



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## QUARTERLY STATEMENT

AS OF MARCH 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

## IOWA AMERICAN INSURANCE COMPANY

NAIC Group Code 0291 (Current) 0291 (Prior) NAIC Company Code 31577 Employer's ID Number 42-1019089

Organized under the Laws of \_\_\_\_\_, State of Domicile or Port of Entry \_\_\_\_\_, OH \_\_\_\_\_

Country of Domicile \_\_\_\_\_ United States of America \_\_\_\_\_

Incorporated/Organized 11/15/1973 Commenced Business 02/01/1974

Statutory Home Office 471 EAST BROAD STREET, COLUMBUS, OH, US 43215  
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office 471 EAST BROAD STREET, COLUMBUS, OH, US 43215  
(Street and Number) (City or Town, State, Country and Zip Code) 614-225-8211  
(Area Code) (Telephone Number)Mail Address 471 EAST BROAD STREET, COLUMBUS, OH, US 43215  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)Primary Location of Books and Records 471 EAST BROAD STREET, COLUMBUS, OH, US 43215  
(Street and Number) (City or Town, State, Country and Zip Code) 614-225-8211  
(Area Code) (Telephone Number)

Internet Website Address ENCOVA.COM

Statutory Statement Contact AMY E KUHLMAN, 614-225-8285  
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## OFFICERS

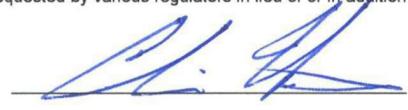
PRESIDENT & CHIEF EXECUTIVE OFFICER THOMAS JOSEPH OBROKTA JR. TREASURER JAMES CHRISTOPHER HOWAT  
SECRETARY WILLIAM JOSEPH MCGEE JR.

## OTHER

JOHN JACOB BISHOP, EXECUTIVE CHAIR WILLIAM MARSTON BECKER, VICE CHAIR  
JEFFREY LEIGH BENINTENDI DIRECTORS OR TRUSTEES JAMES CHRISTOPHER HOWAT  
THOMAS JOSEPH OBROKTA JR. GRADY BRENDAN CAMPBELL  
MATTHEW CARL WILCOXState of OH  
County of FRANKLIN 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.

THOMAS JOSEPH OBROKTA JR.  
PRESIDENT & CHIEF EXECUTIVE OFFICER

WILLIAM JOSEPH MCGEE JR.  
SECRETARY

JAMES CHRISTOPHER HOWAT  
TREASURERSubscribed and sworn to before me this  
8th day of May 2023

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 [ ]

Deborah Dailey  
Notary Public, State of Ohio  
My Commission Expires 11-26-2027

## STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

## 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 .....	6,064,173		6,064,173	5,999,771
2. Stocks:				0
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				0
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				0
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ ..... 2 ), cash equivalents (\$ ..... 2,906,080 ) and short-term investments (\$ ..... ) .....	2,906,080		2,906,080	1,906,976
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	500	500	0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	8,970,753	500	8,970,253	7,906,746
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	82,204		82,204	75,182
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	231,875		231,875	231,769
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	47,313		47,313	205,627
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	130,444		130,444	305,214
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	119,716		119,716	939,884
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	10,522	0	10,522	8,369
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	9,592,827	500	9,592,327	9,672,791
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	9,592,827	500	9,592,327	9,672,791
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Misc Other Assets .....	10,522		10,522	8,369
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	10,522	0	10,522	8,369

STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... )	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses	56,999	43,038
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	4,797	4,232
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	931	0
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses))	0	0
7.2 Net deferred tax liability	182,338	0
8. Borrowed money \$ ..... and interest thereon \$ .....	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ ..... 553 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... 0 for medical loss ratio rebate per the Public Health Service Act)	0	0
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	(205)	245
13. Funds held by company under reinsurance treaties	231,875	232,750
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ ..... certified)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	0	0
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ ..... and interest thereon \$ .....	0	0
25. Aggregate write-ins for liabilities	(115,867)	(132,696)
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	178,530	329,906
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	178,530	329,906
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	1,000,000	1,000,000
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	5,000,000	5,000,000
35. Unassigned funds (surplus)	3,413,797	3,342,884
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... )	0	0
36.2 ..... shares preferred (value included in Line 31 \$ ..... )	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	9,413,797	9,342,884
38. Totals (Page 2, Line 28, Col. 3)	9,592,327	9,672,790
<b>DETAILS OF WRITE-INS</b>		
2501. Miscellaneous liabilities	(115,867)	(132,696)
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	(115,867)	(132,696)
2901.	0	0
2902.	0	0
2903.	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.	0	0
3202.	0	0
3203.	0	0
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY  
**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 0 )	0	0	11
1.2 Assumed (written \$ 447 )	466		21,078
1.3 Ceded (written \$ 447 )	466		21,089
1.4 Net (written \$ 0 )	0	0	0
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ 0 ):			
2.1 Direct	(598,623)	(400,119)	(379,415)
2.2 Assumed	58	0	51,626
2.3 Ceded	(598,566)	(400,119)	(327,789)
2.4 Net	1	0	0
3. Loss adjustment expenses incurred		0	
4. Other underwriting expenses incurred		0	
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	1	0	0
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(1)	0	0
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	78,451	116,236	505,733
10. Net realized capital gains (losses) less capital gains tax of \$ 148	560	0	(433,138)
11. Net investment gain (loss) (Lines 9 + 10)	79,011	116,236	72,595
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )	0	0	0
13. Finance and service charges not included in premiums			0
14. Aggregate write-ins for miscellaneous income	0	0	11,721
15. Total other income (Lines 12 through 14)	0	0	11,721
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	79,010	116,236	84,316
17. Dividends to policyholders			0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	79,010	116,236	84,316
19. Federal and foreign income taxes incurred	174,622		(517,690)
20. Net income (Line 18 minus Line 19)(to Line 22)	(95,612)	116,236	602,006
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	9,342,884	9,257,712	9,257,712
22. Net income (from Line 20)	(95,612)	116,236	602,006
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$		3,468	(27,473)
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	166,524	(411,791)	(611,342)
27. Change in nonadmitted assets		121,880	121,980
28. Change in provision for reinsurance			0
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	70,912	(170,207)	85,171
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	9,413,796	9,087,505	9,342,884
<b>DETAILS OF WRITE-INS</b>			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401. Miscellaneous income or expense		0	11,721
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	11,721
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

**STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY**  
**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	0	0	0
2. Net investment income .....	81,271	101,564	615,809
3. Miscellaneous income .....	0	0	11,721
4. Total (Lines 1 to 3) .....	81,272	101,564	627,531
5. Benefit and loss related payments .....	1	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	0	0	0
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	15,814	(1)	(309,036)
10. Total (Lines 5 through 9) .....	15,815	(1)	(309,036)
11. Net cash from operations (Line 4 minus Line 10) .....	65,457	101,565	936,567
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	175,192	447,207	7,255,390
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	175,192	447,207	7,255,390
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	248,164	947,256	2,201,168
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	248,164	947,256	2,201,168
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(72,972)	(500,049)	5,054,222
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	1,006,619	(23,998)	(7,918,308)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	1,006,619	(23,998)	(7,918,308)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	999,104	(422,482)	(1,927,520)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	1,906,974	3,834,495	3,834,495
19.2 End of period (Line 18 plus Line 19.1) .....	2,906,078	3,412,013	1,906,974

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

20.0001. Non-cash inter-company transfer .....	.....	.....	6,268,611
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## NOTES TO FINANCIAL STATEMENTS

**NOTE 1 Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

This statement has been completed in accordance with the accounting practices and procedures prescribed or permitted by the National Association of Insurance Commissioners (NAIC) and the State of Ohio. A reconciliation of the company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below.

	SSAP #	F/S Page	F/S Line #	2023		2022	
<b>NET INCOME</b>							
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ (95,612)	\$	602,006	
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:							
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:							
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (95,612)	\$	602,006	
<b>SURPLUS</b>							
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 9,413,797	\$	9,342,884	
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:							
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:							
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 9,413,797	\$	9,342,884	

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

The preparation of financial statements in conformity with Statutory Accounting Principles as described in the NAIC Annual Statement Instructions and the Accounting Policies and Procedures Manual requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

**C. Accounting Policy**

## (1) Basis for Short-Term Investments

No significant changes

## (2) Basis for Bonds and Amortization Schedule

Bonds not backed by other loans are stated at amortized cost using the scientific amortization method.

## (3) - (5) No significant changes

## (6) Basis for Loan-Backed Securities and Adjustment Methodology

Loan-backed securities are stated in accordance with the guidance provided in SSAP No. 43R: Loan-backed and Structured Securities. The retrospective adjustment method is used to value these securities

## (7) - (13) No significant changes

**D. Going Concern**

Management has concluded that there is no substantial doubt about the Company's ability to continue as a going concern.

**NOTE 2 Accounting Changes and Corrections of Errors**

Not Applicable

**NOTE 3 Business Combinations and Goodwill**

Not Applicable

**NOTE 4 Discontinued Operations**

Not Applicable

**NOTE 5 Investments**

A. - C. Not Applicable

**D. Loan-Backed Securities**

## (1) Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from Broker dealer survey values and internal estimates.

## (2) - (3) Not Applicable

## (4) At March 31, 2023, the estimated fair value and gross unrealized losses for loan-backed securities, aggregated 'by length of time the securities have been in a continuous loss position were as follows:

## a) The aggregate amount of unrealized losses:

1. Less than 12 Months	\$ 13,185
2. 12 Months or Longer	\$ 7,745

## b) The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$ 452,608
2. 12 Months or Longer	\$ 242,855

## (5) The Company performed an analysis of loan-backed securities and determined that exposure to credit risk was not a factor and did not warrant any other-than-temporary impairments.

E. - K. Not Applicable

**L. Restricted Assets**

No significant changes

M. - R. Not Applicable

**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**

Not Applicable

## NOTES TO FINANCIAL STATEMENTS

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**NOTE 7 Investment Income**

No significant changes

**NOTE 8 Derivative Instruments**

Not Applicable

**NOTE 9 Income Taxes**

No significant changes

**NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

No significant changes

**NOTE 11 Debt**

Not Applicable

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

No significant changes

**NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

No significant changes

**NOTE 14 Liabilities, Contingencies and Assessments**

No significant changes

**NOTE 15 Leases**

No significant changes

**NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

Not Applicable

**NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

Not Applicable

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

Not Applicable

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

Not Applicable

**NOTE 20 Fair Value Measurements****A. Fair Value Measurements**

SSAP No. 100, Fair Value Measurements, clarifies the definition of estimated fair value and establishes a hierarchy for measuring estimated fair value. The hierarchy established by this standard consists of three levels to indicate the quality of the estimated fair value measurements as described below.

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: Unadjusted quoted prices for identical assets or liabilities in active markets that are readily and regularly obtainable.

Level 2 - Significant Other Observable Inputs: Quoted prices in markets that are not active or inputs that are observable either directly or indirectly. These inputs can include quoted prices for similar but not identical assets or liabilities other than quoted prices in Level 1.

Level 3 - Significant Unobservable Inputs: Prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Inputs reflect management's best estimates of the assumptions market participants would use at the measurement date in pricing the asset or liability. Consideration is given to the risk inherent in both the method of valuation and the valuation inputs. Primary inputs to this valuation technique include broker quotes, comparative trades, and independent third-party providers.

