9 5 4 5 3 2 0 1 3 2 0 1 0 0 1 0 0

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2013

OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan, Inc.

NAIC Group Code 0000 (Current Period), _____ (Prior Period) NAIC Company Code 95453 Employer's ID Number 38-2396958

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 12/03/1981 Commenced Business 02/05/1982

Statutory Home Office 829 Forest Hill Ave SE (Street and Number), Grand Rapids, MI, US 49546-2325 (City or Town, State, Country and Zip Code)

Main Administrative Office 829 Forest Hill Ave SE (Street and Number)
Grand Rapids, MI, US 49546-2325 (City or Town, State, Country and Zip Code) 616-949-2410 (Area Code) (Telephone Number)

Mail Address 829 Forest Hill Ave SE (Street and Number or P.O. Box), Grand Rapids, MI, US 49546-2325 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 829 Forest Hill Ave SE (Street and Number)
Grand Rapids, MI, US 49546-2325 (City or Town, State, Country and Zip Code), 616-949-9944-1122 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address gvhp.com

Statutory Statement Contact Pamela Lea Silva (Name), 616-949-9944-1122 (Area Code) (Telephone Number) (Extension)
silvap@gvhp.com (E-Mail Address) 616-949-4978 (Fax Number)

OFFICERS

Name	Title	Name	Title
Pamela L Silva	President/CEO	Thomas W Schouten	Secretary
Jack H Heinen	Treasurer		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Thomas W Schouten	Daniel Wallace	Robert Schirado	Pamela L Silva
Richard C Fletcher	Herbert A Start	Kathy Lentz	Athena M Cronberg
Steven A Manifold			

State of .....Michigan.....
County of .....Kent..... 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.

Pamela L Silva	Thomas W Schouten	Jack H Heinen
President/CEO	Secretary	Treasurer

Subscribed and sworn to before me this 24 day of February, 2014

Ruth A. Klinger,
05/08/2018

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals		813				813
Group subscribers:						
Meijer		20,032				20,032
Bimbo Bakeries				4,580	4,580	0
State of MI		10,910				10,910
OPM Feds	135,460					135,460
Stockwell		24,007	953	2,512	2,512	24,959
0299997 Group subscriber subtotal	135,460	54,949	953	7,092	7,092	191,361
0299998 Premiums due and unpaid not individually listed		9,186		478	478	9,186
0299999 Total group	135,460	64,135	953	7,570	7,570	200,547
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	135,460	64,948	953	7,570	7,570	201,360

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables

NONE

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)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	274,653	252,151	368,479	31,914	99,510	1,026,707
0499999 Subtotals	274,653	252,151	368,479	31,914	99,510	1,026,707
0599999 Unreported claims and other claim reserves						1,210,030
0699999 Total amounts withheld						
0799999 Total claims unpaid						2,236,737
0899999 Accrued medical incentive pool and bonus amounts						0

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Grand Valley Techology Services	6,182					6,182	
Grand Valley Health Mgmt/Surgical Ctr	4,600					4,600	
0199999 Individually listed receivables	10,782	0	0	0	0	10,782	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	10,782	0	0	0	0	10,782	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Grand Valley Health Corp;	ESOP & 401k pass thru accounting service	17,550	17,550	
0199999 Individually listed payables		17,550	17,550	0
0299999 Payables not individually listed				
0399999 Total gross payables		17,550	17,550	0

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	188,874	0.9	59,654	1,283.7		188,874
4. Total capitation payments	188,874	0.9	59,654	1,283.7	0	188,874
Other Payments:						
5. Fee-for-service	299,043	1.5	XXX	XXX	299,043	
6. Contractual fee payments	10,067,440	49.6	XXX	XXX	10,067,440	
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	9,748,542	48.0	XXX	XXX	9,748,542	
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	20,115,025	99.1	XXX	XXX	20,115,025	0
13. Total (Line 4 plus Line 12)	20,303,899	100 %	XXX	XXX	20,115,025	188,874

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	473,164		428,216	44,948	44,948	
2. Medical furniture, equipment and fixtures	598,134		598,134	0		
3. Pharmaceuticals and surgical supplies	201,672			201,672		201,672
4. Durable medical equipment						
5. Other property and equipment	405,889		394,931	10,958		10,958
6. Total	1,678,859	0	1,421,281	257,578	44,948	212,630

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc. 2. _____ (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2013 NAIC Company Code 95453

	1	Comprehensive (Hospital & Medical) 2	3	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	6,086	81	4,900				1,105			
2 First Quarter	5,175	69	3,963				1,143			
3 Second Quarter	4,882	81	3,894				907			
4. Third Quarter	4,674	79	3,696				899			
5. Current Year	4,647	78	3,676				893			
6 Current Year Member Months	59,654	931	46,565				12,158			
Total Member Ambulatory Encounters for Year:										
7. Physician	18,984	318	14,765				3,901			
8. Non-Physician	5,865	103	4,750				1,012			
9. Total	24,849	421	19,515	0	0	0	4,913	0	0	0
10. Hospital Patient Days Incurred	917	37	737				143			
11. Number of Inpatient Admissions	264	9	206				49			
12. Health Premiums Written (b)	21,765,227	355,233	16,085,943				5,324,051			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	21,765,227	355,233	16,085,943				5,324,051			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	20,115,025	313,928	15,701,481				4,099,616			
18. Amount Incurred for Provision of Health Care Services	20,130,812	314,175	15,713,804				4,102,833			

