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QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2015

OF THE CONDITION AND AFFAIRS OF THE

HAP Midwest Health Plan, Inc.

NAIC Group Code 1311 (Current Period), 1311 (Prior Period) NAIC Company Code 95814 Employer's ID Number 38-3123777

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

Country of Domicile United States of America

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] N/A[ ]

Incorporated/Organized 01/01/1994 Commenced Business 01/01/1994

Statutory Home Office 4700 Schaefer Road Ste. 340 (Street and Number), Dearborn, MI, 48126 (City or Town, State, Country and Zip Code)

Main Administrative Office 4700 Schaefer Road Ste. 340 (Street and Number)
Dearborn, MI, 48126 (City or Town, State, Country and Zip Code) (313)581-3700 (Area Code) (Telephone Number)

Mail Address 4700 Schaefer Road Ste. 340 (Street and Number or P.O. Box), Dearborn, MI, 48126 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 4700 Schaefer Rd. Ste. 340 (Street and Number)
Dearborn, MI, 48126 (City or Town, State, Country and Zip Code) (313)581-3700 (Area Code) (Telephone Number)

Internet Web Site Address www.Hap.org\midwest

Statutory Statement Contact Paul E Stevenson, CPA (Name) (313)586-6067 (Area Code)(Telephone Number)(Extension)
pstevenson@midwesthealthplan.com (E-Mail Address) (313)429-5167 (Fax Number)

OFFICERS

Name	Title
James Connelly	Chairman of the Board
Mark Saffer	President
Dan Champney	Secretary
Mary Ann Tournoux	Treasurer

OTHERS

Allen A. Kessler CPA
Mark H. Tucker MD

DIRECTORS OR TRUSTEES

James Connelly
Dan Champney
John Lindsey
Mark Saffer
Mary Ann Tournoux
Tibbitha McCubbin

State of Michigan
County of Wayne ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the 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.

(Signature)	(Signature)	(Signature)
Mary Ann Tournoux	Dan Champney	Allen Kessler
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Interim President	Secretary	VP & Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
_____ day of _____, 2015

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

(Notary Public Signature)

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	36,137,614		36,137,614	15,920,457
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)				
4.2 Properties held for the production of income (less $.....0 encumbrances)				
4.3 Properties held for sale (less $.....0 encumbrances)				
5. Cash ($.....(3,568,680)), cash equivalents ($.....0) and short-term investments ($.....100,961,670)	97,392,990		97,392,990	73,752,836
6. Contract loans (including $.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	133,530,603		133,530,603	89,673,293
13. Title plants less $.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	166,961		166,961	85,243
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	265,282		265,282	204,611
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	2,264,837		2,264,837	1,230,859
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	561,000		561,000	561,000
18.1 Current federal and foreign income tax recoverable and interest thereon	1,184,621		1,184,621	311,668
18.2 Net deferred tax asset	1,590,506	628,811	961,695	1,978,598
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	499,903	499,903		
21. Furniture and equipment, including health care delivery assets ($.....0)	85,086	85,086		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care ($.....2,615,950) and other amounts receivable	4,484,058		4,484,058	7,327,072
25. Aggregate write-ins for other than invested assets	875,953	875,953		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	145,508,810	2,089,753	143,419,058	101,372,343
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	145,508,810	2,089,753	143,419,058	101,372,343
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Assets	875,953	875,953		
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	875,953	875,953		

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	68,423,476		68,423,476	51,766,525
2.	Accrued medical incentive pool and bonus amounts	623,235		623,235	596,781
3.	Unpaid claims adjustment expenses	1,114,413		1,114,413	994,586
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	3,685,548		3,685,548	
9.	General expenses due or accrued	5,132,489		5,132,489	3,811,492
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	143,825		143,825	243,726
16.	Derivatives				
17.	Payable for securities	1,261,702		1,261,702	
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and $.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified ($.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including $.....1,772,477 current)	1,772,477		1,772,477	4,198,575
24.	Total liabilities (Lines 1 to 23)	82,157,166		82,157,166	61,611,684
25.	Aggregate write-ins for special surplus funds	XXX	XXX		7,428,831
26.	Common capital stock	XXX	XXX	186,230	186,230
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	33,770	33,770
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	61,041,892	32,111,828
32.	Less treasury stock, at cost:				
	32.1 .....0 shares common (value included in Line 26 $.....0)	XXX	XXX		
	32.2 .....0 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	61,261,892	39,760,659
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	143,419,058	101,372,343
DETAILS OF WRITE-INS					
2301.	Liability - State Tax Refunds	1,772,477		1,772,477	4,198,575
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,772,477		1,772,477	4,198,575
2501.	Health Insurance Providers Fee 2015 Reserve	XXX	XXX		7,428,831
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		7,428,831
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	886,273	781,696	1,061,706
2.	Net premium income (including $.....0 non-health premium income)	XXX	367,204,186	276,327,265	382,134,464
3.	Change in unearned premium reserves and reserves for rate credits	XXX			
4.	Fee-for-service (net of $.....0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX	(289,318)	(311,117)	(434,264)
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	366,914,868	276,016,147	381,700,201
Hospital and Medical:					
9.	Hospital/medical benefits		188,696,020	158,423,364	218,505,518
10.	Other professional services		32,992,334	16,029,164	24,181,032
11.	Outside referrals		4,450,333	2,768,340	4,166,467
12.	Emergency room and out-of-area		20,386,752	14,635,244	21,846,747
13.	Prescription drugs		44,598,472	29,584,919	41,426,226
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		2,456,040	1,909,000	2,457,700
16.	Subtotal (Lines 9 to 15)		293,579,951	223,350,031	312,583,690
Less:					
17.	Net reinsurance recoveries		1,035,530	703,515	2,078,083
18.	Total hospital and medical (Lines 16 minus 17)		292,544,421	222,646,515	310,505,608
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....1,966,592 cost containment expenses		3,985,579	3,246,860	4,201,271
21.	General administrative expenses		37,511,494	26,089,649	37,430,526
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		334,041,493	251,983,024	352,137,405
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	32,873,375	24,033,123	29,562,796
25.	Net investment income earned		338,754	204,866	210,701
26.	Net realized capital gains (losses) less capital gains tax of $.....0		(44,418)		(7,595)
27.	Net investment gains or (losses) (Lines 25 plus 26)		294,336	204,866	203,106
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	33,167,711	24,237,989	29,765,901
31.	Federal and foreign income taxes incurred	XXX	9,822,374	8,930,659	10,635,829
32.	Net income (loss) (Lines 30 minus 31)	XXX	23,345,337	15,307,331	19,130,072
DETAILS OF WRITE-INS					
0601.	Revenue-Other	XXX	361,451	283,577	365,152
0602.	Management Fee Income	XXX	172,249	352,500	419,327
0603.	Child & Adolescent Health Center Fee	XXX	(823,018)	(947,194)	(1,218,742)
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	(289,318)	(311,117)	(434,264)
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.					
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.					
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	39,760,659	31,400,581	31,400,581
34.	Net income or (loss) from Line 32	23,345,337	15,307,331	19,130,072
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of $.....0			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	(1,024,727)	(1,651,859)	(1,804,879)
39.	Change in nonadmitted assets	(260,188)	878,770	473,883
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			(9,439,000)
47.	Aggregate write-ins for gains or (losses) in surplus	(559,189)		
48.	Net change in capital and surplus (Lines 34 to 47)	21,501,233	14,534,242	8,360,077
49.	Capital and surplus end of reporting period (Line 33 plus 48)	61,261,891	45,934,823	39,760,659
DETAILS OF WRITE-INS				
4701.	Correction of Immaterial Error - State Tax	(902,094)		
4702.	Correction of Immaterial Error - Tax	342,905		
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(559,189)		