The Company reviews its fair value hierarchy classifications for assets and liabilities quarterly. Changes in observability of significant valuation inputs identified during these reviews may trigger reclassifications in or out of Level 3. Reclassifications are reported as transfers at the beginning of the period in which the change occurs.

The estimated fair values for substantially all bonds, including loan-backed and structured securities, unaffiliated common stock and certain short-term investments are based on quoted prices or quotations on comparable securities in active markets that are readily and regularly obtainable. Valuation of these securities does not involve management's judgement.

When quoted prices in active markets are not available, the determination of estimated fair value is based on market standard valuation methodologies, giving priority to observable inputs. The significant inputs to the market standard valuation methodologies for certain types of securities with reasonable levels of price transparency are inputs that are observable in the market or can be derived principally from or corroborated by observable market data.

When observable inputs are not available, the market standard valuation methodologies for determining the estimated fair value of certain types of securities that trade infrequently, and therefore have little or no price transparency, rely on inputs that are significant to the estimated fair value that are not observable in the market or cannot be derived principally from or corroborated by observable market data. These observable inputs can be based in large part on management's judgement or estimation, and cannot be supported by reference or market activity. Even though these inputs are unobservable, management believes they are consistent with what other market participants would use when pricing such securities and are considered appropriate given the circumstances.

**B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements**

Not Applicable

**C. Fair Value Level**

The following tables reflect the estimated fair values and admitted values of all admitted assets and liabilities that are financial instruments excluding those accounted for under the equity method (subsidiaries, joint ventures and ventures). The estimated fair values are categorized into the three-level fair value hierarchy as described above.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets (Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 5,925,910	\$ 6,064,173	\$ 5,925,910			

D. - E. Not Applicable

## NOTES TO FINANCIAL STATEMENTS

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**NOTE 21 Other Items**

No significant changes

**NOTE 22 Events Subsequent**

Subsequent events have been considered through May 11, 2023 for these statutory financial statements which are to be issued on May 12, 2023.

**NOTE 23 Reinsurance**

No significant changes

**NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination**

Not Applicable

**NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses**

Not Applicable

**NOTE 26 Intercompany Pooling Arrangements**

## A. Identification of the Lead Entity and all Affiliated Entities Participating in the Intercompany Pool

Motorists Mutual Insurance Company is the lead company in the Encova Pool. Each member contributes 100% of its applicable results to the Encova Pool through the reinsurance pooling agreement.

Effective January 1, 2022, the reinsurance pooling agreement was revised to adjust the percentages assumed back by each member of the Encova Pool. The companies in the Encova Pool and their portion assumed during 2023 and 2022 are:

Lead Entity and all Affiliated Entities	NAIC Company Code	Pooling Percentage
Motorists Mutual Insurance Company (Lead Entity)	14621	24.1%
BrickStreet Mutual Insurance Company	12372	48.2%
Motorists Commercial Mutual Insurance Company	13331	13.4%
Consumers Insurance USA, Inc.	10204	1.9%
Iowa Mutual Insurance Company	14338	1.9%
PinnaclePoint Insurance Company	15137	1.7%
SummitPoint Insurance Company	15136	1.7%
MICO Insurance Company	40932	1.7%
Phenix Mutual Fire Insurance Company	23175	1.4%
AlleghenyPoint Insurance Company	13016	1.4%
Wilson Mutual Insurance Company	19950	1.3%
NorthStone Insurance Company	13045	1.3%
Iowa American Insurance Company	31577	%

B. - G. No significant changes

**NOTE 27 Structured Settlements**

Not Applicable

**NOTE 28 Health Care Receivables**

Not Applicable

**NOTE 29 Participating Policies**

Not Applicable

**NOTE 30 Premium Deficiency Reserves**

Not Applicable

**NOTE 31 High Deductibles**

Not Applicable

**NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

Not Applicable

**NOTE 33 Asbestos/Environmental Reserves**

Not Applicable

**NOTE 34 Subscriber Savings Accounts**

Not Applicable

**NOTE 35 Multiple Peril Crop Insurance**

Not Applicable

**NOTE 36 Financial Guaranty Insurance**

Not Applicable

STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY  
**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 [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]

2.2 If yes, date of change: \_\_\_\_\_

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
 If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
 \_\_\_\_\_

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [ X ]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
 If yes, attach an explanation.  
 \_\_\_\_\_

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2022

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2018

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 06/03/2020

6.4 By what department or departments?  
 Ohio Department 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 [ X ] No [ ] N/A [ ]

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

STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY  
**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [  ] No [  ]

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:  
.....

9.2 Has the code of ethics for senior managers been amended? ..... Yes [  ] No [  ]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [  ] No [  ]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

## FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ X ] No [ ]  
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.) .....

11.2 If yes, give full and complete information relating thereto:

Yes [ ] No [ X ]

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ 0	\$ .....
14.22 Preferred Stock .....	\$ 0	\$ .....
14.23 Common Stock .....	\$ 0	\$ .....
14.24 Short-Term Investments .....	\$ 0	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ 0	\$ .....
14.26 All Other .....	\$ 500	\$ 500
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ 500	\$ 500
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

**STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY**  
**GENERAL INTERROGATORIES**

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

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
BNY Mellon .....	500 Grant Street One Mellon Center, Suite #1035, Pittsburgh, PA 15258 .....

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 [  ]

17.4 If yes, give full 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
NEAM New England Asset Management, Inc. .....	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 [  ] 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 [  ] 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
105900 .....	New England Asset Management, Inc. .....	KUR85E5PS4GQFZTFC130 .....	SEC .....	NO.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [  ] 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 [  ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

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

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

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

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

STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? ..... Yes [ ] No [ X ] N/A [ ]  
 If yes, attach an explanation.  
 .....

