

**QUARTERLY STATEMENT
OF THE
True Health New Mexico, Inc.**

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

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

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

2020



**QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2020
OF THE CONDITION AND AFFAIRS OF THE
True Health New Mexico, Inc.**

NAIC Group Code 0000 (Current Period) , 0000 (Prior Period) NAIC Company Code 16281 Employer's ID Number 82-2885824

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[] N/A[X]

Incorporated/Organized 09/22/2017 Commenced Business 01/01/2018

Statutory Home Office 2440 Louisiana Blvd NE Suite 601 , Albuquerque, NM, US 87110
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2440 Louisiana Blvd NE Suite 601
(Street and Number)
Albuquerque, NM, US 87110 (505)633-8020
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 2440 Louisiana Blvd NE Suite 601 , 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 2440 Louisiana Blvd NE Suite 601
(Street and Number)
Albuquerque, NM, US 87110 (505)633-8020
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.truehealthnewmexico.com

Statutory Statement Contact Greg Theobald (505)633-8020
(Name) (Area Code)(Telephone Number)(Extension)
GTheobald@TruehealthNewMexico.com (866)231-1344
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title
Francis Torres	Chief Medical Officer
Mark Epstein	CEO and President #
Anne Brennan Sapon	Chief Operations Officer
Myja Peterson	Chief Business Intelligence Officer
Todd Pilger	Chief Financial Officer

OTHERS

DIRECTORS OR TRUSTEES

Michael DeWitte	Douglas Brown
Jonathan Weinberg	John Johnson
Seth Blakely	Martin Hickey #

State of New Mexico
County of Bernalillo 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) Anne Brennan Sapon (Printed Name) 1. Chief Operations Officer (Title)	_____ (Signature) Todd Pilger (Printed Name) 2. Chief Financial Officer (Title)	_____ (Signature) Mark Epstein (Printed Name) 3. CEO and President (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	16,929,971		16,929,971	17,868,600
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 (\$.....16,865,644), cash equivalents (\$.....4,046,081) and short-term investments (\$.....0)	20,911,726		20,911,726	12,062,264
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)	37,841,697		37,841,697	29,930,864
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	91,397		91,397	77,052
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,214,218		1,214,218	667,154
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 (\$.....508,731)	508,731		508,731	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,053,802		1,053,802	855,086
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	12,651		12,651	12,247
18.1 Current federal and foreign income tax recoverable and interest thereon	782,867		782,867	
18.2 Net deferred tax asset	2,239,268	1,695,066	544,202	586,682
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	318,962		318,962	1,207,905
24. Health care (\$.....1,221,146) and other amounts receivable	1,221,146		1,221,146	1,377,814
25. Aggregate write-ins for other-than-invested assets	9,698,940	7,522,223	2,176,717	1,681,199
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	54,983,678	9,217,290	45,766,388	36,396,004
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	54,983,678	9,217,290	45,766,388	36,396,004
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. Goodwill	4,136,106	4,136,106		
2502. Intangible Assets	3,240,000	3,240,000		
2503. Miscellaneous Receivables	35,682		35,682	456,925
2598. Summary of remaining write-ins for Line 25 from overflow page	2,287,152	146,117	2,141,035	1,224,275
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	9,698,940	7,522,223	2,176,717	1,681,199