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	370,829,063	276,327,265	381,929,854
2.	Net investment income	522,639	191,717	275,563
3.	Miscellaneous income	(289,318)	(311,117)	(434,264)
4.	TOTAL (Lines 1 to 3)	371,062,384	276,207,864	381,771,153
5.	Benefit and loss related payments	276,894,992	207,456,970	297,077,947
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	39,849,148	27,314,282	40,324,974
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	10,703,144	8,700,000	10,900,000
10.	TOTAL (Lines 5 through 9)	327,447,285	243,471,251	348,302,921
11.	Net cash from operations (Line 4 minus Line 10)	43,615,099	32,736,613	33,468,231
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	22,552,601	14,414,867	17,333,984
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds	1,261,702	203,387	
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	23,814,303	14,618,254	17,333,984
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	43,078,717	29,509,758	32,363,889
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications	1,062		25
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	43,079,779	29,509,758	32,363,914
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(19,265,476)	(14,891,504)	(15,029,930)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			9,439,000
	16.6 Other cash provided (applied)	(709,469)	(16,124,122)	(10,478,640)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(709,469)	(16,124,122)	(19,917,640)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	23,640,154	1,720,987	(1,479,339)
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	73,752,836	75,232,175	75,232,175
	19.2 End of period (Line 18 plus Line 19.1)	97,392,990	76,953,162	73,752,836

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	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	94,408	2,120						1,334	90,954	
2. First Quarter	98,987	2,329						1,575	95,083	
3. Second Quarter	99,281	2,286						2,028	94,967	
4. Third Quarter	97,313	1,937						7,935	87,441	
5. Current Year										
6. Current Year Member Months	886,273	20,100						28,668	837,505	
Total Member Ambulatory Encounters for Period:										
7. Physician	541,242	5,348						32,327	503,567	
8. Non-Physician	394,541	3,292						31,349	359,900	
9. Total	935,783	8,640						63,676	863,467	
10. Hospital Patient Days Incurred	34,210	159						3,985	30,066	
11. Number of Inpatient Admissions	7,496	44						699	6,753	
12. Health Premiums Written (a)	368,701,753	2,638,850						31,722,809	334,340,095	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	368,701,753	2,638,850						31,722,809	334,340,095	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	275,861,014	1,754,295						21,623,938	252,482,781	
18. Amount Incurred for Provision of Health Care Services	292,544,421	1,740,816						30,863,802	259,939,802	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....31,722,809.

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)						
HRA/GME/SNAF	8,401,780	1,213,307	1,514,621	1,527,219	6,966,044	19,622,971
Pharmacy Benefit Manager	2,154,849					2,154,849
PCP-IPP Enhanced Payment					211,931	211,931
0199999 Individually Listed Claims Unpaid	10,556,628	1,213,307	1,514,621	1,527,219	7,177,975	21,989,750
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals	10,556,628	1,213,307	1,514,621	1,527,219	7,177,975	21,989,750
0599999 Unreported claims and other claim reserves						46,433,726
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						68,423,476
0899999 Accrued Medical Incentive Pool And Bonus Amounts						623,235

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1. Comprehensive (hospital & medical)	156,877	1,565,757	70,179	350,879	227,056	427,876
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	1,644,236	19,799,813	180,361	11,575,259	1,824,597	2,574,597
7. Title XIX - Medicaid	36,079,364	214,186,331	4,116,390	52,130,408	40,195,754	48,764,051
8. Other health						
9. Health subtotal (Lines 1 to 8)	37,880,477	235,551,901	4,366,930	64,056,546	42,247,407	51,766,525
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts	673,256	1,756,330		623,235	673,256	596,781
13. Totals (Lines 9 - 10 + 11 + 12)	38,553,733	237,308,231	4,366,930	64,679,782	42,920,663	52,363,305

(a) Excludes $.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of HAP Midwest Health Plan, Inc. (Plan) have been prepared in accordance with the *NAIC Accounting Practices and Procedures Manual (NAPPM)* and the NAIC Annual Statement Instructions (NASI) to the extent that these accounting practices, procedures and reporting standards are not modified by accounting practices prescribed or permitted by the State of Michigan Department of Insurance and Financial Services (DIFS).

DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining the financial condition and results of operation of an insurance company. The *NAPPM* has been adopted as a component of prescribed or permitted practices by DIFS.

A reconciliation of the Plan's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

NET INCOME	State of Domicile	2015	2014
(1) Plan State Basis (Page 4, Line 32, Columns 2 & 3)	Michigan	$23,345,337	$19,130,072
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: NONE	Michigan		
(3) State Permitted Practices that increase/(decrease) NAIC SAP: NONE	Michigan		
(4) NAIC SAP (1-2-3=4)	Michigan	$23,345,337	$19,130,072
SURPLUS			
(5) Plan State Basis (Page 3, Line 33, Columns 3&4)	Michigan	$61,261,892	$39,760,659
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: NONE	Michigan		
(7) State Permitted Practices that increase/(decrease) NAIC SAP: NONE	Michigan		
(8) NAIC SAP (5-6-7=8)	Michigan	$61,261,892	$39,760,659

Financial statements prepared on the statutory basis vary in some respects from those prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), and in some cases, those differences may be material. The significant accounting principles, as outlined above, were followed in the preparation of the statutory basis financial statements. Had the financial statements been prepared in accordance with the accounting principles generally accepted in the United States of America, the following differences would have been noted:

- Certain assets are "non-admitted" and are charged against surplus, such as prepaid expenses, electronic data processing equipment and software, furniture and deferred tax assets.

- Purchase Price Accounting (Goodwill and Other Intangibles) Assets, amortization and associated Deferred Taxes are recorded on the acquired company's GAAP financial statements. Our parent corporation, HAP, has accounted for its investment in the Plan in accordance with Statement of Statutory Accounting Principles (SSAP) No 68, *Business Combinations and Goodwill*.

- Deferred income taxes are admitted in accordance with Statement of Statutory Accounting Principle (SSAP) No. 101, Income Taxes, a Replacement of SSAP No. 10R and SSAP No. 10 effective January 1, 2012. Changes in deferred income taxes are credited or charged directly to unassigned surplus as opposed to income tax expense.

- The classification of items included in the Statements of Cash Flows - statutory basis differs from GAAP.

- The disclosures required by the statutory basis differ from GAAP.

B. Use of Estimates - No significant change

C. Accounting Policy

The Plan operates under a capitated Medicaid contract and a MiChild contract with the Michigan Department of Community Health (MDCH). In addition, the Plan has a contract with the Centers for Medicare and Medicaid Services (CMS) for Medicare beneficiaries. For 2015 and 2014, these contracts provided the majority of the Plan's operating revenues. Revenue is recognized during the month in which coverage for enrolled members is in effect. Amounts receivable or payable as a result of the contract reconciliation process are recorded in the year known or a reasonable estimate is determinable

1. Short–term investments – No significant change
2. Bonds – No significant change
3. Common Stocks – Not applicable
4. Preferred Stocks – Not applicable
5. Mortgage Loans – Not applicable

Notes to Financial Statement

6. Loan–backed securities- Loan-backed securities are stated at amortized cost or the lower of amortized cost or fair value based on the NAIC designation of the underlying security. The retrospective method is used to value all securities. Amortized cost is determined utilizing the scientific interest method.

7. Investments in Subsidiaries, controlled and affiliated companies – Not applicable

8. Investments in Joint Ventures, partnerships and limited liability companies – Not applicable

9. Derivatives – Not applicable

10. The Company was not required to record a premium deficiency reserve at December 31, 2014.

11. The Plan's method of estimating liabilities for unpaid medical claims – No significant change

12. Capitalization policy – No modification of capitalization policy

13. Pharmaceutical/Rebates Receivable – No significant change

2. Accounting Change and Correction of Errors

Not applicable

3. Business Combination and Goodwill

A. Statutory Purchase Method- Not applicable

B. Statutory Merger- Not applicable

C. Assumption Reinsurance- Not applicable

D. Impairment Loss**-** Not applicable

4. Discontinued Operations

Not applicable

5. Investments

A. Mortgage Loans – Not applicable

B. Debt Restructuring – Not applicable

C. Reverse Mortgages **–** Not applicable

D. Loan-Backed Securities–

(1) Prepayment assumptions for loan-backed and asset backed securities are obtained from broker dealer survey values.

(2) – (3) Securities with a recognized other-than-temporary-impairment (OTTI): The Plan has not recognized any OTTI.

(4) Securities for which an OTTI has not been recognized in earnings as a realized loss:

a. The aggregate amount of unrealized losses:
   1. Less than 12 months $67,896
   2. 12 months or longer $23,678

b. The aggregate related fair value of securities with unrealized losses:
   1. Less than 12 months $15,295,061
   2. 12 months or longer $1,253,067

(5) In considering whether an investment is other-than-temporarily-impaired, management considers its ability and intent to hold the investment, the severity of the decline in fair value and the duration of the impairment, among other factors. Management has determined that it has the ability and intent to hold indefinitely its investment in loan-backed securities and that the severity and duration of any impairment are insufficient to indicate an OTTI.

E. Repurchase Agreements – Not applicable
   3. Not applicable
      b. Not applicable

F. Real Estate – Not applicable

G. Investment in Low-Income Housing Tax Credits **–** Not applicable

H. Restricted Assets- No significant change

I. Working Capital Finance Investments- Not applicable
   1. Not applicable
   2. Not applicable
   3. Not applicable

J. Offsetting and Netting of Assets and Liabilities- Not applicable

K. Structured Notes- Not applicable

Notes to Financial Statement

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Plan has no investments in Joint Ventures, Partnerships, or limited Liability Companies that exceed 10% of its admitted assets

B. The Plan did not recognize any impairment write down for investments in Joint Ventures, Partnerships and, Limited Liability Companies during the Statement Periods.