(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 $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc. 2. _____ (LOCATION)

NAIC Group Code 0000 BUSINESS IN THE STATE OF Consolidated DURING THE YEAR 2013 NAIC Company Code 95453

	1	Comprehensive (Hospital & Medical) 2	3	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	6,086	81	4,900	0	0	0	1,105	0	0	0
2 First Quarter	5,175	69	3,963	0	0	0	1,143	0	0	0
3 Second Quarter	4,882	81	3,894	0	0	0	907	0	0	0
4. Third Quarter	4,674	79	3,696	0	0	0	899	0	0	0
5. Current Year	4,647	78	3,676	0	0	0	893	0	0	0
6 Current Year Member Months	59,654	931	46,565	0	0	0	12,158	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	18,984	318	14,765	0	0	0	3,901	0	0	0
8. Non-Physician	5,865	103	4,750	0	0	0	1,012	0	0	0
9. Total	24,849	421	19,515	0	0	0	4,913	0	0	0
10. Hospital Patient Days Incurred	917	37	737	0	0	0	143	0	0	0
11. Number of Inpatient Admissions	264	9	206	0	0	0	49	0	0	0
12. Health Premiums Written (b)	21,765,227	355,233	16,085,943	0	0	0	5,324,051	0	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	21,765,227	355,233	16,085,943	0	0	0	5,324,051	0	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	20,115,025	313,928	15,701,481	0	0	0	4,099,616	0	0	0
18. Amount Incurred for Provision of Health Care Services	20,130,812	314,175	15,713,804	0	0	0	4,102,833	0	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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
9999999 Totals						0	0	0	0	0	0

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
9999999 Totals—Life, Annuity and Accident and Health (Sum of 1199999 and 2299999)					0	0

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 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief 10 Current Year	 11 Prior Year	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
22667	95-2371728	07/01/2013	ACE AMER INS CO	PA	SSL/I/L	275,679						
0499999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						275,679	0	0	0	0	0	0
0699999 - General Account - Authorized - Affiliates - Non-U.S. - Total						275,679	0	0	0	0	0	0
0799999 - General Account - Authorized - Affiliates - Total Authorized Affiliates						275,679	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized						275,679	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified						275,679	0	0	0	0	0	0
7099999 - Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						275,679	0	0	0	0	0	0
9999999 Totals						275,679	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

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

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums	276	335	574	462	546
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	297	422	0	0	0
5. Total hospital and medical expenses	15,366	17,741	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	78	0	197	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	XXX	XXX	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	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)	0	0	XXX	XXX	XXX
19. Letters of credit (L)	0	0	XXX	XXX	XXX
20. Trust agreements (T)	0	0	XXX	XXX	XXX
21. Other (O)	0	0	XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	4,414,124		4,414,124
2.	Accident and health premiums due and unpaid (Line 15)	201,360		201,360
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)	348,968		348,968
6.	Total assets (Line 28)	4,964,452	0	4,964,452
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	2,232,241	0	2,232,241
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	259,418		259,418
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)	475,014		475,014
15.	Total liabilities (Line 24)	2,966,673	0	2,966,673
16.	Total capital and surplus (Line 33)	1,997,780	XXX	1,997,780
17.	Total liabilities, capital and surplus (Line 34)	4,964,453	0	4,964,453
	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		

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

Allocated By States and Territories

States, Etc.	Direct Business Only					
	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	6 Totals
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

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/ Person(s)	15 *
		00000	38-3265342				Grand Valley Health Corporation	MI	UDP	Grand Valley Health Corporation ESOP	Ownership	18.6	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	0
		00000	38-3265342				Grand Valley Health Corporation	MI	UDP	Rosalynn E. Bender	Ownership	21.9	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	0
		00000	38-3247950				Grand Valley Health Facilities	MI	NIA	Grand Valley Health Corporation	Ownership	100.0	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	0
		00000	38-3247943				Grand Valley Health Managment, Inc.	MI	NIA	Grand Valley Health Corporation	Ownership	100.0	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	0
		00000	38-3440505				Grand Valley Health Surgical Center, LLC	MI	NIA	Grand Valley Health Management	Ownership	54.0	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	0
		00000	38-3440505				Grand Valley Health Surgical Center, LLC	MI	NIA	Grand Valley Health Corporation	Ownership	28.0	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	0
		00000	38-3668000				Grand Valley Technology Services, LLC	MI	NIA	Grand Valley Health Corporation	Ownership	68.0	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	0

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

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	38-3265342	Grand Valley Health Corporation					561,804				561,804	
	38-3247943	Grand Valley Health Management									0	
	38-3247950	Grand Valley Health Facilities					995,940				995,940	
95453	38-2396958	Grand Valley Health Plan					(2,337,396)				(2,337,396)	
	38-3668000	Grand Valley Technical Services					797,652				797,652	
	38-3440505	Grand Valley Surgical Center					(18,000)				(18,000)	
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?	YES
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?	YES
	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:

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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