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	11,062,995		11,062,995	7,761,727
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	455,773		455,773	316,227
4. Aggregate health policy reserves, including the liability of \$.....5,019,870 for medical loss ratio rebate per the Public Health Service Act	6,199,985		6,199,985	706,302
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	2,102,718		2,102,718	2,579,790
9. General expenses due or accrued	5,024,068		5,024,068	1,126,715
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				241,539
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates				
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	69,333		69,333	67,774
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	24,914,871		24,914,871	12,800,075
25. Aggregate write-ins for special surplus funds	X X X	X X X		1,026,486
26. Common capital stock	X X X	X X X	10	10
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	27,751,490	27,751,490
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(6,899,982)	(5,182,057)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	20,851,518	23,595,929
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	45,766,389	36,396,004
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. ACA 9010 Fee	X X X	X X X		1,026,486
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		1,026,486
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	208,655	150,041	199,349
2. Net premium income (including \$.....0 non-health premium income)	X X X	91,180,986	135,839,168	171,289,439
3. Change in unearned premium reserves and reserves for rate credits	X X X	(5,019,870)		
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	86,161,117	135,839,168	171,289,439
Hospital and Medical:				
9. Hospital/medical benefits		44,462,752	33,684,846	44,919,518
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area		7,134,208	4,937,720	7,713,298
13. Prescription drugs		13,235,598	8,864,740	11,931,672
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		64,832,558	47,487,306	64,564,488
Less:				
17. Net reinsurance recoveries		1,836,029	(61,355,382)	(71,403,132)
18. Total hospital and medical (Lines 16 minus 17)		62,996,529	108,842,688	135,967,621
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....3,917,482 cost containment expenses		8,146,725	15,424,862	19,618,932
21. General administrative expenses		19,444,854	10,390,585	13,148,271
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)		90,588,108	134,658,135	168,734,824
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(4,426,991)	1,181,033	2,554,615
25. Net investment income earned		397,122	446,686	597,551
26. Net realized capital gains (losses) less capital gains tax of \$.....0		(8,748)	(647)	(3,256)
27. Net investment gains or (losses) (Lines 25 plus 26)		388,374	446,039	594,295
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....290,052)]		(290,052)	(6,300)	(6,807)
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(4,328,669)	1,620,772	3,142,103
31. Federal and foreign income taxes incurred	X X X	(772,007)	411,712	917,872
32. Net income (loss) (Lines 30 minus 31)	X X X	(3,556,662)	1,209,060	2,224,231
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.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	23,595,929	22,295,322	22,295,322
34. Net income or (loss) from Line 32	(3,556,662)	1,209,060	2,224,231
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	137,014		(35,461)
39. Change in nonadmitted assets	675,237	681,191	(370,857)
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			(2,500,000)
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			1,982,694
48. Net change in capital and surplus (Lines 34 to 47)	(2,744,410)	1,890,251	1,300,607
49. Capital and surplus end of reporting period (Line 33 plus 48)	20,851,519	24,185,573	23,595,929
DETAILS OF WRITE-INS			
4701. Correction of an error			1,982,694
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)			1,982,694

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	90,121,933	137,128,674	194,294,940
2. Net investment income	393,588	398,787	566,327
3. Miscellaneous income			
4. TOTAL (Lines 1 to 3)	90,515,521	137,527,461	194,861,267
5. Benefit and loss related payments	59,737,308	108,559,857	160,393,756
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	23,843,578	31,606,569	38,254,567
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	252,399	990,544	1,601,081
10. TOTAL (Lines 5 through 9)	83,833,285	141,156,970	200,249,404
11. Net cash from operations (Line 4 minus Line 10)	6,682,236	(3,629,509)	(5,388,137)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,257,543	688,210	1,256,010
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			
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	2,257,543	688,210	1,256,010
13. Cost of investments acquired (long-term only):			
13.1 Bonds	1,338,473	6,210,113	8,425,348
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			0
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	1,338,473	6,210,113	8,425,349
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)	919,070	(5,521,903)	(7,169,338)
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			(2,500,000)
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	1,248,157	2,733,578	(1,258,337)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	1,248,157	2,733,578	(3,758,337)
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)	8,849,463	(6,417,834)	(16,315,812)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	12,062,265	28,378,077	28,378,077
19.2 End of period (Line 18 plus Line 19.1)	20,911,728	21,960,243	12,062,265

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	16,412		16,412							
2. First Quarter	23,430	6,389	16,540				501			
3. Second Quarter	22,971	6,371	16,074				526			
4. Third Quarter	23,210	6,558	16,110				542			
5. Current Year										
6. Current Year Member Months	208,655	57,721	146,295				4,639			
Total Member Ambulatory Encounters for Period:										
7. Physician	98,677	27,835	68,511				2,331			
8. Non-Physician	30,489	8,166	22,159				164			
9. Total	129,166	36,001	90,670				2,495			
10. Hospital Patient Days Incurred	2,159	658	1,466				35			
11. Number of Inpatient Admissions	552	145	398				9			
12. Health Premiums Written (a)	92,681,194	27,027,183	63,379,167				2,274,844			
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	87,661,325	27,027,183	58,359,298				2,274,844			
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	61,374,622	16,760,163	43,488,188				1,126,271			
18. Amount Incurred for Provision of Health Care Services	64,832,558	19,557,474	43,618,398				1,656,686			

