



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2015
 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Michigan, Inc.

NAIC Group Code 00936 , 00936 NAIC Company Code 15104 Employer's ID Number 46-0906893
(Current Period) (Prior Period)

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 08/15/2012 Commenced Business 04/17/2013

Statutory Home Office New Center One, Suite 545, 3031 W. Grand Boulevard , Detroit, MI, US 48202
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Stevens Drive
(Street and Number)
Philadelphia, PA, US 19113 215-937-8000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address New Center One, Suite 545, 3031 W. Grand Boulevard , Detroit, MI, US 48202
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Stevens Drive
(Street and Number)
Philadelphia, PA, US 19113 215-937-8000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerhealthcaritasvipcareplus.com

Statutory Statement Contact Robert Michael Gregor , 215-937-5312
(Name) (Area Code) (Telephone Number) (Extension)
rgregor@amerhealthcaritas.com 215-937-5049
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Robert Howard Gilman, Esquire</u> ,	<u>Secretary</u>	<u>Steven Harvey Bohner</u> ,	<u>Treasurer</u>
<u>Sharon Lynn Alexander Keilly</u> ,	<u>President</u>		

OTHER OFFICERS

_____ , _____ , _____

DIRECTORS OR TRUSTEES

Steven Harvey Bohner Eileen Mary Coggins # James Michael Jernigan #

State of Pennsylvania

County of Delaware

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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.

Robert Howard Gilman, Esquire
Secretary

Steven Harvey Bohner
Treasurer

Sharon Lynn Alexander Keilly
President

Subscribed and sworn to before me this _____ day of February, 2016

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables		2,225		674,775	.0	
2. Claim overpayment receivables		147,147		57,585	.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	0	149,372	0	732,360	0	0

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
HENRY FORD HOSPITAL.....	166,056					166,056
MED LODGE OF STERLING HEIGHTS.....	120,348					120,348
VHS SINAI-GRACE HOSPITAL.....	117,734					117,734
OAKWOOD HOSPITAL AND MEDICAL CENTER.....	107,481					107,481
ST JOHN HOSPITAL & MEDICAL CENTER.....	99,227					99,227
FAIRLANE SENIOR CARE AND REHAB LLC.....	94,732					94,732
HEARTLAND HEALTH CARE CENTER.....	83,266					83,266
VHS DETROIT RECEIVING HOSPITAL INC.....	69,066					69,066
THE MANOR OF NORTHWEST DETROIT.....	65,656					65,656
FATHER MURRAY NURSING AND REHAB.....	63,417					63,417
MCLAREN MACOMB.....	58,052					58,052
APPLEWOOD NURSING CENTER INC.....	57,389					57,389
WILLIAM BEAUMONT HOSPITAL.....	54,577					54,577
SAMARITAN MANOR.....	53,896					53,896
HEARTLAND HEALTH CARE CENTER.....	49,988					49,988
GARDEN CITY HOSPITAL.....	47,836					47,836
WEST OAKS SENIOR CARE AND REHAB.....	46,463					46,463
VHS HARPER HUTZEL HOSPITAL INC.....	42,900					42,900
OAKWOOD HERITAGE HOSPITAL.....	41,689					41,689
HEARTLAND HEALTH CARE CENTER.....	38,248					38,248
OAKPOINTE SENIOR CARE AND REHAB.....	38,117					38,117
BOULEVARD MANOR LLC.....	36,880					36,880
LAKEPOINTE SENIOR CARE AND REHAB.....	36,259					36,259
OAKWOOD SOUTHSORE MEDICAL CENTER.....	34,807					34,807
RIVERVIEW HEALTH & REHAB CENTER.....	31,043					31,043
FRESENIUS MEDICAL CARE.....	28,106					28,106
ST JOHN MACOMB OAKLAND HOSPITAL.....	25,119					25,119
BEAUMONT HOSPITAL - GROSSE POINTE.....	24,894					24,894
WESTLAND NURSING AND REHAB.....	22,377					22,377
OAKWOOD ANNAPOLIS HOSPITAL.....	17,425					17,425
ST JOSEPH MERCY HOSPITAL.....	17,115					17,115
UNIV OF MICHIGAN HOSPITALS AND HEALTH.....	16,911					16,911
ST JOSEPHS HEALTHCARE CENTER.....	16,719					16,719
CITY OF DETROIT FIRE DEPARTMENT.....	16,617					16,617
GREENVIEW DIALYSIS.....	16,442					16,442
ROMULUS DIALYSIS.....	16,294					16,294
HERITAGE MANOR NURSING AND REHAB CENTER.....	16,087					16,087
HEARTLAND HEALTH CARE CENTER - LIVONIA.....	15,202					15,202
METRO MAN II INC D/B/A FOUR SEASONS.....	15,083					15,083
AMERICAN ANGELS HOME CARE.....	14,960					14,960
BMA NORTHWEST KIDNEY CENTER.....	14,262					14,262
MED LODGE OF RICHMOND.....	14,147					14,147
MANOR OF SOUTHGATE.....	14,018					14,018
WAYNE HEALTH AND REHAB.....	12,990					12,990
GREENFIELD HEALTH SYSTEMS.....	12,080					12,080
KRESGE DIALYSIS.....	11,837					11,837
LAHSER HILLS CARE CENTER.....	11,695					11,695
SHELBY NURSING CENTER.....	11,487					11,487
PDI CADIEUX.....	11,297					11,297
OAKWOOD HOME CARE SERVICES.....	11,033					11,033
GROSSE POINTE DIALYSIS.....	10,558					10,558
GARG, RAM S.....	10,517					10,517
BMA OF DETROIT.....	10,437					10,437
PROVIDENCE HOSPITAL.....	10,311					10,311
FMC DIALYSIS CENTER-CLINTON.....	10,147					10,147
HEARTLAND HEALTH CARE CENTER.....	10,139					10,139

