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ANNUAL STATEMENT

For the Year Ended December 31, 2012
of the Condition and Affairs of the

ProCare Health Plan, Inc.

NAIC Group Code.....4759, 0000 (Current Period) (Prior Period) NAIC Company Code..... 11081 Employer's ID Number..... 38-3295207

Organized under the Laws of MI State of Domicile or Port of Entry MI Country of Domicile US

Licensed as Business Type.....HMO Is HMO Federally Qualified? Yes [X] No [ ]

Incorporated/Organized..... September 29, 1995 Commenced Business..... December 19, 2000

Statutory Home Office	P.O. Box 441970..... Detroit ..... MI ..... US .... 48244-1970 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	4707 St. Antoine 5 South..... Detroit ..... MI ..... US .... 48201 *(Street and Number) (City or Town, State and Zip Code)*	800-543-0161 *(Area Code) (Telephone Number)*
Mail Address	P.O. Box 441970..... Detroit ..... MI ..... US .... 48244-1970 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	4707 St. Antoine 5 South..... Detroit ..... MI ..... US .... 48201 *(Street and Number) (City or Town, State and Zip Code)*	800-543-0161 *(Area Code) (Telephone Number)*
Internet Web Site Address	http://www.procarehp.com	
Statutory Statement Contact	Joyce Poole *(Name)*	313-966-9380 *(Area Code) (Telephone Number) (Extension)*
	JPoole2@dmc.org *(E-Mail Address)*	313-966-7770 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Carrie Harris-Muller #	President & CEO	2. Creighton Donovan #	CFO & Treasurer
3. James H. Spalding #	Secretary, Executive Vice President & General Counsel	4. Gregory Berger #	CMO & Medical Director

OTHER

Thomas M. Ways #	Senior Vice President	Timothy M. Petrikin #	Vice President
Ronald L. Rosenberger #	Vice President	Robert F. Jay #	Vice President
Deborah T. McCormick #	Vice President & Assistant Secretary	Deborah W. Larios #	Vice President & Assistant Secretary
Elisa E. Harris #	Vice President & Assistant Secretary		

DIRECTORS OR TRUSTEES

Deborah T. McCormick # Deborah W. Larios # James H. Spalding # Brenda Williams #
Claudia Austin #

State of..... Michigan
County of..... Wayne

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.

Carrie Harris-Muller (Signature)	(Signature)	(Signature)
Carrie Harris-Muller 1. (Printed Name)	Creighton Donovan 2. (Printed Name)	3. (Printed Name)
President & CEO (Title)	CFO & Treasurer (Title)	(Title)

Subscribed and sworn to before me
This 25th day of February 2013

Connie G. White

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

CONNIE G. WHITE
Notary Public - State of Arizona
MARICOPA COUNTY
My Commission Expires
January 10, 2016

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)			0	
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $.....0 encumbrances)			0	
4.2 Properties held for the production of income (less $.....0 encumbrances)			0	
4.3 Properties held for sale (less $.....0 encumbrances)			0	
5. Cash ($.....2,892,570, Schedule E-Part 1), cash equivalents ($.....0, Schedule E-Part 2) and short-term investments ($.....516,429, Schedule DA)	3,408,999		3,408,999	4,068,500
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets (Schedule DL)			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,408,999	0	3,408,999	4,068,500
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued			0	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon	22,341		22,341	
18.2 Net deferred tax asset	331,855	331,855	0	
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software	10,192		10,192	22,333
21. Furniture and equipment, including health care delivery assets ($.....14,495)	14,495	14,495	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates	865,680	865,680	0	
24. Health care ($.....0) and other amounts receivable			0	
25. Aggregate write-ins for other than invested assets	19,432	19,432	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	4,672,994	1,231,462	3,441,532	4,090,833
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. TOTALS (Lines 26 and 27)	4,672,994	1,231,462	3,441,532	4,090,833

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid expenses	19,432	19,432	0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	19,432	19,432	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $.....0 reinsurance ceded)	912,420		912,420	1,911,486
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses	17,369		17,369	33,950
4. Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act			0	
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance			0	
9. General expenses due or accrued	587,214		587,214	318,743
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses))	650		650	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable	32,545		32,545	
12. Amounts withheld or retained for the account of others	227,107		227,107	
13. Remittances and items not allocated			0	
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates			0	
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized and $.....0 certified reinsurers)			0	
20. Reinsurance in unauthorized and certified ($.....0) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including $.....0 current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	1,777,305	0	1,777,305	2,264,179
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	60,000	60,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	2,953,557	2,953,557
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(1,349,330)	(1,186,903)
32. Less treasury stock at cost:				
32.1 .....0.000 shares common (value included in Line 26 $.....0)	XXX	XXX		
32.2 .....0.000 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,664,227	1,826,654
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,441,532	4,090,833

