



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Fidelis SecureCare of Michigan Inc.

NAIC Group Code 3744, 3744 NAIC Company Code 10769 Employer's ID Number 30-0312489

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 [ ], Dental Service Corporation [ ], Vision Service Corporation [ ], Other [ ], Health Maintenance Organization [ X ], Hospital, Medical & Dental Service or Indemnity [ ], Is HMO, Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized 12/09/2004 Commenced Business 07/15/2005

Statutory Home Office 20 N. Martingale Road, Suite 180, Schaumburg, IL, US 60173

Main Administrative Office 20 N. Martingale Road, Suite 180, Schaumburg, IL, US 60173, 847-605-0501

Mail Address 20 N. Martingale Road, Suite 180, Schaumburg, IL, US 60173

Primary Location of Books and Records 20 N. Martingale Road, Suite 180, Schaumburg, IL, US 60173, 949-537-3401

Internet Website Address www.fidelissc.com

Statutory Statement Contact David Joseph Hees, 949-537-3401, david.hees@fidelissc.com, 866-747-7565

OFFICERS

Name Title Name Title
Samuel Randolph Willcoxon Mr. President Samuel Randolph Willcoxon Mr. Treasurer
Kimberly Rennard Tulsy Mr. Secretary

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Gregory Dean Bellware Mr. Valerie Bergeron Ms. David Bosma Mr.

State of .....

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County of .....

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.

Kimberly Rennard Tulsy
Secretary

Gregory Dean Bellware
Director

Subscribed and sworn to before me this
day of

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 2014 OF THE  
Fidelis SecureCare of Michigan Inc.**

**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	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 (Cols. 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 Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....	364,111	81,142	0	71,772	364,111	364,111
2. Claim overpayment receivables.....				4,740	0	
3. Loans and advances to providers.....					0	
4. Capitation arrangement receivables.....					0	
5. Risk sharing receivables.....					0	
6. Other health care receivables.....		0		47,453	0	40,608
7. Totals (Lines 1 through 6)	364,111	81,142	0	123,965	364,111	404,719

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 2014 OF THE  
Fidelis SecureCare of 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		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers .....	15,344,370	60.9		.0.0		15,344,370
4. Total capitation payments .....	15,344,370	60.9	0	.0.0	0	15,344,370
Other Payments:						
5. Fee-for-service .....	2,802,910	11.1	XXX	XXX		2,802,910
6. Contractual fee payments .....	6,847,901	27.2	XXX	XXX		6,847,901
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	186,624	.7	XXX	XXX		186,624
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 .....	9,837,435	39.1	XXX	XXX	0	9,837,435
13. Total (Line 4 plus Line 12)	25,181,805	100 %	XXX	XXX	0	25,181,805

**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
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE  
Fidelis SecureCare of Michigan Inc.**

**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 .....						
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment	636,619		303,680		332,939	
6. Total	636,619	0	303,680	0	332,939	0



**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE  
Fidelis SecureCare of Michigan Inc.**

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	3744	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2014						(LOCATION)	
				NAIC Company Code		10769					
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
<b>Total Members at end of:</b>											
1. Prior Year .....	1,271							1,271	0		
2. First Quarter .....	1,542							1,542	0		
3. Second Quarter .....	1,718							1,718	0		
4. Third Quarter .....	1,856							1,856	0		
5. Current Year	2,268							2,268	0		
6. Current Year Member Months	21,450							21,450	0		
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	4,269							4,269	0		
11. Number of Inpatient Admissions	695							695	0		
12. Health Premiums Written (b) .....	30,773,525							30,773,525	0		
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	30,773,525							30,773,525	0		
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	25,181,805							25,181,805	0		
18. Amount Incurred for Provision of Health Care Services	25,236,375							25,236,375	0		

