS OF **June 30, 2020** OF THE **NEW MEXICO HEALTH CONNECTIONS**
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	3,190,233	8,932,485
2. Cost of bonds and stocks acquired		496,872
3. Accrual of discount	1	17,282
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(6,292)	19,819
6. Deduct consideration for bonds and stocks disposed of	1,993,255	6,248,797
7. Deduct amortization of premium	15,140	27,427
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)	1,175,548	3,190,233
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	1,175,548	3,190,233

SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	2,503,243		1,322,262	(5,433)	2,503,243	1,175,548		3,190,233
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	2,503,243		1,322,262	(5,433)	2,503,243	1,175,548		3,190,233
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	2,503,243		1,322,262	(5,433)	2,503,243	1,175,548		3,190,233

(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

QS102

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	NONE				

SCHEDULE DA - Verification

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		250,016
2. Cost of short-term investments acquired		844,892
3. Accrual of discount		2,956
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		903
6. Deduct consideration received on disposals		1,098,662
7. Deduct amortization of premium		105
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)		0
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		0

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	464,992	401,094
2.	Cost of cash equivalents acquired	2,006,164	7,782,026
3.	Accrual of discount		699
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		1
6.	Deduct consideration received on disposals	2,278,707	7,718,828
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)	192,449	464,992
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	192,449	464,992

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

E04 Schedule D Part 3 NONE

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
										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.	15 Total Foreign Exchange Change in B./A.C.V.							
Bonds - U.S. Special Revenue, Special Assessment																					
3136A5B47	FNR 2012-54 WG - CMO/RMBS		05/12/2020	Various	X X X	123,471	121,930	125,284	125,369				(240)		125,129		(1,658)	(1,658)	1,898	01/25/2041	1
3136AJKX3	FNR 2014-13 CA - CMO/RMBS		05/12/2020	Various	X X X	219,876	218,137	224,272	224,364				(1,784)		222,580		(2,704)	(2,704)	2,411	05/25/2030	1
3136AKNC3	FNR 2014-39 AB - CMO/RMBS		06/01/2020	Paydown	X X X	19,595	19,595	20,232	19,841				(246)		19,595				246	09/25/2039	1
3136AQK82	FNR 2015-94 LD - CMO/RMBS		06/01/2020	Paydown	X X X	14,198	14,198	14,941	14,761				(563)		14,198				177	08/25/2043	1
3137ANP58	FHR 4038 A - CMO/RMBS		05/12/2020	Various	X X X	79,745	79,433	83,628	81,629				(571)		81,058		(1,313)	(1,313)	1,213	06/15/2030	1
3137B74A4	FHR 4295 AB - CMO/RMBS		06/01/2020	Paydown	X X X	12,495	12,495	12,690	12,561				(66)		12,495				104	01/15/2024	1
3137BCGR3	FHR 4360 DA - CMO/RMBS		06/01/2020	Paydown	X X X	14,594	14,594	15,209	14,888				(295)		14,594				185	05/15/2037	1
3137BGWZ8	FHR 4447 PA - CMO/RMBS		05/12/2020	Various	X X X	202,343	195,391	204,245	202,068				(570)		201,499		844	844	2,627	12/15/2044	1
3137BPP29	FHR 4579 BA - CMO/RMBS		06/01/2020	Paydown	X X X	16,373	16,373	16,898	16,889				(515)		16,373				208	01/15/2043	1
3139SRE5	FNR 2010-137 CJ - CMO/RMBS		06/01/2020	Paydown	X X X	11,985	11,985	12,250	12,179				(194)		11,985				121	12/25/2025	1
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment				X X X	714,675	704,131	729,649	724,550				(5,044)		719,505		(4,831)	(4,831)	9,189	X X X	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
00104UAB4	AEPTC 3 A2 - ABS		06/01/2020	Paydown	X X X	71,701	71,701	72,841	71,857				(155)		71,701				(386)	06/01/2021	1FE
36191YBB3	GSMS 2011-GC5 A4 - CMBS		05/12/2020	CITIBANK, N.A.	X X X	529,594	525,000	559,590	533,336				(2,281)		531,055		(1,461)	(1,461)	8,758	08/12/2044	1FM
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	601,295	596,701	632,431	605,193				(2,436)		602,756		(1,461)	(1,461)	8,372	X X X	X X X
8399997	Subtotal - Bonds - Part 4				X X X	1,315,970	1,300,833	1,362,081	1,329,743				(7,480)		1,322,262		(6,292)	(6,292)	17,561	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
8399999	Subtotal - Bonds				X X X	1,315,970	1,300,833	1,362,081	1,329,743				(7,480)		1,322,262		(6,292)	(6,292)	17,561	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
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
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
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
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
9999999	Total - Bonds, Preferred and Common Stocks				X X X	1,315,970	X X X	1,362,081	1,329,743				(7,480)		1,322,262		(6,292)	(6,292)	17,561	X X X	X X X