DETAILS OF WRITE-INS

2301.			0	
2302.			0	
2303.			0	
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member months	XXX	25,714	22,832
2. Net premium income (including $.....0 non-health premium income)	XXX	2,517,611	7,396,470
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of $.....1,154,482 medical expenses)	XXX	3,728,156	
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX	582,486	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	6,828,253	7,396,470
Hospital and Medical:			
9. Hospital/medical benefits		1,818,307	3,717,165
10. Other professional services			15,964
11. Outside referrals			
12. Emergency room and out-of-area		332,501	317,296
13. Prescription drugs			424,573
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			21,974
16. Subtotal (Lines 9 to 15)	0	2,150,808	4,496,972
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)	0	2,150,808	4,496,972
19. Non-health claims (net)			
20. Claims adjustment expenses, including $.....0 cost containment expenses		554,232	
21. General administrative expenses		4,189,121	2,569,713
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)	0	6,894,161	7,066,685
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(65,908)	329,785
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		(632)	(2,702)
26. Net realized capital gains or (losses) less capital gains tax of $.....0			(3,655)
27. Net investment gains or (losses) (Lines 25 plus 26)	0	(632)	(6,357)
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	0	0	0
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	(66,540)	323,428
31. Federal and foreign income taxes incurred	XXX		78,987
32. Net income (loss) (Lines 30 minus 31)	XXX	(66,540)	244,441

DETAILS OF WRITE-INS

0601. Pass-thru revenue	XXX	582,486	
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	582,486	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting period	1,826,655	2,208,035
34. Net income or (loss) from Line 32	(66,540)	244,441
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains and (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	331,855	
39. Change in nonadmitted assets	(506,732)	(724,730)
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		
47. Aggregate write-ins for gains or (losses) in surplus	78,989	98,909
48. Net change in capital and surplus (Lines 34 to 47)	(162,428)	(381,380)
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,664,227	1,826,655

DETAILS OF WRITE-INS

4701. Prior year audit adjustments		98,909
4702. Reversal of prior year tax expense	78,989	
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	78,989	98,909

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance	2,550,156	7,396,470
2. Net investment income	(632)	(2,702)
3. Miscellaneous income	4,310,642	
4. Total (Lines 1 through 3)	6,860,166	7,393,768
5. Benefit and loss related payments	3,149,874	4,434,715
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	4,491,463	2,752,162
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)		78,987
10. Total (Lines 5 through 9)	7,641,337	7,265,864
11. Net cash from operations (Line 4 minus Line 10)	(781,171)	127,904
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
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		(1,470)
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	(1,470)
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		2,185
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	2,185
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	0	(3,655)
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		
16.6 Other cash provided (applied)	121,669	(606,667)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	121,669	(606,667)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(659,502)	(482,418)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	4,068,501	4,550,919
19.2 End of year (Line 18 plus Line 19.1)	3,408,999	4,068,501

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plans	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	2,517,611							2,517,611		
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $.....1,154,482 medical expenses)	3,728,156							3,728,156		XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	582,486	0	0	0	0	0	0	582,486	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	6,828,253	0	0	0	0	0	0	6,828,253	0	0
8. Hospital/medical benefits	1,818,307							1,818,307		XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	332,501							332,501		XXX
12. Prescription drugs	0									XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	2,150,808	0	0	0	0	0	0	2,150,808	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total hospital and medical (Lines 15 minus 16)	2,150,808	0	0	0	0	0	0	2,150,808	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $.....0 cost containment expenses	554,232							554,232		
20. General administrative expenses	4,189,121							4,189,121		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserve for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	6,894,161	0	0	0	0	0	0	6,894,161	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(65,908)	0	0	0	0	0	0	(65,908)	0	0

DETAILS OF WRITE-INS

0501. Pass-thru revenue	582,486							582,486		XXX
0502.	0									XXX
0503.	0									XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Total (Lines 0501 thru 0503 plus 0598) (Line 5 above)	582,486	0	0	0	0	0	0	582,486	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Total (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.	0									XXX
1302.	0									XXX
1303.	0									XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Total (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				0
2. Medicare supplement				0
3. Dental only				0
4. Vision only				0
5. Federal employees health benefits plan				0
6. Title XVIII - Medicare				0
7. Title XIX - Medicaid	2,629,113		111,502	2,517,611
8. Other health				0
9. Health subtotal (Lines 1 through 8)	2,629,113	0	111,502	2,517,611
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	2,629,113	0	111,502	2,517,611