(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 \$ \_\_\_\_\_

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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	3744	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2014							(LOCATION)	
											NAIC Company Code	10769
				1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
<b>Total Members at end of:</b>												
1. Prior Year .....	1,271	0	0	0	0	0	0	1,271	0	0		
2. First Quarter .....	1,542	0	0	0	0	0	0	1,542	0	0		
3. Second Quarter .....	1,718	0	0	0	0	0	0	1,718	0	0		
4. Third Quarter .....	1,856	0	0	0	0	0	0	1,856	0	0		
5. Current Year	2,268	0	0	0	0	0	0	2,268	0	0		
6. Current Year Member Months	21,450	0	0	0	0	0	0	21,450	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0		
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	4,269	0	0	0	0	0	0	4,269	0	0		
11. Number of Inpatient Admissions	695	0	0	0	0	0	0	695	0	0		
12. Health Premiums Written (b).....	30,773,525	0	0	0	0	0	0	30,773,525	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.....	30,773,525	0	0	0	0	0	0	30,773,525	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 .....	25,181,805	0	0	0	0	0	0	25,181,805	0	0		
18. Amount Incurred for Provision of Health Care Services	25,236,375	0	0	0	0	0	0	25,236,375	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 \$ 0

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Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
27154	13-3362309	01/01/2014	Atlantic Specialty Insurance Company	NY	SSL/T/A		50,000						
			0199999 - General Account - Authorized U.S. Affiliates - Captive				50,000						
			0399999 - Total Authorized U.S. Affiliates				50,000						
			0799999 - Total Authorized Affiliates				50,000						
			1199999 - Total General Account Authorized				50,000	0	0	0	0	0	0
			2299999 - Total General Account Unauthorized				0	0	0	0	0	0	0
			3399999 - Total General Account Certified				0	0	0	0	0	0	0
			3499999 - Total General Account Authorized, Unauthorized and Certified				50,000	0	0	0	0	0	0
			4599999 - Total Separate Accounts Authorized				0	0	0	0	0	0	0
			5699999 - Total Separate Accounts Unauthorized				0	0	0	0	0	0	0
			6399999 - Total Certified Affiliates				0	0	0	0	0	0	0
			6899999 - Total Separate Accounts Authorized, Unauthorized and Certified				0	0	0	0	0	0	0
			6799999 - Total Separate Accounts Certified				0	0	0	0	0	0	0
			6999999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599999, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)				50,000	0	0	0	0	0	0
			7099999 - Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, ...)				0	0	0	0	0	0	0
9999999 Totals							50,000	0	0	0	0	0	0

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Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Footnote(a) Detail

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Footnote(a) Detail

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE  
Fidelis SecureCare of Michigan Inc.

**SCHEDULE S - PART 6**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2014	2 2013	3 2012	4 2011	5 2010
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	50	42	150	129	128
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>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	32	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	XXX	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	XXX	XXX
18. Funds deposited by and withheld from (F).....	0	0	0	XXX	XXX
19. Letters of credit (L).....	0	0	0	XXX	XXX
20. Trust agreements (T).....	0	0	0	XXX	XXX
21. Other (O).....	0	0	0	XXX	XXX

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE  
Fidelis SecureCare of Michigan Inc.**

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	7,797,157		7,797,157
2. Accident and health premiums due and unpaid (Line 15).....	1,700		1,700
3. Amounts recoverable from reinsurers (Line 16.1).....	31,958	(31,958)	0
4. Net credit for ceded reinsurance.....	XXX	31,958	31,958
5. All other admitted assets (Balance).....	920,312		920,312
6. Total assets (Line 28)	8,751,127	0	8,751,127
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	2,056,840	0	2,056,840
8. Accrued medical incentive pool and bonus payments (Line 2).....	22,255		22,255
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).....	1,793,925		1,793,925
15. Total liabilities (Line 24).....	3,873,020	0	3,873,020
16. Total capital and surplus (Line 33).....	4,878,107	XXX	4,878,107
17. Total liabilities, capital and surplus (Line 34)	8,751,127	0	8,751,127
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	31,958		
22. Other ceded reinsurance recoverables.....	0		
23. Total ceded reinsurance recoverables.....	31,958		
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	31,958		