QE05

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 DB Part E NONE

E11 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E12 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
Wells Fargo - Checking #9576	Albuquerque, New Mexico					1,162,876	881,788	2,120,782	X X X
Wells Fargo - Claims #4894	Albuquerque, New Mexico					(1,578,953)	(1,524,599)	(1,442,282)	X X X
Wells Fargo - Claims #5258	Albuquerque, New Mexico					39,616	39,616	39,616	X X X
Wells Fargo - Money Market #4591	Albuquerque, New Mexico		0.010	3		151,455	151,456	151,457	X X X
Wells Fargo - Premium #7183	Albuquerque, New Mexico					4,280,516	4,082,233	645,099	X X X
Wells Fargo - Platinum Savings #4670	Albuquerque, New Mexico		0.060	110		250,443	250,460	250,473	X X X
Wells Fargo - #4083	Albuquerque, New Mexico					3,146	3,146	3,146	X X X
0199998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		X X X	X X X						X X X
0199999 Totals - Open Depositories		X X X	X X X	113		4,309,099	3,884,100	1,768,291	X X X
0299998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		X X X	X X X						X X X
0299999 Totals - Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash On Deposit		X X X	X X X	113		4,309,099	3,884,100	1,768,291	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	113		4,309,099	3,884,100	1,768,291	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
All Other Money Market Mutual Funds								
825252885	INVESCO GOV&AGENCY INST		06/25/2020	0.100	X X X	192,449	14	11
8699999 Subtotal - All Other Money Market Mutual Funds						192,449	14	11
8899999 Total Cash Equivalents						192,449	14	11

INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11
Accounting Practices and Policies; Q5; Q10, Note 1
Admitted Assets; Q2
Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05
Bonuses; Q3; Q4; Q8; Q9
Borrowed Funds; Q3; Q6
Business Combinations and Goodwill; Q10, Note 3
Capital Gains (Losses)
 Realized; Q4
 Unrealized; Q4; Q5
Capital Stock; Q3; Q10, Note 13
Capital Notes; Q6; Q10, Note 11
Caps; QE06; QSI04
Cash; Q2; Q6; QE12
Cash Equivalents; Q2; Q6; QE13
Claims; Q3; Q4; Q8; Q9
Collars; QE06; QSI04
Commissions; Q6
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2
Cost Containment Expenses; Q4
Contingencies; Q10, Note 14
Counterparty Exposure; Q10, Note 8; QE06; QE08
Debt; Q10, Note 11
Deferred Compensation; Q10, Note 12
Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08
Discontinued Operations; Q10, Note 4
Electronic Data Processing Equipment; Q2
Encumbrances; Q2; QSI01; QE01
Emergency Room; Q4
Expenses; Q3; Q4; Q6
Extinguishment of Liabilities; Q10, Note 17
Extraordinary Item; Q10, Note 21
Fair Value; Q7, Note 20
Fee for Service; Q4
Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05
Forwards; QE06; QSI04
Furniture, Equipment and Supplies; Q2
Guaranty Fund; Q2
Health Care Receivables; Q2; Q9; Q10, Note 28
Holding Company; Q16
Hospital/Medical Benefits; Q4
Incentive Pools; Q3; Q4; Q8; Q9
Income; Q4; Q5; Q6
Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9
Incurred Claims and Claim Adjustment Expenses; Q10, Note 25
Intercompany Pooling; Q10, Note 26
Investment Income; Q10, Note 7
 Accrued; Q2
 Earned; Q2; QSI03
 Received; Q6
Investments; Q10, Note 5; Q11.1; Q11.2; QE08
Joint Venture; Q10, Note 6
Leases; Q10, Note 15
Limited Liability Company (LLC); Q10, Note 6
Limited Partnership; Q10, Note 6
Long-Term Invested Assets; Q2; QE03
Managing General Agents; Q10, Note 19
Medicare Part D Coverage; QSupp1
Member Months; Q4; Q7
Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02
Nonadmitted Assets; Q2; Q5; QSI01; QSI03
Off-Balance Sheet Risk; Q10, Note 16
Options; QE06; QSI04
Organizational Chart; Q11; Q14
Out-of-Area; Q4
Outside Referrals; Q4
Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1
Participating Policies; Q10, Note 29
Pharmaceutical Rebates; Q10, Note 28
Policyholder Dividends; Q5; Q6
Postemployment Benefits; Q10, Note 12
Postretirement Benefits; Q10, Note 12
Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

INDEX TO HEALTH QUARTERLY STATEMENT

Premium Deficiency Reserves; Q10, Note 30
Premiums and Considerations
 Advance; Q3
 Collected; Q6
 Deferred; Q2
 Direct; Q7; Q13
 Earned; Q7
 Retrospective; Q2
 Uncollected; Q2
 Unearned; Q4
 Written; Q4; Q7
Prescription Drugs; Q4
Quasi Reorganizations; Q10, Note 13
Real Estate; Q2; Q6; QE01; QSI01
Redetermination, Contracts Subject to; Q10, Note 24
Reinsurance; Q9; Q10, Note 23
 Ceded; Q3; Q12
 Funds Held; Q2
 Payable; Q3
 Premiums; Q3
 Receivable; Q2; Q4
 Unauthorized; Q3; Q5
Reserves
 Accident and Health; Q3; Q4
 Claim; Q3; Q5; Q8
 Life; Q3
Retirement Plans; Q10, Note 12
Retrospectively Rated Policies; Q10, Note 24
Risk Revenue; Q4
Salvage and Subrogation; Q10, Note 31
Securities Lending; Q2; Q3; QE09; QE11
Servicing of Financial Assets; Q10, Note 17
Short-Term Investments; Q2; Q6; Q11.1; QSI03
Stockholder Dividends; Q5; Q6
Subsequent Events; Q10, Note 22
Surplus; Q3; Q5; Q6
Surplus Notes; Q3; Q5; Q6
Swaps; QE07; QSI04
Synthetic Assets; QSI04; QSI05
Third Party Administrator; Q10, Note 19
Treasury Stock; Q3; Q5
Uninsured Accident and Health; Q2; Q3; Q10, Note 18
Valuation Allowance; QSI01
Wash Sales; Q10, Note 17
Withholds; Q4; Q8