7. Investment Income

Not applicable

8. Derivative Instruments

Not applicable

9. Income Taxes

No change in methodology.
$9,822,374 is the estimated Federal Income Tax for the three months ended September 30, 2015.

10. Information Concerning Parent, Subsidiaries and Affiliates

No significant change

11. Debt

A. Not applicable

B. Not applicable

12. Employee Benefit Plan

A. Defined Benefit Plan
4. Not applicable

B. Investment Policies and Strategies – Not applicable

C. Fair Value of Each Class of Plan Assets – Not applicable

D. Basis to determine the overall expected long-term rate of return on assets assumptions – Not applicable

E. Defined Contribution Plan – No significant change

F. Multiemployer Plans – Not applicable

G. Consolidated/Holding Company Plans– Not applicable

H. Post-employment Benefits and Compensated Absences – Not applicable

I. Impact of Medicare Modernization Act on Postretirement Benefits – Not applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

1. Capital stock – No significant change
2. Preferred stock – Not applicable
3. Dividend Restrictions - No significant change
4. Dates and amounts of dividends paid - No significant change
5. Dividend Restrictions Based on Profits - No significant change
6. Restrictions on Unassigned Funds (Surplus) – Not applicable
7. Advances to Surplus not Repaid – Not applicable.
8. Stock held for Special Purposes – Not applicable.
9. Changes in special Surplus funds – MHP has recorded one quarter of the 2015 estimated Health Insurance Provider Fee to the surplus in the Special Surplus Funds.
10. There are no cumulative unrealized gains and losses that reduce Unassigned funds (Surplus)
11. Surplus Notes – Not applicable
12. Impact of a Restatement Due to a Quasi-reorganization – Not applicable
13. The Effective Date(s) of a Quasi-Reorganization for the Prior Ten Years – Not applicable

Notes to Financial Statement

14. Commitments and Contingencies

A. Contingent Commitments - Not applicable

B. Guaranty fund and other assessments - Not applicable

C. Gain Contingencies - Not applicable

D. Claims Related Extra Contractual Obligation and Bad, Faith Losses Stemming from Lawsuits - Not applicable

E. All Other Contingencies - Not applicable

F. All Other Contingencies- Not applicable

15. Leases

A. Lessee Operating Lease

1 A general description of the lessee's leasing arrangements – No significant change
2 Leases having initial or remaining noncancelable lease terms in excess of one year – No significant change
3 For sale-leaseback transactions – Not applicable

B. Lessor Leases – Not applicable

C. Leveraged Leases – Not applicable

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk.

Not applicable

17. Sales, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

A. Transfers of Receivables Reported as Sales- Not applicable
B. Transfer and Servicing of Financial Assets
1. Not applicable
2. Not applicable
a. Not applicable
b. Not applicable
c. Not applicable
3. Not applicable
4. Not applicable
a. Not applicable
b. Not applicable
C. Wash Sales- Not applicable

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans.

A. ASO Plans – Not applicable

B. ASC Plans – Not applicable

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract –

1. Major components of revenue by payor – Not applicable

2. Receivables from payors with account balances the greater of 10% of amounts receivable relating to uninsured accident and health plans of $10,000 – Not applicable

3. Recorded allowances and reserves for adjustment of recorded revenues – No significant change

4. Adjustments to revenue resulting from audit of receivables related to revenues recorded in the prior period – Not applicable

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

No significant change

20. Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at Fair Value				
Perpetual Preferred stock				
Industrial and Misc.	$ 0	$0	$0	$ 0
Parent, Subsidiaries and Affiliates	0	0	0	0
Total Perpetual Preferred Stocks	$ 0	$0	$0	$ 0

Notes to Financial Statement

Bonds				
U.S. Governments	$ 0	$0	$0	$0
U.S. State	$ 0	0	$0	0
Industrial and Misc	99,553,871	0	0	0
Hybrid Securities	0	0	0	0
Parent, Subsidiaries and Affiliates	0	0	0	0
Total Bonds	$99,553,871	$0	$0	$0
Common Stock				
Industrial and Misc	$ 0	$0	$0	$ 0
Parent, Subsidiaries and Affiliates	0	0	0	0
Total Common Stocks	$ 0	$0	$0	$ 0
Derivative assets				
Interest rate contracts	$ 0	$0	$0	$ 0
Foreign exchange contracts	0	0	0	0
Credit contracts	0	0	0	0
Commodity futures contracts	0	0	0	0
Commodity forward contracts	0	0	0	0
Total Derivatives	$ 0	$0	$0	$ 0
Separate account assets	$ 0	$0	$0	$ 0
Total assets at fair value	$99,553,871	$0	$0	$0
b. Liabilities at fair value				
Derivative liabilities	$ 0	$0	$0	$ 0
Total Liabilities at Fair Value	$0	$0	$0	$0

Footnote:
(a) No transfers from Level 1 to Level 2.

(2) The Plan has no fair value measurements categorized within Level 3 of the fair value hierarchy.

(3) The Plan had no transfers between levels.

(4) The fair value measurements categorized within Level 2 of the fair value hierarchy reported by the Corporation are obtained primarily from independent pricing services and broker dealer quotes. Mortgage backed securities are submitted to the NAIC's Securities Valuation Office for valuation.