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? ..... Yes [ ] No [ X ]  
 If yes, attach an explanation.  
 .....

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? ..... Yes [ ] No [ X ]

3.2 If yes, give full and complete information thereto.  
 .....

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? ..... Yes [ ] No [ X ]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT			DISCOUNT TAKEN DURING PERIOD				
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL
			TOTAL	0	0	0	0	0	0	0

5. Operating Percentages:

5.1 A&H loss percent ..... %

5.2 A&H cost containment percent ..... %

5.3 A&H expense percent excluding cost containment expenses ..... %

6.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date ..... \$.....

6.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

6.4 If yes, please provide the balance of the funds administered as of the reporting date ..... \$.....

7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]

7.1 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 [ ]

STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

## **SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

## STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

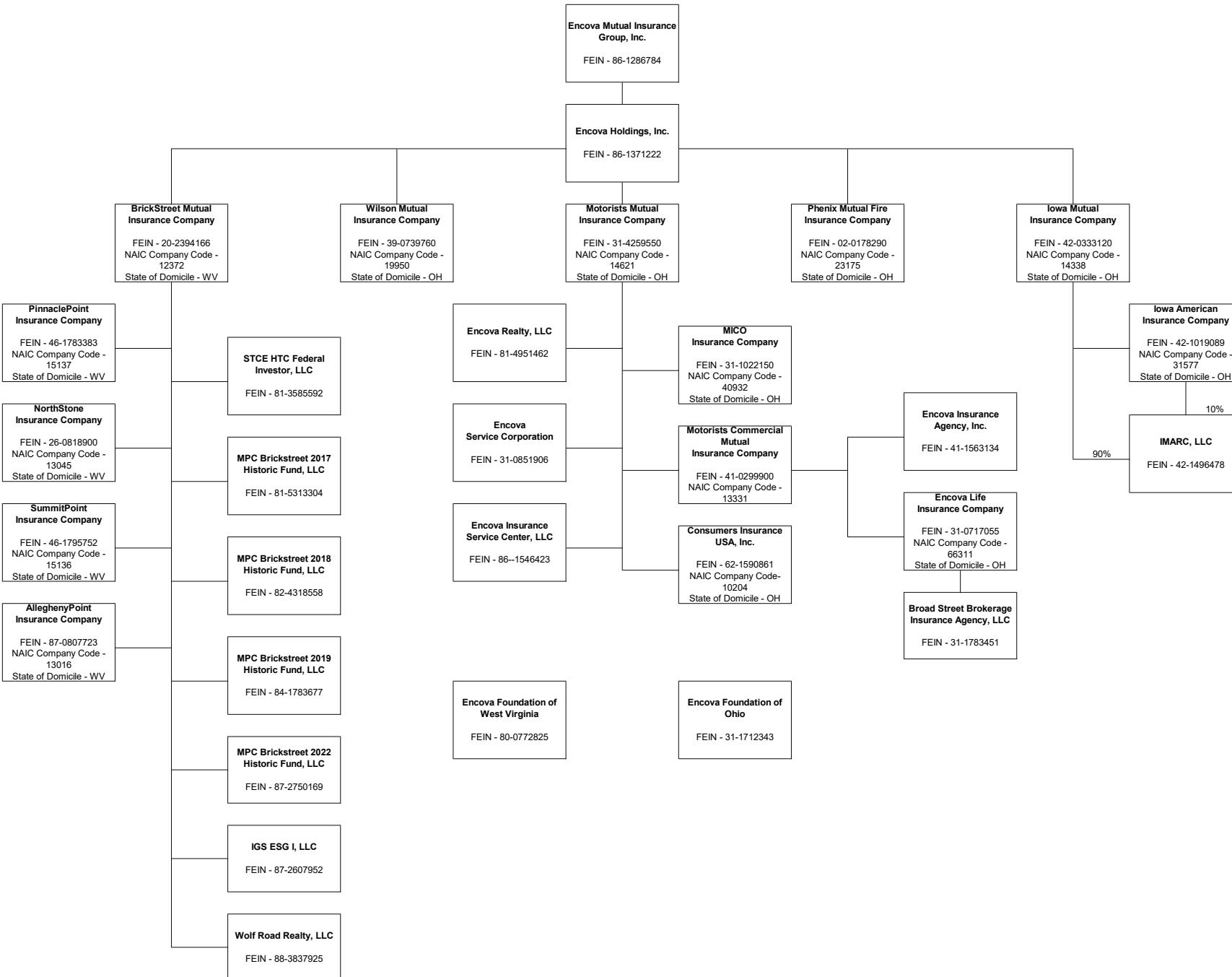
States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama .....	AL	N.....0	0	0	0	0	0
2. Alaska .....	AK	N.....0	0	0	0	0	0
3. Arizona .....	AZ	N.....0	0	0	0	0	0
4. Arkansas .....	AR	N.....0	0	0	0	0	0
5. California .....	CA	N.....0	0	0	0	0	0
6. Colorado .....	CO	N.....0	0	0	0	0	0
7. Connecticut .....	CT	N.....0	0	0	0	0	0
8. Delaware .....	DE	N.....0	0	0	0	0	0
9. District of Columbia .....	DC	N.....0	0	0	0	0	0
10. Florida .....	FL	N.....0	0	0	0	0	0
11. Georgia .....	GA	N.....0	0	0	0	0	0
12. Hawaii .....	HI	N.....0	0	0	0	0	0
13. Idaho .....	ID	N.....0	0	0	0	0	0
14. Illinois .....	IL	L.....0	0	155,551	(48,916)	1,879,628	4,527,887
15. Indiana .....	IN	N.....0	0	0	0	0	0
16. Iowa .....	IA	L.....0	0	7,054	64,225	725,224	1,073,795
17. Kansas .....	KS	N.....0	0	0	0	0	0
18. Kentucky .....	KY	N.....0	0	0	0	0	0
19. Louisiana .....	LA	N.....0	0	0	0	0	0