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	633,953	37,360	8,263	6,324	3,007	688,907
0499999 Subtotals	633,953	37,360	8,263	6,324	3,007	688,907
0599999 Unreported claims and other claim reserves						10,374,089
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						11,062,995
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)	7,149,215	51,263,105	698,677	9,770,433	7,847,892	7,761,727
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan		1,126,271		593,887		
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	7,149,215	52,389,376	698,677	10,364,320	7,847,892	7,761,727
10. Healthcare receivables (a)	296,113	925,032			296,113	1,377,814
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)	6,853,102	51,464,343	698,677	10,364,320	7,551,779	6,383,913

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

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of True Health New Mexico, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the New Mexico Office of Superintendent of Insurance.

The New Mexico Office of Superintendent of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of New Mexico for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the 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
<u>NET INCOME</u>						
(1)	State basis (Page 4, Line 32, Columns 2 & 3)				(3,556,662)	2,224,231
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total					
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total				0	0
(4)	NAIC SAP (1-2-3=4)				(3,556,662)	2,224,231
<u>SURPLUS</u>						
(5)	State basis (Page 3, Line 33, Columns 3 & 4)				20,851,519	23,595,929
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)	Admission of Goodwill	68	2, 3	25, 31	(2,075,203)	(2,418,557)
(699)	Total				(2,075,203)	(2,418,557)
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total				0	0
(8)	NAIC SAP (5-6-7=8)				22,926,722	26,014,486

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

No Material Changes.

C. Accounting Policy

- (1) No Material Changes
- (2) The Company had no bonds. The Company does not own any mandatory convertible securities or SVO-Identified bond ETFs.
- (3) No Material Changes.
- (4) No Material Changes.
- (5) No Material Changes.
- (6) The Company had no Loan-backed securities.
- (7) – (13) No Material Changes

Notes to Financial Statement

D. Going Concern

Management has evaluated the Company's ability to continue as a going concern. There is no substantial doubt in its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

No Material Changes.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method - No Material Changes
- B. Statutory Merger - No Material Changes
- C. Assumption Reinsurance – No Material Changes
- D. Impairment Loss – No Material Changes

4. Discontinued Operations

- A. Discontinued Operation Disposed of or Classified as Held for Sale – No Material Changes
- B. Change in Plan of Sale of Discontinued Operation – No Material Changes
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – No Material Changes
- D. Equity Interest Retained in Discontinued Operation After Disposal - No Material Changes

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - No Material Changes
- B. Debt Restructuring - No Material Changes
- C. Reverse Mortgages - No Material Changes
- D. Loan-Backed Securities - None
- E. Dollar Repurchase Agreements and/or Securities 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 Changes
- K. Low-income housing tax credits (LIHTC) – No Material Changes
- L. Restricted Assets – No Material Changes
- M. Working Capital Finance Investments – None
- N. Offsetting and Netting of Assets and Liabilities – None
- O. 5GI Securities – No Material Changes
- P. Short Sales – No Material Changes
- Q. Prepayment Penalty and Acceleration Fees –

General Account

(1)	Number Of CUSIPs	1
(2)	Aggregate Amount of Investment Income	1,810

6. Joint Ventures, Partnerships and Limited Liability Companies

No Material Changes

7. Investment Income

No Material Changes

8. Derivative Instruments

None.