(5) Derivative assets and liabilities: Not applicable

B. Fair value information and information about other similar measurements disclosed under other accounting pronouncements combined with disclosures under SSAP No. 100, Fair Value Measurements – Not applicable

C. Aggregate fair values of all financial instruments and applicable levels within the fair value hierarchy

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets/ Liabilities	(Level 1)	(Level 2)	(Level 3)	Not Practicable Carrying Value
Bonds	137,118,172	137,099,284	99,553,871	37,564,301		
Common Stock						
Derivative Assets						
Derivative Liabilities						

D. Financial instruments or classes of financial instruments for which fair value measurements are not determinable – Not applicable

21. Other Items

A. Extraordinary Items – Not applicable

B. Troubled Debt Restructuring – Not applicable

Notes to Financial Statement

C. Other Disclosures – Statutory Reserve
On October 13, 2015 HAP Midwest Health Plan, Inc., ("HAP Midwest") a subsidiary of HAP, was notified by the State of Michigan that effective January 1, 2016 they would no longer be a participating Medicaid plan for two key regions, 9 and 10, that reflect the vast majority of HAP Midwest membership. Management has appealed the decision with the State and while we believe that the proposal and protest filed by HAP Midwest will be successful, in the unlikely event that we are not successful and we choose not to pursue other relief, we have provided contingent notice to MDHHS that HAP Midwest intends to transfer (for monetary consideration) its Medicaid membership directly to one or more other health plans that were awarded a Medicaid contract to service Regions 6, 9 and/or 10.

D. Business Interruption Insurance Recoveries – Not applicable

E. State Transferable Tax Credits – Not applicable

F. Subprime Mortgage Related Risk Exposure – Not applicable

G. Retained Assets- Not Applicable

22. Events Subsequent

Type I- Not applicable

Type II-Non-recognized Subsequent Events
In August 2015, the IRS confirmed that HAP MHP was not subject, based on its status as a Michigan nonprofit corporation, to the 2015 ACA Excise Fee, thus we reversed the expense ($7,428,831) and expected reimbursement ($7,263,951) from MDHHS.

23. Reinsurance

No significant change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination.

Not applicable

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of September 30, 2015 were $68,423,476. As of September 30, 2015, $37,880,475 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $4,366,930 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been an $11,365,000 favorable prior-year development since December 31, 2014 to September 30, 2015. The increase (decrease) is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual.

26. Intercompany Pooling Arrangements

Not applicable

27. Structured Settlements

Not applicable

28. Health Care Receivables - Admitted

A. Pharmaceutical/Rebates Receivable – No significant change

B. Risk Sharing Receivable - No significant change

29. Participating Policies

Not applicable

30. Premium Deficiency Reserves

Not applicable

31. Anticipated Salvage and Subrogation

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]

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

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[ ]
If yes, complete Schedule Y, Parts 1 and 1A.
3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
3.3 If the response to 3.2 is yes, provide a brief description of those changes:

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013
6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2013
6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/05/2015
6.4 By what department or departments?
6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] N/A[X]
6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[ ] N/A[ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
		Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
9.11 If the response to 9.1 is No, please explain:
9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]
11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

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

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[ ] No[X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[ ] No[ ] N/A[X]
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.3 Total payable for securities lending reported on the liability page $ 0

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

1 Name of Custodian(s)	2 Custodian Address
Comerica Bank	Detroit, Michigan
The Northern Trust Company	Chicago, Illinois

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[ ] No[X]
17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
Not applicable	Brian Gamble	Detroit Michigan
104863	Income Research & Management	Boston Massachesetts

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No[ ]
18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
   1.1 A&H loss percent 79.668%
   1.2 A&H cost containment percent 0.536%
   1.3 A&H expense percent excluding cost containment expenses 13.747%

2.1 Do you act as a custodian for health savings accounts? Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date. $..... 0
2.3 Do you act as an administrator for health savings accounts? Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date. $..... 0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
93572	43-1235868	01/01/2015	RGA REINS CO	MO	SSL/L/I	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Direct Business Only							
	1	2	3	4	5	6	7	8	9
State, Etc.	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	L	2,638,850	31,722,809	334,340,095				368,701,753	
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	N								
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX	2,638,850	31,722,809	334,340,095				368,701,753	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1	2,638,850	31,722,809	334,340,095				368,701,753	
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