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	3,149,874							3,149,874		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	3,149,874	0	0	0	0	0	0	3,149,874	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	912,420							912,420		
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	912,420	0	0	0	0	0	0	912,420	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	1,911,486							1,911,486		
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	1,911,486	0	0	0	0	0	0	1,911,486	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred benefits:										
12.1 Direct	2,150,808	0	0	0	0	0	0	2,150,808	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	2,150,808	0	0	0	0	0	0	2,150,808	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Medical and Hospital)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in process of adjustment:										
1.1 Direct	0									
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	0	0	0	0	0	0	0	0	0	0
2. Incurred but unreported:										
2.1 Direct	912,420							912,420		
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	912,420	0	0	0	0	0	0	912,420	0	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct	912,420	0	0	0	0	0	0	912,420	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	912,420	0	0	0	0	0	0	912,420	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)					0	
2. Medicare supplement					0	
3. Dental only					0	
4. Vision only					0	
5. Federal employees health benefits plan					0	
6. Title XVIII - Medicare					0	
7. Title XIX - Medicaid	737,938	2,411,936		912,420	737,938	1,911,486
8. Other health					0	
9. Health subtotal (Lines 1 to 8)	737,938	2,411,936	0	912,420	737,938	1,911,486
10. Healthcare receivables (a)					0	
11. Other non-health					0	
12. Medical incentive pools and bonus amounts					0	
13. Totals (Lines 9 - 10 + 11 + 12)	737,938	2,411,936	0	912,420	737,938	1,911,486

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008	652	220	736		
3. 2009	XXX	1,915	3,023	19	
4. 2010	XXX	XXX		644	
5. 2011	XXX	XXX	XXX	3,771	
6. 2012	XXX	XXX	XXX	XXX	3,150

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008		571			
3. 2009	XXX	2,246	735	19	
4. 2010	XXX	XXX	3,023	644	
5. 2011	XXX	XXX	XXX	3,771	
6. 2012	XXX	XXX	XXX	XXX	2,151

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2008	1,776			0.0	0	0.0			0	0.0
2. 2009	4,419			0.0	0	0.0			0	0.0
3. 2010	6,598			0.0	0	0.0			0	0.0
4. 2011	7,499			0.0	0	0.0			0	0.0
5. 2012	2,629	3,150	571	18.1	3,721	141.5	912	17	4,650	176.9

U & I Ex.-Pt.2C-Sn A-Paid Claims-Hospital & Medical
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Hospital & Medical
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Hospital & Medical
NONE

U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicare Supp.
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicare Supp.
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicare Supp.
NONE

U & I Ex.-Pt.2C-Sn A-Paid Claims-Dental
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Dental
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Dental
NONE

U & I Ex.-Pt.2C-Sn A-Paid Claims-Vision
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Vision
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Vision
NONE

U & I Ex.-Pt.2C-Sn A-Paid Claims-Fed Emp Health
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Fed Emp Health
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Fed Emp Health
NONE

U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicare
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicare
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicare
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008	652	220	736		
3. 2009	XXX	1,915	3,023	19	
4. 2010	XXX	XXX		644	
5. 2011	XXX	XXX	XXX	3,771	
6. 2012	XXX	XXX	XXX	XXX	3,150

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior					
2. 2008		571			
3. 2009	XXX	2,246	735	19	
4. 2010	XXX	XXX	3,023	644	
5. 2011	XXX	XXX	XXX	3,771	
6. 2012	XXX	XXX	XXX	XXX	2,151

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. 2008	1,776			0.0	0	0.0			0	0.0
2. 2009	4,419			0.0	0	0.0			0	0.0
3. 2010	6,598			0.0	0	0.0			0	0.0
4. 2011	7,499			0.0	0	0.0			0	0.0
5. 2012	2,629	3,150	571	18.1	3,721	141.5	912	17	4,650	176.9

U & I Ex.-Pt.2C-Sn A-Paid Claims-Other
NONE

U & I Ex.-Pt.2C-Sn B-Incurred Claims-Other
NONE

U & I Ex.-Pt.2C-Sn C-Expense Ratio-Other
NONE

U & I Ex.-Pt.2D
NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($.....33,024 for occupancy of own building)			34,505		34,505
2. Salaries, wages and other benefits			1,306,228		1,306,228
3. Commissions (less $.....0 ceded plus $.....0 assumed)					0
4. Legal fees and expenses			504,921		504,921
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			69,970		69,970
7. Traveling expenses			12,425		12,425
8. Marketing and advertising			135,250		135,250
9. Postage, express and telephone			24,661		24,661
10. Printing and office supplies			14,058		14,058
11. Occupancy, depreciation and amortization			44,116		44,116
12. Equipment					0
13. Cost or depreciation of EDP equipment and software			6,333		6,333
14. Outsourced services including EDP, claims, and other services		554,232			554,232
15. Boards, bureaus and association fees			1,170		1,170
16. Insurance, except on real estate			36,641		36,641
17. Collection and bank service charges			10,449		10,449
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			248,683		248,683
23.4 Payroll taxes			69,382		69,382
23.5 Other (excluding federal income and real estate taxes)			31,343		31,343
24. Investment expenses not included elsewhere				654	654
25. Aggregate write-ins for expenses	0	0	1,638,984	0	1,638,984
26. Total expenses incurred (Lines 1 to 25)	0	554,232	4,189,119	654	(a) 4,744,005
27. Less expenses unpaid December 31, current year		17,369	587,215		604,584
28. Add expenses unpaid December 31, prior year		33,950	318,743		352,693
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	570,813	3,920,647	654	4,492,114