9. Income Taxes

No Material Changes

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

No Material Changes

11. Debt

- A. Debt – No Material Changes.
- B. FHLB (Federal Home Loan Bank) Agreements – None

Notes to Financial Statement

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. Investment Policies and Strategies – No Material Changes

C. Plan Assets – No Material Changes

D. Long-term Rate-of-return-on-assets Assumption - No Material Changes

E. Defined Contribution Plans – No Material Changes.

F. Multi-Employer Plan – No Material Changes

G. Consolidated/Holding Company Plans – No Material Changes

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

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

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

No Material Changes

14. Liabilities, Contingencies and Assessments

No Material Changes

15. Leases

A. Lessee Operating Lease

(1) Terms of the Operating Lease

- a. The Company assumed a lease for office space that began January 1, 2018. Rental expense in 2019 and 2020 were \$352,690 and \$89,697, respectively. This lease was extended to begin in April 2020 through May 1, 2025. On February 10, 2020, the Company also entered into a three year software lease with MCG Health, LLC. Lease expense recognized in 2020 is \$14,231.
- b. Contingent rental payments are determined based on the terms of the contract.
- c. Certain rental commitments have renewal options extending through the year 2020. Some of these renewals are subject to adjustments in future periods.

(2) Aggregate Rental Commitments

Year Ending December 31	Operating Leases
1. 2021	349,276
2. 2022	358,277
3. 2023	346,236
4. 2024	354,933
5. 2025	119,284
Total	1,528,005

- (3) The Company is not involved in any sales-leaseback transactions

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 Changes

Notes to Financial Statement

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

- A. Transfers of Receivables reported as Sales – No Material Changes
- 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 Changes

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

No Material Changes

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.

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 Value Measurements at Reporting Date –

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a.	Assets at fair value					
01	Cash Equivalents - Exempt Money Market Funds	\$4,046,081				\$4,046,081
99	Subtotal – Assets at fair value	\$4,046,081				\$4,046,081
b.	Liabilities at fair value					
01						
02						
99	Subtotal – Liabilities at fair value					

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

(3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

(4) The Company has not valued any securities at a Level 2 or 3.

(5) Derivative assets and liabilities- None

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

Notes to Financial Statement

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	\$17,791,534	\$16,929,971		\$17,791,534			
Cash Equivalents	\$4,046,081	\$4,046,081	\$4,046,081				

- A. Not Practicable to Estimate Fair Value – None
 B. Investments Measured using NAV – None

21. Other Items

- A. Unusual and Infrequent Items – No Material Changes
 B. Troubled Debt Restructuring – No Material Changes
 C. Other Disclosures – No Material Changes
 D. Business Interruption Insurance Recoveries - No Material Changes
 E. State Transferable and Non-transferable Tax Credits - No Material Changes
 F. Subprime-Mortgage-Related Risk Exposure – No Material Changes
 G. Retained Assets – No Material Changes
 H. Insurance-Linked Securities (ILS) Contracts - No Material Changes
 I. Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary - No Material Changes

22. Events Subsequent

No Material Changes

23. Reinsurance

No Material Changes

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Retrospective premium adjustments - No Material Changes.
 B. Retrospective premium adjustments - No Material Changes.
 C. Retrospective premium adjustments - No Material Changes.
 D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred					
(2) Medical loss ratio rebated paid					
(3) Medical loss ratio rebates unpaid					
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred					
(8) Medical loss ratio rebated paid					
(9) Medical loss ratio rebates unpaid		\$5,019,870			\$5,019,870
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$5,019,870

Notes to Financial Statement

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

- (1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? YES
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

	AMOUNT
a. Permanent ACA Risk Adjustment Program	
Assets	
1.Premium adjustments receivable due to ACA Risk Adjustment	508,731
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	18,861
3.Premium adjustments payable due to ACA Risk Adjustment	1,180,115
Operations (Revenue & Expense)	
4.Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(2,287,311)
5.Reported in expenses as ACA risk adjustment user fees (incurred/paid)	18,861
b. Transitional ACA Reinsurance Program	
Assets	
1.Amounts recoverable for claims paid due to ACA Reinsurance	
2.Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	
3.Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	
Liabilities	
4.Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	
5.Ceded reinsurance premiums payable due to ACA Reinsurance	
6.Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	
Operations (Revenue & Expense)	
7.Ceded reinsurance premiums due to ACA Reinsurance	
8.Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	
9.ACA Reinsurance contributions – not reported as ceded premium	
c. Temporary ACA Risk Corridors Program	
Assets	
1.Accrued retrospective premium due to ACA Risk Corridors	
Liabilities	
2.Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
Operations (Revenue & Expense)	
3.Effect of ACA Risk Corridors on net premium income (paid/received)	
4.Effect of ACA Risk Corridors on change in reserves for rate credits	