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

EXHIBIT 4 – 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.....	2,121,430	0	0	0	0	2,121,430
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered	774,152					774,152
0499999 Subtotals	2,895,582	0	0	0	0	2,895,582
0599999 Unreported claims and other claim reserves						10,684,292
0699999 Total amounts withheld						
0799999 Total claims unpaid						13,579,874
0899999 Accrued medical incentive pool and bonus amounts						0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0199999 Individually listed receivables	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0.0		.0.0		.0
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers	44,922	.0.2	21,399	635.2		44,922
4. Total capitation payments	44,922	.0.2	21,399	635.2	0	44,922
Other Payments:						
5. Fee-for-service .....	.0	.0.0	XXX	XXX		
6. Contractual fee payments	24,508,594	99.8	XXX	XXX		24,508,594
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments .....	.0	.0.0	XXX	XXX		
12. Total other payments	24,508,594	99.8	XXX	XXX	0	24,508,594
13. Total (Line 4 plus Line 12)	24,553,516	100 %	XXX	XXX	0	24,553,516

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Michigan, Inc.

2.

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Michigan	DURING THE YEAR 2015							NAIC Company Code	15104	
			1	Comprehensive (Hospital & Medical)		4	5	6	7			8	9	10
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year			0									
2. First Quarter			0									
3. Second Quarter			25							25		
4. Third Quarter			4,673							4,673		
5. Current Year			3,369							3,369		
6. Current Year Member Months			21,399							21,399		
Total Member Ambulatory Encounters for Year:												
7. Physician			3,156							3,156		
8. Non-Physician			3,385							3,385		
9. Total			6,541	0	0	0	0	0	0	6,541	0	0
10. Hospital Patient Days Incurred			738							738		
11. Number of Inpatient Admissions			129							129		
12. Health Premiums Written (b)			40,263,336							40,263,336		
13. Life Premiums Direct			0									
14. Property/Casualty Premiums Written			0									
15. Health Premiums Earned			40,263,336							40,263,336		
16. Property/Casualty Premiums Earned			0									
17. Amount Paid for Provision of Health Care Services			24,553,516							24,553,516		
18. Amount Incurred for Provision of Health Care Services			38,133,390							38,133,390		

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$40,263,336

Amounts reported in the Medicare Column represent the Medicaid/Medicare Dual Eligible Plan effective May 1 2015.

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

AmeriHealth Michigan, Inc.

2.

(LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2015						NAIC Company Code	15104
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	25	0	0	0	0	0	0	25	0	0	
4. Third Quarter	4,673	0	0	0	0	0	0	4,673	0	0	
5. Current Year	3,369	0	0	0	0	0	0	3,369	0	0	
6. Current Year Member Months	21,399	0	0	0	0	0	0	21,399	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	3,156	0	0	0	0	0	0	3,156	0	0	
8. Non-Physician	3,385	0	0	0	0	0	0	3,385	0	0	
9. Total	6,541	0	0	0	0	0	0	6,541	0	0	
10. Hospital Patient Days Incurred	738	0	0	0	0	0	0	738	0	0	
11. Number of Inpatient Admissions	129	0	0	0	0	0	0	129	0	0	
12. Health Premiums Written (b)	40,263,336	0	0	0	0	0	0	40,263,336	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	40,263,336	0	0	0	0	0	0	40,263,336	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	24,553,516	0	0	0	0	0	0	24,553,516	0	0	
18. Amount Incurred for Provision of Health Care Services	38,133,390	0	0	0	0	0	0	38,133,390	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 40,263,336

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	117	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	.XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	.XXX
18. Funds deposited by and withheld from (F)	0	0	0	0	.XXX
19. Letters of credit (L)	0	0	0	0	.XXX
20. Trust agreements (T)	0	0	0	0	.XXX
21. Other (O)	0	0	0	0	.XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	27,186,206		27,186,206
2. Accident and health premiums due and unpaid (Line 15).....	0		0
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	352,012		352,012
6. Total assets (Line 28)	27,538,218	0	27,538,218
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	13,579,874	0	13,579,874
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	5,239,706		5,239,706
15. Total liabilities (Line 24).....	18,819,580	0	18,819,580
16. Total capital and surplus (Line 33).....	8,718,638	XXX	8,718,638
17. Total liabilities, capital and surplus (Line 34)	27,538,218	0	27,538,218
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS						0
26. Missouri MO						0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

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
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)	*
00000		00000	47-1233198				Independence Health Group, Inc.	PA	UIP				Independence Health Group, Inc.	.0
00000		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	50.0	Independence Health Group, Inc. / DaVita HealthCare Partners, Inc.	.0
00000		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Independence Health Group, Inc.	.0
00000		00000	04-3355932				NaviNet, Inc.	DE	NIA	3BE Holdings, LLC	Ownership	40.5	Independence Health Group, Inc.	.0
00000		00000	98-0438502				InsPro Technologies Corp.	DE	NIA	Independence Blue Cross, LLC	Ownership	28.9	Independence Health Group, Inc.	.0
00000		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00936	Independence Health Group, Inc.	12812	30-0326654				Region 6 Rx Corp.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

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
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)	*
00000		00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc.	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	0
00000		00000	66-0195325				PRHP, Inc.	PR	NIA	Independence Holdings, Inc. (93.7%) / QCC Insurance Company (6.3%)	Ownership	100.0	Independence Health Group, Inc.	0
00936	Independence Health Group, Inc.	93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	0
00000		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	0
00000		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	0
00000		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	0
00000		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	0
00000		00000	54-1867679				Worldwide Insurance Services, Inc.	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	0
00000		00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	0
00000		00000	13-3155962				Self Funded Benefits, Inc.	NJ	NIA	AmeriHealth Administrators, Inc.	Ownership	100.0	Independence Health Group, Inc.	0
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	0
00936	Independence Health Group, Inc.	95056	23-2405376				Keystone Health Plan East, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	0
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	0
00000		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	1

