

Read instructions before completing form

FIS 0321 (12124) Department of Insurance and Financial Services

Working Capital Calculation

File with your quarterly statements. Provide data based on calendar year

Address questions about this form to:

Office of Insurance Evaluation 517-284-8762

Filing is required for: All HMOs, AFDS and Nonprofit Dental Care Corporations

2025
DUE quarterly

Name of company _____ | NAIC Group number and Co. code _____

Indicate which report you are filing.

- Annual data DUE March 1, 2025
- Q1 data DUE May 15, 2025
- Q2 data DUE August 15, 2025
- Q3 data DUE November 15, 2025

Instructions:

The purpose of the Working Capital Calculation is to demonstrate continued compliance with Section 3555 of the Michigan Insurance Code for HMOs and AFDS, and Section 550.357 of the Michigan Insurance Code for Nonprofit Dental Care Corporations, and to permit our office to better analyze the company's financial condition. Working capital is defined as current assets minus current liabilities. The NAIC health blank no longer provides a classified balance sheet. This limits our ability to accurately calculate companies' working capital from the financial statements.

Current assets are admitted assets with a life of one year or less. The form provides a listing of some potential current assets but an analysis of whether assets meet the current assets definition must be performed by the company. Only report assets that meet the definition of current assets on this form. **Current Assets should exclude restricted assets (i.e. statutory deposit, escrow), deferred tax assets, derivative securities, and non-admitted assets.** Current liabilities are obligations that are payable within one year or less. Only report liabilities that meet the definition of current liabilities on this form.

Current Assets

Current Liabilities

- | | |
|--|--|
| <p>1. Cash, cash equivalents and short-term investments _____</p> <p>2. Uncollected premiums and agents' balances in course of collection _____</p> <p>3. Investment income due and accrued _____</p> <p>4. Health care and other amounts receivable _____</p> <p>5. Receivables from parent, subsidiary and affiliates _____</p> <p>6. Amounts recoverable from reinsurers _____</p> <p>7. Receivable for securities _____</p> <p>8. Current federal income tax recoverable _____</p> <p>Aggregate write-ins (describe each item)</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. Total Current Assets (sum of 1 thru 12) _____</p> | <p>14. Claims unpaid _____</p> <p>15. Accrued medical incentive pool and bonus amounts _____</p> <p>16. Unpaid claims adjustment expenses _____</p> <p>17. Premiums received in advance _____</p> <p>18. General expenses due and accrued _____</p> <p>19. Current federal income tax payable _____</p> <p>20. Borrowed money and interest thereon _____</p> <p>21. Amounts due to parent, subsidiaries and affiliates _____</p> <p>22. Payable for securities _____</p> <p>Aggregate write-ins liabilities (describe each item)</p> <p>23. _____</p> <p>24. _____</p> <p>25. _____</p> <p>26. _____</p> <p>27. Total Current Liabilities (sum of 14 thru 26) _____</p> <p>28. Total Working Capital (line 13 minus line 27) _____</p> |
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Certification

I certify that I am an officer of the company named in this report, and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature	Date Signed	Person and phone number to contact regarding this report
Signer's name and title typed or Printed		

PA 218 of 1956 as amended requires submission of this form by all licensed Health Maintenance Organizations, AFDS and Nonprofit Dental Care Corporations. Failure to complete and submit this form properly could result in a compliance action or revocation of your authority to do business in Michigan.



Michigan Department of Insurance and Financial Services

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