Notes to Financial Statement

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 +8)	
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	A	\$0	\$0
2. Premium adjustments (payable)	\$0	\$706,302	\$0	\$1,866,790	\$0	(\$1,160,488)	\$0	\$1,813,832	B	\$0	\$653,344
3. Subtotal ACA Permanent Risk Adjustment Program	\$0	\$706,302	\$0	\$1,866,790	\$0	(\$1,160,488)	\$0	\$1,813,832		\$0	\$653,344
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	C	\$0	\$0
2. Amounts recoverable for claims unpaid (contra liability)	\$0	\$0	-	\$0	\$0	\$0	\$0	\$0	D	\$0	\$0
3. Amounts receivable relating to uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	E	\$0	\$0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$0	\$0	-	-	\$0	\$0	\$0	\$0	F	\$0	\$0
5. Ceded reinsurance premiums payable	\$0	\$0	-	-	\$0	\$0	\$0	\$0	G	\$0	\$0
6. Liability for amounts held under uninsured plans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	H	\$0	\$0
7. Subtotal ACA Transitional Reinsurance Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	I	\$0	\$0
2. Reserve for rate credits or policy experience rating refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	J	\$0	\$0
3. Subtotal ACA Risk Corridors Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
d. Total for ACA Risk Sharing Provisions	\$0	\$706,302	\$0	\$1,866,790	\$0	(\$1,160,488)	\$0	\$1,813,832		\$0	\$653,344

Explanations of Adjustments

A
B. Adjusted amount based on notice received from United States Department of Health and Human Services.
C
D
E
F
G
H
I
J

(4) Roll Forward of ACA Risk Corridor Asset and Liability Balances - None

(5) ACA Risk Corridor Receivable - None

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves for Losses and Loss and Adjustment Expense as of December 31, 2019 were \$8,077,954. As of September 30, 2020, \$7,465,442 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$698,677 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$86,165 unfavorable prior-year development since December 31, 2019 to September 30, 2020. The increase 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

The Company did not have any significant changes in methodologies or assumptions used in the calculation the liability for unpaid losses or loss adjustment expenses.

26. Intercompany Pooling Arrangements

No Material Changes

27. Structured Settlements

No Material Changes

28. Health Care Receivables

No Material Changes

Notes to Financial Statement

29. Participating Policies

No Material Changes

30. Premium Deficiency Reserves

No Material Changes

31. Anticipated Salvage and Subrogation

No Material Changes

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[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[X] No[]
- 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. 0001628908
- 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[X] No[] N/A[]
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 07/30/2019
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 07/30/2019
- 6.4 By what department or departments?
Office of Superintendent of Insurance - State of New Mexico
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... No .....	..... No .....	..... No .....	..... No

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

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 318,962

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
BOK Financial	Albuquerque, NM

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
BOK Financial .....	..... 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
17530	BOK Financial	5493008UZFT14G7UQ733	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.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

GENERAL INTERROGATORIES (Continued)

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

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

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 1 Attachments

August 1, 2020, the Company amended its Health Plan Service Agreement with Evolent Health LLC that modifies services provided and compensation.

GENERAL INTERROGATORIES

PART 2 - HEALTH

- | | |
|---|---------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent | 77.661% |
| 1.2 A&H cost containment percent | 4.547% |
| 1.3 A&H expense percent excluding cost containment expenses | 27.477% |
| 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		
23647	41-0121640	01/01/2020	IRONSHORE IND INC	MN	SSL/G	CMM	Authorized		
23647	41-0121640	01/01/2020	IRONSHORE IND INC	MN	SSL/G	FEHBP	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	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	90,406,350			2,274,845		92,681,195		
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	90,406,350			2,274,845		92,681,195		
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	X X X	90,406,350			2,274,845		92,681,195		
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