20. Maine .....	ME	N.....0	0	0	0	0	0
21. Maryland .....	MD	N.....0	0	0	0	0	0
22. Massachusetts .....	MA	N.....0	0	0	0	0	0
23. Michigan .....	MI	N.....0	0	0	0	0	0
24. Minnesota .....	MN	N.....0	0	0	0	0	0
25. Mississippi .....	MS	N.....0	0	0	0	0	0
26. Missouri .....	MO	N.....0	0	0	0	0	0
27. Montana .....	MT	N.....0	0	0	0	0	0
28. Nebraska .....	NE	L.....0	0	(4,623)	552,369	598,835	806,716
29. Nevada .....	NV	N.....0	0	0	0	0	0
30. New Hampshire .....	NH	N.....0	0	0	0	0	0
31. New Jersey .....	NJ	N.....0	0	0	0	0	0
32. New Mexico .....	NM	N.....0	0	0	0	0	0
33. New York .....	NY	N.....0	0	0	0	0	0
34. North Carolina .....	NC	N.....0	0	0	0	0	0
35. North Dakota .....	ND	L.....0	0	0	0	0	0
36. Ohio .....	OH	L.....0	0	0	0	0	0
37. Oklahoma .....	OK	N.....0	0	0	0	0	0
38. Oregon .....	OR	N.....0	0	0	0	0	0
39. Pennsylvania .....	PA	N.....0	0	0	0	0	0
40. Rhode Island .....	RI	N.....0	0	0	0	0	0
41. South Carolina .....	SC	N.....0	0	0	0	0	0
42. South Dakota .....	SD	L.....0	0	0	0	0	0
43. Tennessee .....	TN	N.....0	0	0	0	0	0
44. Texas .....	TX	N.....0	0	0	0	0	0
45. Utah .....	UT	N.....0	0	0	0	0	0
46. Vermont .....	VT	N.....0	0	0	0	0	0
47. Virginia .....	VA	N.....0	0	0	0	0	0
48. Washington .....	WA	N.....0	0	0	0	0	0
49. West Virginia .....	WV	N.....0	0	0	0	0	0
50. Wisconsin .....	WI	N.....0	0	0	0	0	0
51. Wyoming .....	WY	N.....0	0	0	0	0	0
52. American Samoa .....	AS	N.....0	0	0	0	0	0
53. Guam .....	GU	N.....0	0	0	0	0	0
54. Puerto Rico .....	PR	N.....0	0	0	0	0	0
55. U.S. Virgin Islands .....	VI	N.....0	0	0	0	0	0
56. Northern Mariana Islands .....	MP	N.....0	0	0	0	0	0
57. Canada .....	CAN	N.....0	0	0	0	0	0
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	XXX	0	0	157,982	567,678	3,203,687	6,408,398
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....6 4. Q - Qualified - Qualified or accredited reinsurer.....0  
 2. R - Registered - Non-domiciled RRGs.....0 5. D - Domestic Surplus Lines Insurer (DSL) - Reporting entities  
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state  
 (other than their state of domicile - see DSL).....0 6. N - None of the above - Not allowed to write business in the state.....51

STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

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



## STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

**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	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
							Broad Street Brokerage Insurance Agency, LLC								
.0291	Encova Mutual Insurance Group .....	10204	31-1783451	62-1590861			.. OH.....	.. NIA.....	.. OH.....	Encova Life Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
							Consumers Insurance USA, Inc. ....	.. IA.....	.. OH.....	Motorists Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
							IMARC, LLC .....	.. IA.....	.. NIA.....	Iowa Mutual Insurance Company .....	Ownership.....	.90.000 ...	Encova Mutual Insurance Group, Inc. ..		
.0291	Encova Mutual Insurance Group .....	31577	42-1019089				Iowa American Insurance Company .....	.. OH.....	.. RE.....	Iowa Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
.0291	Encova Mutual Insurance Group .....	14338	42-0333120				Iowa Mutual Insurance Company .....	.. OH.....	.. UDP.....	Encova Holdings, Inc. ....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
										Motorists Commercial Mutual Insurance Company .....					
							Encova Insurance Agency, Inc. ....	.. MN.....	.. NIA.....	Motorists Commercial Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
.0291	Encova Mutual Insurance Group .....	40932	41-1563134	31-1022150			MICO Insurance Company .....	.. OH.....	.. IA.....	Motorists Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
							Motorists Commercial Mutual Insurance Company .....	.. OH.....	.. IA.....						
.0291	Encova Mutual Insurance Group .....	13331	41-0299900							Motorists Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
							Encova Life Insurance Company .....	.. OH.....	.. IA.....	Motorists Commercial Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
.0291	Encova Mutual Insurance Group .....	66311	31-0717055				Motorists Mutual Insurance Company .....	.. OH.....	.. IA.....	Encova Holdings, Inc. ....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
.0291	Encova Mutual Insurance Group .....	14621	31-4259550				Encova Service Corporation .....	.. OH.....	.. NIA.....	Motorists Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
							Phenix Mutual Fire Insurance Company .....	.. OH.....	.. IA.....	Encova Holdings, Inc. ....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
.0291	Encova Mutual Insurance Group .....	23175	31-0851906				Wilson Mutual Insurance Company .....	.. OH.....	.. IA.....	Encova Holdings, Inc. ....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
.0291	Encova Mutual Insurance Group .....	19950	39-0739761				Encova Realty, LLC .....	.. OH.....	.. NIA.....	Encova Holdings, Inc. ....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
							Encova Foundation of Ohio .....	.. OH.....	.. NIA.....	Motorists Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
.0291	Encova Mutual Insurance Group .....	12372	31-1712343				BrickStreet Mutual Insurance Company .....	.. WV.....	.. IA.....	Encova Holdings, Inc. ....	Board.....		Encova Mutual Insurance Group, Inc. ..		
.0291	Encova Mutual Insurance Group .....	15137	46-1783383				PinnaclePoint Insurance Company .....	.. WV.....	.. IA.....	BrickStreet Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
.0291	Encova Mutual Insurance Group .....	13045	46-0818900				NorthStone Insurance Company .....	.. WV.....	.. IA.....	BrickStreet Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
.0291	Encova Mutual Insurance Group .....	15136	46-1795752				SummitPoint Insurance Company .....	.. WV.....	.. IA.....	BrickStreet Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
.0291	Encova Mutual Insurance Group .....	13016	46-1795752				AlleghenyPoint Insurance Company .....	.. WV.....	.. IA.....	BrickStreet Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
							Wolf Road Realty, LLC .....	.. IL.....	.. NIA.....	BrickStreet Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
							Encova Foundation of West Virginia, Inc. ....	.. WV.....	.. NIA.....	BrickStreet Mutual Insurance Company .....	Board.....		Encova Mutual Insurance Group, Inc. ..		
							STCE HTC Federal Investor, LLC .....	.. GA.....	.. NIA.....	BrickStreet Mutual Insurance Company .....	Ownership.....	.99.990 ...	Encova Mutual Insurance Group, Inc. ..		
							MPC Brickstreet 2017 Historic Fund, LLC .....	.. GA.....	.. NIA.....	BrickStreet Mutual Insurance Company .....	Ownership.....	.99.990 ...	Encova Mutual Insurance Group, Inc. ..		
							MPC Brickstreet 2018 Historic Fund, LLC .....	.. GA.....	.. NIA.....	BrickStreet Mutual Insurance Company .....	Ownership.....	.99.990 ...	Encova Mutual Insurance Group, Inc. ..		
							MPC Brickstreet 2019 Historic Fund, LLC .....	.. GA.....	.. NIA.....	BrickStreet Mutual Insurance Company .....	Ownership.....	.99.990 ...	Encova Mutual Insurance Group, Inc. ..		
							MPC Brickstreet 2022 Historic Fund, LLC .....	.. GA.....	.. NIA.....	BrickStreet Mutual Insurance Company .....	Ownership.....	.99.990 ...	Encova Mutual Insurance Group, Inc. ..		
							IGS ESG I, LLC .....	.. OH.....	.. NIA.....	BrickStreet Mutual Insurance Company .....	Ownership.....	.50.000 ...	Encova Mutual Insurance Group, Inc. ..		
							Encova Insurance Service Center, LLC .....	.. OH.....	.. NIA.....	Motorists Mutual Insurance Company .....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
							Encova Holdings, Inc. ....	.. OH.....	.. UIP.....	Encova Mutual Insurance Group, Inc. ....	Ownership.....	100.000 ...	Encova Mutual Insurance Group, Inc. ..		
							Encova Mutual Insurance Group, Inc. ....	.. OH.....	.. UIP.....		Ownership.....	100.000 ...			
							MPC Fed 2022 Energy Fund II, LLC .....	.. GA.....	.. NIA.....	BrickStreet Mutual Insurance Company .....	Ownership.....	.99.990 ...	Encova Mutual Insurance Group, Inc. ..		

Asterisk	Explanation

STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY  
**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire .....		983	0.0	0.0
2.1 Allied Lines .....			0.0	0.0
2.2 Multiple peril crop .....			0.0	0.0
2.3 Federal flood .....			0.0	0.0
2.4 Private crop .....			0.0	0.0
2.5 Private flood .....			0.0	0.0
3. Farmowners multiple peril .....			0.0	0.0
4. Homeowners multiple peril .....			0.0	0.0
5.1 Commercial multiple peril (non-liability portion) .....		(668)	0.0	0.0
5.2 Commercial multiple peril (liability portion) .....			0.0	0.0
6. Mortgage guaranty .....			0.0	0.0
8. Ocean marine .....			0.0	0.0
9. Inland marine .....			0.0	0.0
10. Financial guaranty .....			0.0	0.0
11.1 Medical professional liability - occurrence .....			0.0	0.0
11.2 Medical professional liability - claims-made .....			0.0	0.0
12. Earthquake .....			0.0	0.0
13.1 Comprehensive (hospital and medical) individual .....			0.0	0.0
13.2 Comprehensive (hospital and medical) group .....			0.0	0.0
14. Credit accident and health .....			0.0	0.0
15.1 Vision only .....			0.0	0.0
15.2 Dental only .....			0.0	0.0
15.3 Disability income .....			0.0	0.0
15.4 Medicare supplement .....			0.0	0.0
15.5 Medicaid Title XIX .....			0.0	0.0
15.6 Medicare Title XVIII .....			0.0	0.0
15.7 Long-term care .....			0.0	0.0
15.8 Federal employees health benefits plan .....			0.0	0.0
15.9 Other health .....			0.0	0.0
16. Workers' compensation .....		(68,556)	0.0	0.0
17.1 Other liability - occurrence .....		(513,485)	0.0	0.0
17.2 Other liability - claims-made .....			0.0	0.0
17.3 Excess workers' compensation .....			0.0	0.0
18.1 Products liability - occurrence .....			0.0	0.0
18.2 Products liability - claims-made .....			0.0	0.0
19.1 Private passenger auto no-fault (personal injury protection) .....			0.0	0.0
19.2 Other private passenger auto liability .....			0.0	0.0
19.3 Commercial auto no-fault (personal injury protection) .....			0.0	0.0
19.4 Other commercial auto liability .....		(16,880)	0.0	0.0
21.1 Private passenger auto physical damage .....			0.0	0.0
21.2 Commercial auto physical damage .....		(17)	0.0	0.0
22. Aircraft (all perils) .....			0.0	0.0
23. Fidelity .....			0.0	0.0
24. Surety .....			0.0	0.0
26. Burglary and theft .....			0.0	0.0
27. Boiler and machinery .....			0.0	0.0
28. Credit .....			0.0	0.0
29. International .....			0.0	0.0
30. Warranty .....			0.0	0.0
31. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....	0	0	0.0	0.0
35. Totals .....	0	(598,623)	0.0	0.0
<b>DETAILS OF WRITE-INS</b>				
3401. ....				
3402. ....				
3403. ....				
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....	0	0	0.0	0.0

STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY  
**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire .....	0		
2.1 Allied Lines .....	0		
2.2 Multiple peril crop .....	0		
2.3 Federal flood .....	0		
2.4 Private crop .....	0		
2.5 Private flood .....	0		
3. Farmowners multiple peril .....	0		
4. Homeowners multiple peril .....	0		
5.1 Commercial multiple peril (non-liability portion) .....	0		
5.2 Commercial multiple peril (liability portion) .....	0		
6. Mortgage guaranty .....	0		
8. Ocean marine .....	0		
9. Inland marine .....	0		
10. Financial guaranty .....	0		
11.1 Medical professional liability - occurrence .....	0		
11.2 Medical professional liability - claims-made .....	0		
12. Earthquake .....	0		
13.1 Comprehensive (hospital and medical) individual .....	0		
13.2 Comprehensive (hospital and medical) group .....	0		
14. Credit accident and health .....	0		
15.1 Vision only .....	0		
15.2 Dental only .....	0		
15.3 Disability income .....	0		
15.4 Medicare supplement .....	0		
15.5 Medicaid Title XIX .....	0		
15.6 Medicare Title XVIII .....	0		
15.7 Long-term care .....	0		
15.8 Federal employees health benefits plan .....	0		
15.9 Other health .....	0		
16. Workers' compensation .....	0		
17.1 Other liability - occurrence .....	0		
17.2 Other liability - claims-made .....	0		
17.3 Excess workers' compensation .....	0		
18.1 Products liability - occurrence .....	0		
18.2 Products liability - claims-made .....	0		
19.1 Private passenger auto no-fault (personal injury protection) .....	0		
19.2 Other private passenger auto liability .....	0		
19.3 Commercial auto no-fault (personal injury protection) .....	0		
19.4 Other commercial auto liability .....	0		
21.1 Private passenger auto physical damage .....	0		
21.2 Commercial auto physical damage .....	0		
22. Aircraft (all perils) .....	0		
23. Fidelity .....	0		
24. Surety .....	0		
26. Burglary and theft .....	0		
27. Boiler and machinery .....	0		
28. Credit .....	0		
29. International .....	0		
30. Warranty .....	0		
31. Reinsurance - Nonproportional Assumed Property .....	XXX.	XXX.	XXX.
32. Reinsurance - Nonproportional Assumed Liability .....	XXX.	XXX.	XXX.
33. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX.	XXX.	XXX.
34. Aggregate write-ins for other lines of business .....	0	0	0
35. Totals .....	0	0	0
<b>DETAILS OF WRITE-INS</b>			
3401. ....			
3402. ....			
3403. ....			
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

## STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

**PART 3 (000 omitted)**

## LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	4 2023 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2023 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2023 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4+7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2020 + Prior .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2021 .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Subtotals 2021 + Prior .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2022 .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Subtotals 2022 + Prior .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2023 .....	XXX	XXX	XXX	XXX	0	0	XXX	0	0	0	XXX	XXX	XXX
7. Totals .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Prior Year-End Surplus As Regards Policyholders	9,343										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1. 0.0	2. 0.0	3. 0.0
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 0.0

STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY  
**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 Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

**AUGUST FILING**

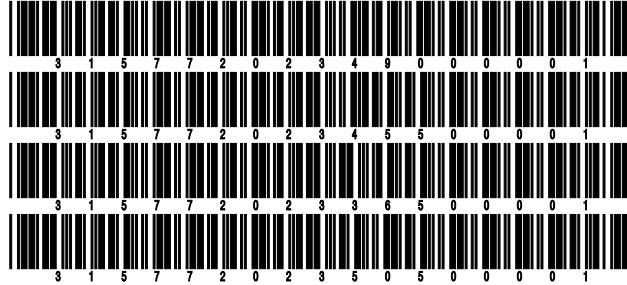
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
---	-----

Explanations:

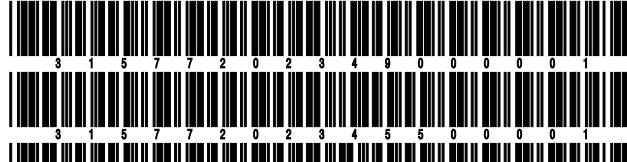
- 1.
- 2.
- 3.
- 4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]



2. Supplement A to Schedule T [Document Identifier 455]



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



4. Director and Officer Supplement [Document Identifier 505]



STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

## STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

**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 paid and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

**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 .....	500	500
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....	0	0
3. Capitalized deferred interest and other .....	0	0
4. Accrual of discount .....	0	0
5. Unrealized valuation increase (decrease) .....	0	0
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....	0	0
9. Total foreign exchange change in book/adjusted carrying value .....	0	0
10. Deduct current year's other than temporary impairment recognized .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	500	500
12. Deduct total nonadmitted amounts .....	500	500
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