DETAILS OF WRITE-INS

2501. Other Direct & Variable Expenses			1,584,757		1,584,757
2502. Donations And Contributions			54,227		54,227
2503.					0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above)	0	0	1,638,984	0	1,638,984

(a) Includes management fees of $.....0 to affiliates and $.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a)	
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 22	22
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	22	22
11.	Investment expenses		(g) 654
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		654
17.	Net investment income (Line 10 minus Line 16)		(632)

DETAILS OF WRITE-INS

0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above)		0

(a) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(b) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued dividends on purchases.
(c) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(d) Includes $.....0 for company's occupancy of its own buildings; and excludes $.....0 interest on encumbrances.
(e) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(f) Includes $.....0 accrual of discount less $.....0 amortization of premium.
(g) Includes $.....0 investment expenses and $.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
(h) Includes $.....0 interest on surplus notes and $.....0 interest on capital notes.
(i) Includes $.....0 depreciation on real estate and $.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)			0		
1.3	Bonds of affiliates			0		
2.1	Preferred stocks (unaffiliated)			0		
2.11	Preferred stocks of affiliates			0		
2.2	Common stocks (unaffiliated)			0		
2.21	Common stocks of affiliates			0		
3.	Mortgage loans			0		
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments			0		
8.	Other invested assets			0		
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	0	0	0	0	0

NONE

DETAILS OF WRITE-INS

0901.				0		
0902.				0		
0903.				0		
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	331,855		(331,855)
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets	14,495	24,730	10,235
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates	865,680	700,000	(165,680)
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	19,432	0	(19,432)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	1,231,462	724,730	(506,732)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. TOTALS (Lines 26 and 27)	1,231,462	724,730	(506,732)

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid expenses	19,432		(19,432)
2502.			0
2503.			0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	19,432	0	(19,432)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health maintenance organizations	1,946	2,147	2,141	2,189	2,121	25,714
2. Provider service organizations						
3. Preferred provider organizations						
4. Point of service						
5. Indemnity only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	1,946	2,147	2,141	2,189	2,121	25,714

DETAILS OF WRITE-INS

0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies:

A. Accounting Practices

The financial statements of ProCare Health Plan, Inc. are presented on the basis of accounting practices prescribed or permitted by the Michigan Insurance Department.

The Michigan Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Michigan Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Michigan.

The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices

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

	State of Domicile	2012	2011
Net Income Michigan state basis	MI	(66,540)	244,441
State Permitted Practices (Income): N/A		0	0
Net Income, NAIC SAP	MI	(66,540)	244,441
Statutory Surplus Michigan basis	MI	1,664,227	1,826,654
State Prescribed Practices (Surplus): N/A		0	0
Statutory Surplus, NAIC SAP	MI	1,664,227	1,826,654

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. Actual results could differ from those estimates.

C. Accounting Policy

Life Premiums are recognized as income when received and a policy reserve for future benefits is established. Health premiums are earned ratably over the terms of the related contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

(1) Short-term investments are stated at amortized cost.
(2) Bonds not backed by other loans are stated at amortized cost.
(3) Common Stocks at market except that investments in stocks of uncombined subsidiaries and affiliates in which the Company has an interest of 20% or more are carried on the equity basis.
(4) Preferred stocks are stated in accordance with the guidance provided in SSAP No 32.
(5) Mortgage loans on real estate are stated at the aggregate carrying value less accrued interest.
(6) Loan-backed securities are stated at amortized cost.
(7) The Company owns no investments in subsidiaries.
(8) The Company has no ownership interests in joint ventures.
(9) The Company has no derivative investments.
(10) The Company is not subject to any premium deficiency reserve requirements.
(11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
(12) The Company has not modified its capitalization policy from the prior period.
(13) The Company has no pharmaceutical rebate receivables.

2. Accounting Changes and Corrections of Errors:

A. During the current year's financial statement preparation, the Company discovered no material errors for prior years.

3. Business Combinations and Goodwill:

A. Statutory Purchase Method – The Company has no unamortized goodwill resulting from a statutory purchase
B. Merger - The Company was not party to a merger during the year.
C. Assumption Reinsurance – The Company has no unamortized goodwill resulting from assumption reinsurance.
D. Impairment Loss - The Company did not recognize an impairment loss on the transactions described above.