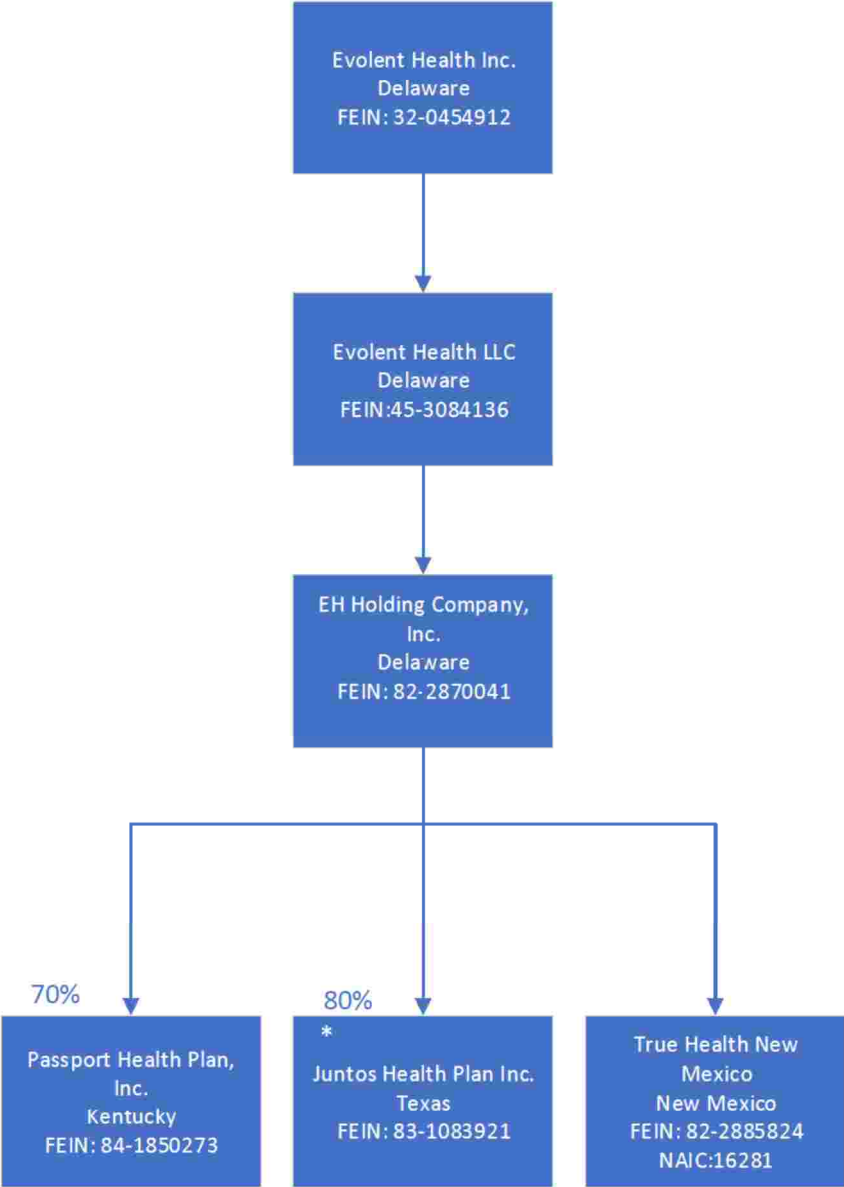
Q Qualified - Qualified or accredited reinsurer

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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS 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)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....	00000	32-0454912	.....	0001628908	NYSE	Evolut Health, Inc.	DE	UIP	.....	.....	.....	Evolut Health, Inc.	N	.....
.....	00000	45-3084136	.....	.....	.....	Evolut Health LLC	DE	UIP	Evolut Health, Inc.	Ownership	100.0	Evolut Health, Inc.	N	.....
.....	00000	82-2870041	.....	.....	.....	EH Holding Company, Inc.	DE	UDP	Evolut Health LLC	Ownership	100.0	Evolut Health, Inc.	N	.....
.....	16281	82-2885824	.....	.....	.....	True Health New Mexico	NM	RE	EH Holding Company, Inc.	Ownership	100.0	Evolut Health, Inc.	N	.....
.....	00000	83-1083921	.....	.....	.....	Juntos Health Plan, Inc.	TX	NIA	EH Holding Company, Inc.	Ownership	80.0	Evolut Health, Inc.	N	.....
.....	00000	84-1850273	.....	.....	.....	Passport Health Plan, Inc.	KY	NIA	EH Holding Company, Inc.	Ownership	70.0	Evolut Health, Inc.	N	.....