**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 .....	5,999,770	17,978,804
2. Cost of bonds and stocks acquired .....	248,164	2,201,168
3. Accrual of discount .....	1,820	17,848
4. Unrealized valuation increase (decrease) .....	0	(34,776)
5. Total gain (loss) on disposals .....	708	(548,276)
6. Deduct consideration for bonds and stocks disposed of .....	175,192	13,525,249
7. Deduct amortization of premium .....	11,098	90,998
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	1,248
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	6,064,172	5,999,770
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	6,064,172	5,999,770

## STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

**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
<b>BONDS</b>								
1. NAIC 1 (a) .....	5,043,812	248,164	174,484	(9,417)	5,108,074	0	0	5,043,812
2. NAIC 2 (a) .....	955,959	0	0	140	956,099	0	0	955,959
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds .....	5,999,771	248,164	174,484	(9,277)	6,064,173	0	0	5,999,771
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock .....	5,999,771	248,164	174,484	(9,277)	6,064,173	0	0	5,999,771

(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

SI02

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	1,906,976	3,834,495
2. Cost of cash equivalents acquired .....	1,597,881	15,650,558
3. Accrual of discount .....	0	5
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	598,777	17,578,083
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	2,906,080	1,906,976
11. Deduct total nonadmitted amounts .....	0	0
<b>12. Statement value at end of current period (Line 10 minus Line 11)</b>	<b>2,906,080</b>	<b>1,906,976</b>

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

## STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
3140XK-NG-1 .....	FN FS3990 - RMBS .....	.....	02/16/2023 .....	Wells Fargo Securities, LLC .....	248,164	249,646	.....	416	1.A .....
0909999999. Subtotal - Bonds - U.S. Special Revenues					248,164	249,646	.....	416	XXX
2509999997. Total - Bonds - Part 3					248,164	249,646	.....	416	XXX
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds					248,164	249,646	.....	416	XXX
4509999997. Total - Preferred Stocks - Part 3					0	XXX	.....	0	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					0	XXX	.....	0	XXX
5989999997. Total - Common Stocks - Part 3					0	XXX	.....	0	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0	XXX	.....	0	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	.....	0	XXX
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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6009999999 - Totals					248,164	XXX	.....	416	XXX

## STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

## SCHEDULE D - PART 4

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

1 CUSIP Ident- ification	2 Description	For- eign	Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	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 Con- tractual Maturity Date	22 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Adminis- trative Symbol		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value									
..361760-CR-2	GN 762680 - RMBS	.....	03/01/2023	Paydown .....	1,326	1,326	1,370	1,381	0	(55)	0	(55)	0	0	1,326	0	0	0	0	9	02/15/2041	1.A .....	
0109999999. Subtotal - Bonds - U.S. Governments					1,326	1,326	1,370	1,381	0	(55)	0	(55)	0	0	1,326	0	0	0	0	9	XXX	XXX	
..70914P-VU-3	PENNSYLVANIA (COMMONWEALTH OF) INC.	.....	02/06/2023	CITIGROUP GLOBAL MARKETS INC.	154,608	150,000	175,623	154,197	0	(297)	0	(297)	0	0	153,900	0	708	708	708	1,104	06/15/2029	1.D FE .....	
0509999999. Subtotal - Bonds - U.S. States, Territories and Possessions					154,608	150,000	175,623	154,197	0	(297)	0	(297)	0	0	153,900	0	708	708	708	1,104	XXX	XXX	
..31371N-XK-6	FN 257282 - RMBS	.....	03/01/2023	Paydown .....	303	303	300	301	0	2	0	2	0	0	303	0	0	0	0	3	07/01/2028	1.A .....	
..31397S-RW-6	FNR 2011-24 EY - CMO/RMBS	.....	03/01/2023	Paydown .....	6,936	6,936	6,153	6,801	0	135	0	135	0	0	6,936	0	0	0	0	35	04/25/2026	1.A .....	
0909999999. Subtotal - Bonds - U.S. Special Revenues					7,239	7,239	6,453	7,102	0	138	0	138	0	0	7,239	0	0	0	0	37	XXX	XXX	
..03463W-AD-5	AOMT 2019-2 M1 - CMO/RMBS	.....	02/01/2023	Paydown .....	5,054	5,054	5,034	5,034	0	20	0	20	0	0	5,054	0	0	0	0	24	03/25/2049	1.C FE .....	
..03463W-AD-5	AOMT 2019-2 M1 - CMO/RMBS	.....	03/01/2023	Paydown .....	780	780	777	777	0	3	0	3	0	0	780	0	0	0	0	8	03/25/2049	1.A .....	
.55389T-AA-9	MWNOT 211W A - RMBS	.....	03/20/2023	Paydown .....	6,185	6,185	6,183	6,183	0	2	0	2	0	0	6,185	0	0	0	0	12	01/22/2041	1.A FE .....	
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					12,019	12,019	11,994	11,994	0	24	0	24	0	0	12,019	0	0	0	0	44	XXX	XXX	
2509999997. Total - Bonds - Part 4					175,192	170,584	195,440	174,674	0	(190)	0	(190)	0	0	174,484	0	708	708	708	1,194	XXX	XXX	
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2509999999. Total - Bonds					175,192	170,584	195,440	174,674	0	(190)	0	(190)	0	0	174,484	0	708	708	708	1,194	XXX	XXX	
4509999997. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4509999999. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5989999999. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6009999999 - Totals					175,192	XXX	195,440	174,674	0	(190)	0	(190)	0	0	174,484	0	708	708	708	1,194	XXX	XXX	

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

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees  
**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**N O N E**

## STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

**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	
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX			0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	0	0	0	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
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.....	.....	.....	.....	.....	.....	.....	.....	.....
0599999. Total - Cash	XXX	XXX	0	0	0	0	0	XXX

STATEMENT AS OF MARCH 31, 2023 OF THE IOWA AMERICAN INSURANCE COMPANY

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

### Show Investments Owned End of Current Quarter