4. Discontinued Operations:

The Company had no discontinued operations during the year.

NOTES TO FINANCIAL STATEMENTS

5. Investments:

A. Mortgage Loans, including Mezzanine Real Estate Loans - The Company owns no mortgage loans.
B. Debt Restructuring – The Company owns no investments that were restructured.
C. Reverse Mortgages – The Company owns no reverse mortgages.
D. Loan-Backed Securities – The Company owns no loan-backed securities.
E. Repurchase Agreements and/or Securities Lending Transactions – The Company owns no repurchase agreements and did not participate in any securities lending transactions.
F. Real Estate – The Company owns no real estate.
G. LIHTC – The Company has no investments in low-income housing.

6. Joint Ventures, Partnerships and Limited Liability Companies Instruction:

The Company has no interest in joint ventures, partnerships and limited liability companies.

7. Investment Income:

The Company had no due and accrued income that was excluded from surplus.

8. Derivative Instruments:

The Company owns no derivative instruments.

9. Income Taxes:

A. The amount of gross deferred tax assets (DTAs) and deferred tax liabilities (DTLs) comprising net DTAs is shown below as well as admitted, nonadmitted and change in nonadmitted DTAs.

1. Components of Net Deferred Tax Asset/(Liability)

	2012			2011			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	331,855	0	331,855	0	0	0	331,855	0	331,855
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	331,855	0	331,855	0	0	0	331,855	0	331,855
d. Deferred tax assets nonadmitted	331,855	0	331,855	0	0	0	331,855	0	331,855
e. Subtotal net admitted deferred tax asset (1c-1d)	0	0	0		0	0	0	0	0
f. Deferred tax liabilities									
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	0	0	0		0	0	0	0	0

2. Admission Calculation Components

	2012			2011			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	0	0	0	0	0	0	0	0	0
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:									
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX		XXX	XXX		XXX	XXX	
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	0	0	0	0	0	0	0	0	0
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c)	0	0	0	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

3. Other Admissibility Criteria

		2012	2011
a.	Ratio percentage used to determine recovery period and threshold limitation amount	0%	0%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	0	0

4. Impact of Tax Planning Strategies

	2012			2011			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Adjusted gross DTAs (% of total adjusted gross DTAs)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. Net admitted adjusted gross DTAs (% of total net admitted adjusted gross DTAs)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

c. Does the company's tax planning strategies include the use of reinsurance? NO

B. Unrecognized DTLs – not applicable.

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2012	2 2011	3 (Col 1-2) Change
a. Federal	0	0	0
b. Foreign			
c. Subtotal	0	0	0
d. Federal income tax on net capital gains			
e. Utilization of capital loss carry-forwards			
f. Other			
g. Federal and Foreign income taxes incurred	0	0	0

2. Deferred Tax Assets

	1 2012	2 2011	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	0	0	0
2. Unearned premium reserve	0	0	0
3. Receivables, non-admitted	7,190	0	7,190
4. Net operating loss carryforward	324,665	0	324,665
99. Subtotal	331,855	0	331,855
b. Statutory valuation allowance adjustment			
c. Nonadmitted	331,855	0	331,855
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	0	0	0
e. Capital:			
1. Investments	0	0	0
2. Net capital loss carry-forward			
99. Subtotal	0	0	0
f. Statutory valuation allowance adjustment			
g. Nonadmitted	0	0	0
h. Admitted capital deferred tax assets (2e99-2f-2g)	0	0	0
i. Admitted deferred tax assets (2d+2h)	0	0	0

3. Deferred Tax Liabilities

	1 2012	2 2011	3 (Col 1–2) Change
a. Ordinary:			
1. Investments			
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax assets)			
99. Subtotal			
b. Capital:			
1. Investments			
2. Real estate			
99. Subtotal			
c. Deferred tax liabilities (3a99+3b99)	0	0	0

4.

Net Deferred Tax Assets (2i – 3c)	0	0	0

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate
Among the more significant book to tax adjustments were the following:

	2012	
	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate	0	35.0
Proration of tax exempt investment income	0	0.0
Other permanent differences	0	0.0
Temporary Differences:		
Total ordinary DTAs	0	0.0
Total ordinary DTLs	0	0.0
Total capital DTAs	0	0.0
Total capital DTLs	0	0.0
Other:		
Statutory valuation allowance adjustment	0	0.0
Accrual adjustment – prior year	0	0.0
Other	0	0.0
Totals	0	35.0
Federal and foreign income taxes incurred	0	35.0
Realized capital gains (losses) tax	0	0.0
Change in net deferred income taxes	0	0.0
Total statutory income taxes	0	35.0

E. Operating Loss and Tax Credit Carryforwards
(1) At December 31, 2012, the Company had $916,578 of operating loss carry forward amounts available to offset against future taxable income.
(2) There are no income tax expenses paid in 2012 and 2011 that would be available for recoupment in the event of future net losses.
(3) The Company has no protective tax deposits under Section 6603 of the Internal Revenue Service.