Asterisk	Explanation
0000001

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



16281202036500003

2020

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Deposits	58,808	58,808		
2505. NMMIP Premium Tax Credit	1,581,384		1,581,384	1,224,275
2506. Prepaid Expenses	646,960	87,309	559,651	
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	2,287,152	146,117	2,141,035	1,224,275

STATEMENT AS OF **September 30, 2020** OF THE **True Health New Mexico, Inc.**
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	17,868,601	9,982,359
2. Cost of bonds and stocks acquired	1,338,473	9,033,648
3. Accrual of discount	13,119	18,428
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(8,748)	(3,256)
6. Deduct consideration for bonds and stocks disposed of	2,259,354	1,149,010
7. Deduct amortization of premium	23,931	13,568
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	1,810	
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	16,929,971	17,868,601
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	16,929,971	17,868,601

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)	17,190,186		553,582	(3,028)	18,293,832	17,190,186	16,633,576	17,573,006
2. NAIC 2 (a)	296,124			271	295,859	296,124	296,396	295,595
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	17,486,310		553,582	(2,757)	18,589,691	17,486,310	16,929,971	17,868,601
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	17,486,310		553,582	(2,757)	18,589,691	17,486,310	16,929,971	17,868,601

(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		
2. Cost of short-term investments acquired		1,986,797
3. Accrual of discount		13,203
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		2,000,000
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)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

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	3,383,461	10,148,592
2.	Cost of cash equivalents acquired	2,012,922	6,585,079
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	1,350,302	13,350,210
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)	4,046,081	3,383,461
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	4,046,081	3,383,461