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

**SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	0
00936	Independence Health Group, Inc.	53252	23-2063810				Inter-County Health Plan, Inc.	PA	IA	Inter-County Hospitalization Plan, Inc.	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	0
00000		00000	22-2724721				Independence Blue Cross & Highmark Blue Shield Caring Foundation For Children	PA	OTH	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Independence Health Group, Inc. / Highmark Health	0
00000		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	100.0	Independence Health Group, Inc.	1
00000		00000	25-1686685				CompServices, Inc.	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	0
00000		00000	25-1765486				CSI Services, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	0
00936	Independence Health Group, Inc.	10975	06-1505051				AmeriHealth Casualty Insurance Company	DE	IA	CompServices, Inc.	Ownership	100.0	Independence Health Group, Inc.	0
00000		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	0
00000		00000	61-1741302				AmeriHealth New Jersey, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	0
00000		00000	61-1741805				AmeriHealth TPA of New Jersey, LLC	NJ	NIA	AmeriHealth New Jersey Holdings, LLC	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	0
00936	Independence Health Group, Inc.	60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	IA	AmeriHealth New Jersey, LLC	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	0
00000		00000	35-2511976				AmeriHealth HMO of New Jersey, Inc.	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	80.0	Independence Health Group, Inc. / Cooper Medical Services, Inc.	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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00000		00000	45-3672640				IBC MH LLC	DE	UIP	AmeriHealth New Jersey, LLC	Ownership	100.0	Independence Health Group, Inc.	.0
00936	Independence Health Group, Inc.	96660	23-2408039				Vista Health Plan, Inc.	PA	IA	AmeriHealth, Inc. (95%) / Keystone Health Plan East, Inc. (5%)	Ownership	100.0	Independence Health Group, Inc.	.0
00000		00000	30-0703311				BMH LLC	DE	UIP	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	38-3946080				BMH SUBCO I LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	UDP	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

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
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00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	47-5566319				AmeriHealth Caritas Virginia, Inc.	VA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00936	Independence Health Group, Inc.	15800	47-3923267				AmeriHealth Caritas Iowa, Inc.	IA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00936	Independence Health Group, Inc.	14692	20-2467931				AmeriHealth Caritas Georgia, Inc.	GA	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	RE	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

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
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00000		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	26-1144363				AMHP Holdings Corp	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00000		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00936	Independence Health Group, Inc	13630	26-0885397				CBHNP Services, Inc	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AmeriHealth Michigan, Inc.

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
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)	*
00000		00000	20-4948091				AmeriHealth Caritas Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	.0
00936	Independence Health Group, Inc.	14261	45-3790685				AmeriHealth Nebraska, Inc.	NE	IA	AmeriHealth Caritas Health Plan	Ownership	42.9	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Nebraska	.0
00936	Independence Health Group, Inc.	14378	45-4088232				Florida True Health, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida	.0
00000		00000	61-1720226				Prestige MSO, LLC	FL	NIA	Florida True Health, Inc.	Ownership	15.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida / Prestige Health Choice	.0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95458	57-1032456	Select Health of South Carolina, Inc.	(15,000,000)				(68,973,333)				(83,973,333)	
00000	25-1765391	Community Behav Health Network of PA					3,589,859				3,589,859	
13630	26-0885397	CBHNP Services, Inc									.0	
14143	27-3575066	AmeriHealth Caritas Louisiana, Inc.		2,500,000			(46,868,030)				(44,368,030)	
14378	45-4088232	Florida True Health, Inc		271,517,500			(48,472,279)			(367,500)	222,677,721	
14261	45-3790685	AmeriHealth Nebraska, Inc.		5,000,000			(8,934,029)				(3,934,029)	
15088	46-1480213	AmeriHealth Caritas DC, Inc.					(40,315,620)				(40,315,620)	
15104	46-0906893	AmeriHealth Michigan, Inc.		20,600,000			(12,196,941)				8,403,059	
00000	23-2859523	AmeriHealth Caritas Health Plan	15,000,000	(203,550,000)			159,239,699			(1,000)	(29,311,301)	
00000	45-5415725	AmeriHealth Caritas Services LLC					49,948,053				49,948,053	
14692	20-2467931	AmeriHealth Caritas Georgia, Inc.									.0	
15800	47-3923267	AmeriHealth Caritas Iowa, Inc.		41,000,000			(2,900,320)			1,000	38,100,680	
00000	27-0863878	PerformRx, LLC					11,778,271				11,778,271	
77780	47-0095156	Blue Cross and Blue Shield of Nebraska		(1,500,000)							(1,500,000)	
00000	59-2468517	Diversified Health Services, Inc.		(135,950,000)							(135,950,000)	
00000	61-1720226	Prestige MSO, LLC		382,500			4,104,670			367,500	4,854,670	
00000	37-1752699	FTH Clinic, LLC									.0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

MARCH FILING	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING	
8. Will an audited financial report be filed by June 1?	.....YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

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.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....NO.....
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....NO.....
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....NO.....
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?NO.....

Explanation:

- 11.
- 12.
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
 *EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Donations.....	0	0	15,325		15,325
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	15,325	0	15,325

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