F. (1) Post change of control, the Company's federal income tax return is consolidated with the parent company, Vanguard Health Systems, Inc.
(2) The method of allocation among companies is made primarily on a separate return basis with current credit for any net operating losses or other items utilized in the consolidated tax return. Intercompany tax balances generally are not settled.

G. Federal or Foreign Federal Income Tax Loss Contingencies
The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties:

A,B As of December 31, 2012 the Company's tax return will be consolidated with its parent, Vanguard Health Systems, Inc.

C. Prior to the acquisition of ProCare Health Plan, Inc. by Vanguard Health Systems, Inc. the Company was under contract to provide management services to its affiliate, ProCare Plus, Inc.

D. At December 31, 2012, there were no amounts due to the Parent Company.

E. The Company has not made any guarantees or undertakings for the benefit of any affiliate or related parties that result in a material contingent exposure of the Company's assets to liability.

F. The Company has no agreements with the Parent or Affiliates involving management or service contracts or any other cost-sharing arrangements, other than cost allocation arrangements based upon generally accepted accounting principles.

G. All outstanding shares of common stock are owned by the Company's Parent, Vanguard Health Systems, Inc.

H. N/A

I. N/A

J. The Company did not recognize any impairment write down for its investments in affiliated common stock.

K. The Company has no interest in a foreign insurance company.

L. The Company has no interest in a downstream noninsurance holding company.

11. Debt:

A. The Company has no outstanding liability for borrowed money.

B. FHLB (Federal Home Loan Bank) Agreements - The Company has no FHLB Agreements.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans:

A. Defined Benefit Plan – As of December 31, 2012 the Company does not have any employees.

B. Defined Contribution Plan – As of December 31, 2012 the Company does not have any employees.

C. Multiemployer Plans – As of December 31, 2012 the Company does not have any employees.

D. Consolidated/Holding Company Plans - Defined Contribution Plan – As of December 31, 2012 the Company does not have any employees.

E. Stock Option Plan – As of December 31, 2012 the Company does not have any employees.

F. Postemployment Benefits and Compensated Absences – As of December 31, 2012 the Company does not have any employees.

G. Impact of Medicare Modernization Act – As of December 31, 2012 the Company does not have any employees.

NOTES TO FINANCIAL STATEMENTS

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

A. The Company has 60,000 shares authorized, 60,000 shares issued and outstanding of $1 par value Class A shares.
B. The Company has no preferred stock outstanding.
C. No dividends can be paid without prior approval of its domiciliary commissioner. Dividends to shareholders are limited by the laws of the Company's state of incorporation, Michigan, to an amount that is based on restrictions relating to statutory surplus.
D. The Company paid no ordinary dividends during the year.
E. Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
G. The Company has made no advances to surplus.
H. No amounts of stock are held by the Company, including stock of affiliated companies, for special purposes.
I. The Company has no special surplus funds.
J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is $0
K. The Company has no surplus debentures or similar obligations outstanding.
L. There have been no quasi-reorganizations during the period covered by this financial statement.
M. N/A

14. Contingencies:

A. Contingent Commitments: The Company is not aware of any material contingent liabilities.
B. Assessments: The Company is not aware of any outstanding assessments.
C. Gain Contingencies: The Company is not aware of any material gain contingencies.
D. Claim Contingencies: Management does not consider contingent liabilities arising from claims related extra contractual obligations and bad faith losses stemming from lawsuits to be material in relation to the financial position of the Company.
E. All Other Contingencies: Management does not consider contingent liabilities arising from other litigation, income taxes or other matters to be material in relation to the financial position of the Company.

15. Leases:

A. Lessee Operating Lease: Prior to the acquisition of ProCare Health Plan, Inc. by Vanguard Health Systems, Inc. the Company leased office space from ProCare Plus, Inc. The lease was on a month-to-month basis in the amount of $3,000 per month.
B. Lessor/Leveraged Leases: The Company does not have any material lease obligations.

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments with Concentrations of Credit Risk:

The Company does not have any financial instruments with off-balance sheet risk nor does it have any concentrations of credit risk.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities:

A. The Company had no transfers of receivables during 2012.
B. The Company has no transactions to be reported in accordance with SSAP No. 91R, Accounting for Transfers and Servicing of Financial Assets and Extinguishments of Liabilities.
C. The Company had no Wash Sales during 2012.

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

The Company does not administer uninsured or partially uninsured A&H plans.