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. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
Bonds - U.S. Governments																						
38376M3P0	GNR 2017-096 MC - CMO/RMBS		09/01/2020	Paydown	X X X	104,841	104,841	105,070	105,105		15		15		105,120		(279)	(279)	1,735	08/20/2046	1	
38378NW33	GNR 2014-052 AE - CMBS		09/01/2020	Paydown	X X X	68,032	68,032	68,244	68,245		245		245		68,490		(459)	(459)	2,760	08/16/2041	1	
911760TM8	VENDE 2003-2 Z - CMO/RMBS		09/01/2020	Paydown	X X X	16,763	16,763	17,936	17,879		(33)		(33)		17,845		(1,083)	(1,083)	541	05/15/2033	1	
912828XU9	UNITED STATES TREASURY		06/15/2020	Maturity @ 100.00	X X X														2,288	06/15/2020	1	
0599999 Subtotal - Bonds - U.S. Governments					X X X	189,636	189,636	191,251	191,229		227		227		191,456		(1,820)	(1,820)	7,323	X X X	X X X	
Bonds - U.S. Special Revenue, Special Assessment																						
3136AFWX8	FNR 2013-66 KH - CMO/RMBS		09/01/2020	Paydown	X X X	60,861	60,861	62,107			5		5		62,112		(1,251)	(1,251)	1,036	03/25/2043	1	
31393BW76	FNW 2003-W6 6A - CMO/RMBS		09/01/2020	Paydown	X X X	25,936	25,936	26,803	26,753		(145)		(145)		26,608		(672)	(672)	702	08/25/2032	1	
31393DUG4	FNW 2003-W10 2A - CMO/RMBS		09/01/2020	Paydown	X X X	20,443	20,443	20,992	20,978		(96)		(96)		20,882		(439)	(439)	538	06/25/2043	1	
31393ELU1	FNW 2003-W12 3A - CMO/RMBS		09/01/2020	Paydown	X X X	12,506	12,506	12,944	12,896		(33)		(33)		12,863		(357)	(357)	371	03/25/2043	1	
3140HUYP5	FN BL3417 - CMBS/RMBS		09/01/2020	Paydown	X X X	1,804	1,804	1,826			(4)		(4)		1,822		(19)	(19)	29	08/01/2023	1	
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	121,549	121,549	124,671	60,626		(272)		(272)		124,287		(2,738)	(2,738)	2,675	X X X	X X X	
Bonds - Industrial and Miscellaneous (Unaffiliated)																						
12649XAQ2	CSMC 2015-3 A9 - CMO/RMBS		09/25/2020	Paydown	X X X	57,225	57,225	57,315	57,308		(76)		(76)		57,232		(7)	(7)	1,322	03/25/2045	1FE	
36242D5W9	GSR 2005-5F 2A2 - CMO/RMBS		09/01/2020	Paydown	X X X	10,210	10,210	10,810	10,612		(164)		(164)		10,449		(239)	(239)	370	06/25/2035	1FE	
46647JAE0	JPMMT 2016-4 A5 - CMO/RMBS		09/01/2020	Paydown	X X X	43,207	43,207	42,316	42,441		(8)		(8)		42,432		775	775	1,031	10/25/2046	1FE	
46647SAJ9	JPMMT 2017-3 1A5 - CMO/RMBS		09/01/2020	Paydown	X X X	69,015	69,015	68,540	68,560		(22)		(22)		68,538		477	477	1,584	08/26/2047	1FE	
46648CAE4	JPMMT 2017-1 A5 - CMO/RMBS		09/01/2020	Paydown	X X X	53,851	53,851	52,942	53,116		0		0		53,116		735	735	1,264	01/25/2047	1FE	
94989HAF7	WFCM 2015-NXS1 A2 - CMBS		07/01/2020	Paydown	X X X	6,091	6,091	6,058	6,070		2		2		6,072		19	19	224	05/15/2048	1FE	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	239,599	239,599	237,981	238,107		(267)		(267)		237,839		1,760	1,760	5,795	X X X	X X X	
8399997 Subtotal - Bonds - Part 4					X X X	550,784	550,784	553,903	489,962		(313)		(313)		553,582		(2,798)	(2,798)	15,794	X X X	X X X	
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X		X X X		X X X		X X X		X X X	X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	550,784	550,784	553,903	489,962		(313)		(313)		553,582		(2,798)	(2,798)	15,794	X X X	X X X	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X		X X X		X X X		X X X		X X X	X X X	X X X	X X X	X X X	X X X
8999999 Subtotal - Preferred Stocks					X X X	X X X	X X X	X X X	X X X		X X X		X X X		X X X		X X X	X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X		X X X		X X X		X X X		X X X	X X X	X X X	X X X	X X X	X X X
9799999 Subtotal - Common Stocks					X X X	X X X	X X X	X X X	X X X		X X X		X X X		X X X		X X X	X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	X X X	X X X	X X X	X X X		X X X		X X X		X X X		X X X	X X X	X X X	X X X	X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	550,784	X X X	553,903	489,962		(313)		(313)		553,582		(2,798)	(2,798)	15,794	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									
Century Trust						8,032	8,032		X X X
Wells Fargo Bank, N.A	San Francisco, CA					1,244,418	579,536	20,103	X X X
Wells Fargo Bank, N.A	San Francisco, CA					17,174,364	19,028,680	16,523,537	X X X
Sandia Area	Albuquerque, NM		0.450	207		252,544	252,677	252,672	X X X
Wells Fargo Bank, N.A	Albuquerque, NM					69,333	69,333	69,333	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		X X X	X X X						X X X
0199999 Totals - Open Depositories		X X X	X X X	207		18,748,691	19,938,258	16,865,644	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		X X X	X X X						X X X
0299999 Totals - Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash On Deposit		X X X	X X X	207		18,748,691	19,938,258	16,865,644	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	207		18,748,691	19,938,258	16,865,644	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								
. 14956P810 .	CAVANAL HILL:GS MM SEL		09/29/2020	0.010	XXX	4,046,081		11,488
8699999 Subtotal - All Other Money Market Mutual Funds						4,046,081		11,488
8899999 Total Cash Equivalents						4,046,081		11,488

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