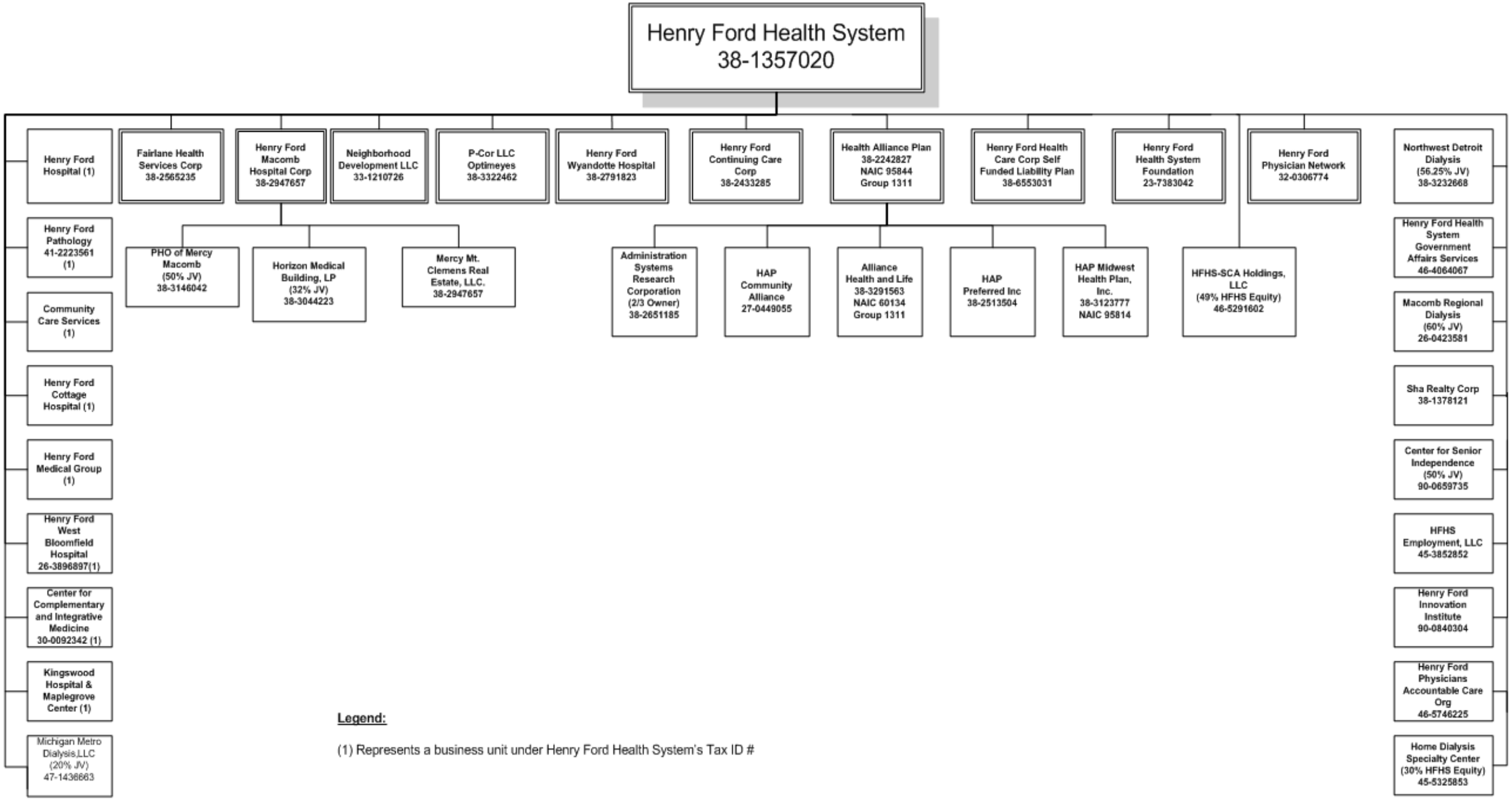
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names 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 *
1311	Henry Ford Health System Group	95814	38-3123777				HAP Midwest Health Plan, Inc	MI	RE	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	
1311	Henry Ford Health System Group	95844	38-2242827				Health Alliance Plan of Michigan	MI	UDP	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	38-2513504				HAP Preferred Inc		NIA	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	
1311	Henry Ford Health System Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	IA	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	38-2651185				Administration System Research Group		NIA	Health Alliance Plan of Michigan	Ownership	66.7	Henry Ford Health System	
	Henry Ford Health System Group	00000	27-0449055				HAP Community Alliance		NIA	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	45-3852852				Henry Ford Health System employment, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	38-1357020				Henry Ford Health System		UIP					
	Henry Ford Health System Group	00000	38-2791823				Henry Ford Wyandotte		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	Henry Frod Health System	
	Henry Ford Health System Group	00000	38-3146042				PHO of Mercy Macomb		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	38-2947657				Mercy Mt. Clemens Real Estate, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	38-2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	38-2433285				Henry Ford Continuing Care Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	38-6553031				Henry Ford Health Care Corp Self Funded Liability Plan		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	38-3232668				Northwest Detroit Dialysis		NIA	Henry Ford Health System	Ownership	56.3	Henry Ford Health System	
	Henry Ford Health System Group	00000	45-5325853				Home Dialysis specialty Center		NIA	Henry Ford Health System	Ownership	30.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	26-0423581				Macomb Regional Dialysis		NIA	Henry Ford Health System	Ownership	60.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	38-1378121				Sha Realty Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	90-0659735				Center for Senior Independence		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	38-3322462				P Cor, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names 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 *
	Henry Ford Health System Group	00000	90-0840304				Henry Ford Innovation Insitute		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	46-5746225				Henry Ford Physicians Accountable Care Organization, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	30-0092342				Center for Complementary and Integrative Medicine		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health System Group	00000	46-4064067				Henry Ford Health System Government Affairs Services		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	
	Henry Ford Health Systems	00000	38-3044223				Horizon Medical Building, LP		NIA	Henry Ford Health System	Ownership	32.0	Henry Ford Health System	
	Henry Ford Health Systems Group	00000	46-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System	Ownership	49.0	Henry Ford Health Systems	
	Henry Ford Health Systems Group	00000	47-1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health Systems	Ownership	20.0	Henry Ford Health Systems	
		00000							NIA					

Q16.1

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

95814201536500003 2015 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

NONE

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying va		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

		1 Year To Date	2 Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest poin		
9.	Total foreign exchange change in book value/recorded inve		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	15,920,457	1,045,458
2.	Cost of bonds and stocks acquired	43,078,717	32,363,889
3.	Accrual of discount	6,133	10,194
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(43,356)	(7,569)
6.	Deduct consideration for bonds and stocks disposed of	22,552,601	17,333,981
7.	Deduct amortization of premium	271,736	157,534
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	36,137,614	15,920,457
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	36,137,614	15,920,457

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	86,979,305	68,382,987	25,957,182	(792,763)	61,398,488	86,979,305	128,612,347	61,165,854
2. NAIC 2 (a)	7,268,080	1,129,511		89,346	2,453,462	7,268,080	8,486,937	2,494,095
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	94,247,385	69,512,498	25,957,182	(703,417)	63,851,950	94,247,385	137,099,284	63,659,949
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	94,247,385	69,512,498	25,957,182	(703,417)	63,851,950	94,247,385	137,099,284	63,659,949