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

The Company has no direct premium written through managing general agents or third party administrators.

20. Fair Value Measurements:

A. (1) Fair Value Measurements at Reporting Date

(1)	(2)	(3)	(4)	(5)
Description	Level 1	Level 2	Level 3	Total
a. Assets at fair value				
Total Preferred Stock	$0	$0	$0	$0
Total Bonds	0	0	0	0
Common Stock				
Industrial & Misc	0	0	0	0
Affiliated	0	0	0	0
Total Common Stocks	0	0	0	0
Total Derivative assets	0	0	0	0
Total assets at fair value	0	0	0	0
b. Liabilities at fair value				
Total Derivative liabilities	0	0	0	0
Total liabilities at fair value	0	0	0	0

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Desc	Balance at 1/1/12	Trans into Level 3	Trans out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchase	Issuance	Sales	Settlement	Balance at 12/31/12
a. Assets										
Loan-Backed Securities (NAIC 3-6)										
RMBS										
CMBS										
Total Assets	0	0	0	0	0	0	0	0	0	
b. Liabilities										
Total Liabilities	0	0	0	0	0	0	0	0	0	

(3) The Company uses the end of the reporting period to recognize transfers into and out of Level 3.

(4) As of December 31, 2012, the Company had no assets classified in Level 3.

C.

Type or Class of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	$0	$0	$0	$0	$0	$0
Common Stock	$0	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0	$0

D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Bonds	$0	%		
Common Stock	$0	%		
Other	$0	%		

21. Other Items:

A. Extraordinary Items - The Company recorded no extraordinary items during 2012.

B. Troubled Debt Restructuring - The Company has no mortgage or restructured loans.

C. Assets in the amount of $516,429 and $446,406 at December 31, 2012 and 2011, respectively, were on deposit with government authorities or trustees as required by law.

D. At December 31, 2012 and 2011 the Company had no admitted assets in accounts receivable for uninsured plans or amounts due from agents.

E. The Company had no business interruption insurance recoveries in 2012.

F. State Transferable Tax Credits – The Company has no transferable state tax credits.

H. Subprime Mortgage Related Risk Exposure – The Company has no subprime mortgage related risk exposure.

I. Retained Assets – The Company does not use retained asset accounts for beneficiaries.

22. Events Subsequent:

Type I. Recognized Subsequent Events:

Subsequent events have been considered through February 25, 2013 for the statutory statement issued on December 31, 2012. There are no events which have a material effect on the financial conditions of the Company.

Type II. Nonrecognized Subsequent Events:

Subsequent events have been considered through February 25, 2013 for the statutory statement issued on December 31, 2012. There are no events which have a material effect on the financial conditions of the Company.

NOTES TO FINANCIAL STATEMENTS

23. Reinsurance:

A. The Company had no Unsecured Reinsurance Recoverable as of December 31, 2012.

B. The Company had no Reinsurance Recoverable in Dispute as of December 31, 2012.

C. (1) The Company has no reinsurance agreements that provide for the return of commission upon cancellation of the Reinsurance Agreement.

(2) The Company has no contractual arrangements that provide for additional or return commission predicated by loss experience.

(3) The Company has no protected cells.

D. The Company has no Uncollectible Reinsurance

E. The Company has not commutation any reinsurance during the current year.

F. The Company has no Retroactive Reinsurance

G. The Company has no Reinsurance accounted for as a deposit.

24. Retrospectively Rated Contracts Instruction

The Company has no direct written retrospectively rated contracts.

25. Change in Incurred Losses and Loss Adjustment Expenses

There have been no adjustments to the reserves for incurred losses and loss adjustment expenses attributable to insured events of prior years.

26. Intercompany Pooling Arrangements

The Company has no intercompany pooling arrangements.

27. Structured Settlements

The Company does not have any structured settlements.

28. Health Care Receivables

The Company does not have any health care receivables.

29. Participating Policies

The Company has no individual or group accident and health participating policies.

30. Premium Deficiency Reserves

As of December 31, 2012, the Company had no liabilities related to premium deficiency reserves. The Company does not consider anticipated investment income when calculating its premium deficiency reserves.

31. Anticipated Salvage and Subrogation

As of December 31, 2012, the Company does not anticipate any salvage or subrogation recoveries.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 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 [ ]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State regulating? Michigan

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 [X] No [ ]

2.2 If yes, date of change: 10/23/2012

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008

3.2 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. 12/31/2008

3.3 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). 02/16/2010

3.4 By what department or departments?
State of Michigan, Office of Financial and Insurance Regulation

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [X] No [ ] N/A [ ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [ ] No [X]
4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [ ] No [X]
4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of the 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 Co. Code	3 State of Domicile

6.1 Has the 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]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,
7.21 State the percentage of foreign control .....%
7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality		2 Type of Entity

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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Hungerford & Co
Southgate, MI

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [ ] N/A [ ]

10.6 If the answer to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
John D. Stiefel, III, FSA, MAAA, consultant
Wethersfield, CT

GENERAL INTERROGATORIES

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value .....