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE  
Fidelis SecureCare of 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 2014 OF THE  
Fidelis SecureCare of 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)	*
3744	Fidelis SeniorCare Inc	12288	20-2214150				Fidelis SecurCare of North Carolina Inc	NC	UDP	Fidelis SeniorCare Inc	Ownership	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP	
3744	Fidelis SeniorCare Inc	10769	30-0312489				Fidelis SecureCare of Michigan Inc	MI	UDP	Fidelis SeniorCare Inc	Ownership	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP	
3744	Fidelis SeniorCare Inc	12597	84-1704073				Fidelis SecureCare of Texas Inc	TX	UDP	Fidelis SeniorCare Inc	Ownership	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP	
3744	Fidelis SeniorCare Inc						Fidelis Healthcare Services Inc	MI	UDP	Fidelis SeniorCare Inc	Ownership	100.0	Collinson Howe & Lennox II LLC, Arboretum Ventures III LP	
3744	Fidelis SeniorCare Inc						FSC of Washington Health Services Inc	WA	UDP	Fidelis SeniorCare Inc	Ownership	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP	
3744	Fidelis SeniorCare Inc						FSC of Washington Inc	WA	UDP	Fidelis SeniorCare Inc	Ownership	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP	
3744	Fidelis SeniorCare Inc						FSC of Michigan Services Inc	MI	UDP	Fidelis SeniorCare Inc	Ownership	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP	
3744	Fidelis SeniorCare Inc						FSC of Michigan Management Services Inc	MI	UDP	Fidelis SeniorCare Inc	Ownership	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP	
3744	Fidelis SeniorCare Inc						FSC of Michigan, PC Group	MI	NIA	Physicians Group	Ownership	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP	
3744	Fidelis SeniorCare Inc						FSC of Washington HealthCare Services PC	WA	NIA	Physicians Group	Ownership	100.0	Collinson Howe & Lennox II LLC, Versant Ventures II LLC, Arboretum Ventures III LP	

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**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE  
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**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)
12288	20-2214150	Fidelis SecureCare of North Carolina Inc.	(700,000)				(12,283)				(712,283)	
12597	84-1704073	Fidelis SecureCare of Texas, Inc.									0	
10769	30-0312489	Fidelis SecureCare of Michigan Inc.					(3,884,854)			(15,129,255)	(19,014,109)	
3744	16-1719046	Fidelis SeniorCare Inc.	700,000				3,211,841				3,911,841	
	26-1332704	Fidelis Healthcare Services, Inc.					685,296				685,296	
	27-2437372	FSC of Michigan Services, Inc.								15,129,255	15,129,255	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE  
Fidelis SecureCare of Michigan Inc.**

**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**

	<b>Responses</b>
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.....
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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?	.....SEE EXPLANATION.....
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?	.....SEE EXPLANATION.....
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?	.....SEE EXPLANATION.....
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?	.....SEE EXPLANATION.....
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....

**APRIL FILING**

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
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?	.....SEE EXPLANATION.....
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?	.....SEE EXPLANATION.....

**AUGUST FILING**

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....
--	---------------

**Explanation:**

- 11.
- 12.
- 13.
- 14. Less than 100 shareholders
- 15.
- 16.
- 17. Medicare Advantage Plans are not required to file
- 18. Relief is not needed
- 19. Relief is not needed
- 20. Relief is not needed
- 21. Medicare Advantage Plans are not required to file

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

24. Medicare Advantage Plans are not required to file

25. Medicare Advantage Plans are not required to file

**Bar code:**

12.   
1 0 7 6 9 2 0 1 4 2 0 5 0 0 0 0 0

13.   
1 0 7 6 9 2 0 1 4 2 0 7 0 0 0 0 0

15.   
1 0 7 6 9 2 0 1 4 3 7 1 0 0 0 0 0

16.   
1 0 7 6 9 2 0 1 4 3 7 0 0 0 0 0 0

22.   
1 0 7 6 9 2 0 1 4 2 1 1 5 9 0 0 0

23.   
1 0 7 6 9 2 0 1 4 2 1 3 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

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