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 $.....0; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	100,961,670	X X X	100,961,671	11,433	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	47,739,499	58,535,265
2.	Cost of short-term investments acquired	130,945,524	19,310,568
3.	Accrual of discount	4	48
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	126	(26)
6.	Deduct consideration received on disposals	77,723,236	30,101,393
7.	Deduct amortization of premium	246	4,963
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	100,961,670	47,739,499
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	100,961,670	47,739,499

SI04 Schedule DB - Part A Verification . . . . . NONE

SI04 Schedule DB - Part B Verification . . . . . NONE

SI05 Schedule DB Part C Section 1 . . . . . NONE

SI06 Schedule DB Part C Section 2 . . . . . NONE

SI07 Schedule DB - Verification . . . . . NONE

SI08 Schedule E - Verification (Cash Equivalents) . . . . . NONE

E01 Schedule A Part 2 . . . . . NONE

E01 Schedule A Part 3 . . . . . NONE

E02 Schedule B Part 2 . . . . . NONE

E02 Schedule B Part 3 . . . . . NONE

E03 Schedule BA Part 2 . . . . . NONE

E03 Schedule BA Part 3 . . . . . NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
83162CUH4	ABS - SBAP 2011-20J 1		08/19/2015	BONY + VINNING SPARKS IBG L P	X X X	239,430	235,538	2,582	1
912828F39	US TREASURY N/B		08/28/2015	JP Morgan Chase	X X X	643,735	634,000	4,668	1
912828J84	US TREASURY N/B		08/27/2015	VARIOUS	X X X	873,749	880,000	4,369	1
912828XH8	US TREASURY N/B		09/29/2015	DEUTSCHE BANK ALEX BROWN	X X X	1,249,526	1,234,000	5,122	1FE
0599999 Subtotal - Bonds - U.S. Governments					X X X	3,006,439	2,983,538	16,742	X X X
Bonds - U.S. Special Revenue, Special Assessment									
485429X90	KANSAS ST DEV FIN AUT		08/13/2015	Merrill Lynch	X X X	180,000	180,000		1FE
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	180,000	180,000		X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
126650CH1	CVS HEALTH CORP		07/13/2015	Barclays Bank	X X X	506,645	507,000		2FE
24422ESX8	JOHN DEERE CAPITAL CORP		07/09/2015	Goldman Sachs	X X X	240,908	241,000		1FE
42824CAC3	HP ENTERPRISE CO		09/30/2015	SALOMON BROTHERS INC	X X X	172,779	173,000		2FE
580645AK5	MCGRAW HILL FINANCIAL IN		08/13/2015	Goldman Sachs	X X X	179,788	180,000		2FE
65341KAC0	ABS - NFMOT 2015-1A A		07/22/2015	SALOMON BROTHERS INC	X X X	301,964	302,000		1FE
790849AL7	ST JUDE MEDICAL INC		09/14/2015	Montgomery	X X X	173,581	174,000		1FE
90131HAN5	21ST CENTURY FOX AMERICA		08/25/2015	Montgomery	X X X	270,299	235,000	7,972	2FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	1,845,964	1,812,000	7,972	X X X
8399997 Subtotal - Bonds - Part 3					X X X	5,032,403	4,975,538	24,714	X X X
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
8399999 Subtotal - Bonds					X X X	5,032,403	4,975,538	24,714	X X X
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					X X X	X X X	X X X	X X X	X X X
9899999 Subtotal - Preferred and Common Stocks					X X X		X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	5,032,403	X X X	24,714	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments																					
83162CQB2	ABS - SBAP 2006-20B 1		08/03/2015	Direct	XXX	15,183	15,183	16,644	16,565		(30)		(30)		16,535		(1,352)	(1,352)	841	02/01/2026	1
912828F39	US TREASURY N/B		08/19/2015	Dain Rauscher	XXX	244,934	241,000	244,600	41,540		(357)		(357)		244,244		691	691	2,995	09/30/2019	1
912828J84	US TREASURY N/B		09/30/2015	VARIOUS	XXX	357,742	357,000	355,338			84		84		355,422		2,320	2,320	2,212	03/31/2020	1
912828KQ2	US TREASURY N/B		09/29/2015	Dain Rauscher	XXX	627,476	586,000	626,804	624,651		(6,404)		(6,404)		618,247		9,228	9,228	16,023	05/15/2019	1
912828UE8	US TREASURY N/B		09/29/2015	VARIOUS	XXX	1,904,914	1,908,000	1,904,035	64,948		477		477		1,904,674		240	240	8,906	12/31/2017	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	3,150,249	3,107,183	3,147,422	747,705		(6,230)		(6,230)		3,139,122		11,126	11,126	30,977	XXX	XXX
Bonds - U.S. Special Revenue, Special Assessment																					
3128S5XQ2	RMBS - FH 1Q1587		09/14/2015	Direct	XXX	6,355	6,355	6,764	6,722		(1)		(1)		6,722		(367)	(367)	114	06/01/2037	1
3136AE7D3	CMBS - FNA 2013-M11 A		08/31/2015	VARIOUS	XXX	311,882	310,850	313,376			(609)		(609)		312,766		(885)	(885)	1,599	01/25/2018	1
3136AKXS7	CMBS - FNA 2014-M9 ASQ2		08/28/2015	DONALDSON LUFKIN & JENRETTE	XXX	357,163	355,000	358,490	257,359		(1,034)		(1,034)		357,266		(103)	(103)	3,283	04/25/2017	1
3137AH6B9	CMBS - FHMS K015 A1		09/25/2015	Direct	XXX	7,113	7,113	7,243			(3)		(3)		7,240		(127)	(127)	26	10/25/2020	1
31397MTY3	CMO/RMBS - FNR 2008-81 LK		09/25/2015	Direct	XXX	40,831	40,831	44,474	44,223		(502)		(502)		43,721		(2,890)	(2,890)	1,359	09/25/2023	1
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	723,345	720,150	730,347	308,304		(2,149)		(2,149)		727,715		(4,370)	(4,370)	6,382	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
001055AC6	AFLAC INC		07/01/2015	Adjustment	XXX	(18,716)											(18,716)	(18,716)	18,716	05/15/2019	1FE
07387JAE6	CMBS - BSCMS 2006-PW12 A4		09/11/2015	Direct	XXX	1,385	1,385	1,511	1,473		(40)		(40)		1,433		(47)	(47)	69	09/11/2038	1FM
07388PAE1	CMBS - BSCMS 2006-PW14 A4		09/11/2015	Direct	XXX	6,661	6,661	7,279	7,269		(170)		(170)		7,099		(438)	(438)	208	12/11/2038	1FM
07388RAE7	CMBS - BSCMS 2007-PW15 A4		09/11/2015	Direct	XXX	2,501	2,501	2,651			(21)		(21)		2,630		(128)	(128)	34	02/11/2044	1FM
14985MAB7	ABS - CCG 2013-1 A2		09/14/2015	Direct	XXX	48,353	48,353	48,379			(2)		(2)		48,377		(24)	(24)	164	08/14/2020	1FE
14986DAF7	CMBS - CD 2006-CD3 A5		09/15/2015	Direct	XXX	1,238	1,238	1,316	1,316		(24)		(24)		1,291		(53)	(53)	46	10/15/2048	1FM
20173MAE0	CMBS - GCCFC 2006-GG7 A4		09/14/2015	Direct	XXX	4,871	4,871	5,127	2,042		(83)		(83)		4,991		(121)	(121)	123	07/10/2038	1FM
20173QAE1	CMBS - GCCFC 2007-GG9 A4		09/10/2015	Direct	XXX	33,248	33,248	35,041			(111)		(111)		34,930		(1,682)	(1,682)	451	03/10/2039	1FM
22545LAD1	CMBS - CSMC 2006-C5 A3		09/17/2015	Direct	XXX	2,717	2,717	2,826			(22)		(22)		2,804		(88)	(88)	40	12/15/2039	1FM
23306DAA2	CMBS - DBRR 2013-EZ3 A		09/22/2015	Direct	XXX	100,909	100,909	101,375	35,904		(79)		(79)		101,292		(383)	(383)	742	12/18/2049	1FE
29358QAB5	ENSCO PLC	R	07/01/2015	Adjustment	XXX	(2,715)											(2,715)	(2,715)	2,715	03/15/2016	3FE
34530JAE6	ABS - FORDL 2014-A A4		07/30/2015	Nomura International Trust Co	XXX	296,722	297,000	296,992	300,353		(1,416)		(1,416)		298,937		(2,215)	(2,215)	1,678	06/15/2017	1FE
396789LL1	CMBS - GCCFC 2005-GG5 A5	R	08/10/2015	Direct	XXX	64,250	64,250	67,307	67,323		(2,764)		(2,764)		64,560		(310)	(310)	2,169	04/10/2037	1FM
46186NAA6	ABS/MBS - IHSFR 2013-SFR1 A		09/17/2015	Direct	XXX	1,857	1,857	1,860			(1)		(1)		1,859		(2)	(2)	7	12/17/2030	1FE
46629YAC3	CMBS - JPMCC 2007-CB18 A4		09/14/2015	Direct	XXX	1,862	1,862	1,969			(15)		(15)		1,955		(93)	(93)	25	06/12/2047	1FM
47787TAD8	ABS - JDOT 2013-A A4		07/30/2015	Nomura International Trust Co	XXX	309,273	310,000	309,758			38		38		309,796		(522)	(522)	703	07/15/2019	1FE
9297667G2	CMBS - WBCMT 2005-C21 A4		08/17/2015	Direct	XXX	79,685	79,685	83,878	83,856		(3,732)		(3,732)		80,124		(439)	(439)	2,597	10/15/2044	1FM
92978MAE6	CMBS - WBCMT 2006-C28 A4		09/17/2015	Direct	XXX	954	954	1,040	906		(29)		(29)		1,010		(55)	(55)	35	10/15/2048	1FM
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	935,056	957,492	968,308	500,441		(8,471)		(8,471)		963,087		(28,030)	(28,030)	30,520	XXX	XXX
8399997 Subtotal - Bonds - Part 4					XXX	4,808,650	4,784,824	4,846,077	1,556,451		(16,850)		(16,850)		4,829,924		(21,275)	(21,275)	67,878	XXX	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999 Subtotal - Bonds					XXX	4,808,650	4,784,824	4,846,077	1,556,451		(16,850)		(16,850)		4,829,924		(21,275)	(21,275)	67,878	XXX	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX		XXX													XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	4,808,650	XXX	4,846,077	1,556,451		(16,850)		(16,850)		4,829,924		(21,275)	(21,275)	67,878	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

E06 Schedule DB Part A Section 1 . . . . . NONE

E07 Schedule DB Part B Section 1 . . . . . NONE

E08 Schedule DB Part D Section 1 . . . . . NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity . . . . . NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity . . . . . NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets . . . . . NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets . . . . . NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
							6	7	8	
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
Bank of America, N.A.	Troy, MI						1,059,222	1,102,235	296,214	X X X
Bank of America, N.A.	Troy, MI						129,067	129,037	129,037	X X X
Comerica Bank	Detroit, MI			0.030	410	92	7,850,926	12,357,765	(3,993,931)	X X X
Comerica Bank	Detroit, MI						(2,239)			X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X	410	92	9,036,976	13,589,038	(3,568,680)	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X	410	92	9,036,976	13,589,038	(3,568,680)	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X	410	92	9,036,976	13,589,038	(3,568,680)	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total - Cash Equivalents							

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