12.2 If yes, provide explanation.

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 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.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers $.....0

20.12 To stockholders not officers $.....0

20.13 Trustees, supreme or grand (Fraternal only) $.....0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers $.....0

20.22 To stockholders not officers $.....0

20.23 Trustees, supreme or grand (Fraternal only) $.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others .....

21.22 Borrowed from others .....

21.23 Leased from others .....

21.24 Other .....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment .....

22.22 Amount paid as expenses .....

22.23 Other amounts paid .....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No [ ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. $.....865,680

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No [ ]

24.02 If no, give full and complete information relating thereto.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. .....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. .....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .....

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .....

24.103 Total payable for securities lending reported on the liability page. .....

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	$.....0
25.22 Subject to reverse repurchase agreements	$.....0
25.23 Subject to dollar repurchase agreements	$.....0
25.24 Subject to reverse dollar repurchase agreements	$.....0
25.25 Pledged as collateral	$.....0
25.26 Placed under option agreements	$.....0
25.27 Letter stock or securities restricted as to sale	$.....0
25.28 On deposit with state or other regulatory body	$.....516,429
25.29 Other	$.....0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 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.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: .....

28. 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 [ ]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Comerica	Detroit, MI

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

28.04 If yes, give full and complete information relating thereto:

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

28.05 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 Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj.Carrying Value
29.2999. TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	516,429	516,429	0
30.2 Preferred stocks			0
30.3 Totals	516,429	516,429	0

30.4 Describe the sources or methods utilized in determining the fair values:
Rates for fair market values of admitted assets were obtained from the appropriate rating agency, as permitted.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No [ ]

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $.....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? $.....504,921

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Honigman Miller Schwartz & Cohn, LLP	285,558
Nancy Lukey, Attorney at Law	149,630

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $.....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U.S. business only .....

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. .....

1.5 Indicate total incurred claims on all Medicare Supplement insurance. .....

1.6 Individual policies:

Most current three years:

1.61 Total premium earned .....

1.62 Total incurred claims .....

1.63 Number of covered lives .....

All years prior to most current three years:

1.64 Total premium earned .....

1.65 Total incurred claims .....

1.66 Number of covered lives .....

1.7 Group policies:

Most current three years:

1.71 Total premium earned .....

1.72 Total incurred claims .....

1.73 Number of covered lives .....

All years prior to most current three years:

1.74 Total premium earned .....

1.75 Total incurred claims .....

1.76 Number of covered lives .....

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	2,517,611	7,396,470
2.2 Premium Denominator	2,517,611	7,396,470
2.3 Premium Ratio (2.1/2.2)	100.0	100.0
2.4 Reserve Numerator	912,420	1,911,486
2.5 Reserve Denominator	912,420	1,911,486
2.6 Reserve Ratio (2.4/2.5)	100.0	100.0

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, and if the earnings of the reporting entity permits? Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive medical $.....142,500

5.32 Medical only $.....0

5.33 Medicare supplement $.....0

5.34 Dental and vision $.....0

5.35 Other limited benefit plan $.....0

5.36 Other $.....0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 1,462

8.2 Number of providers at end of reporting year 1,545

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months .....

9.22 Business with rate guarantees over 36 months .....

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus arrangements in its provider contracts? Yes [X] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses $.....0

10.22 Amount actually paid for year bonuses $.....0

10.23 Maximum amount payable withholds $.....0

10.24 Amount actually paid for year withholds $.....0

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes [ ]	No [X]
11.13 An Individual Practice Association (IPA), or	Yes [X]	No [ ]
11.14 A Mixed Model (combination of above)?	Yes [ ]	No [X]
11.2 Is the reporting entity subject to Minimum Net Worth Requirements?	Yes [X]	No [ ]
11.3 If yes, show the name of the state requiring such net worth. State of Michigan, Office of Financial and Insurance Regulation		
11.4 If yes, show the amount required.	$.....1,500,000	
11.5 Is this amount included as part of a contingency reserve in stockholder's equity?	Yes [ ]	No [X]

11.6 If the amount is calculated, show the calculation:

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Wayne County, Michigan

13.1 Do you act as a custodian for health savings account?	Yes [ ]	No [X]
13.2 If yes, please provide the amount of custodial funds held as of the reporting date.	.....	
13.3 Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]
13.4 If yes, please provide the balance of the funds administered as of the reporting date.	.....	

FIVE-YEAR HISTORICAL DATA

	1 2012	2 2011	3 2010	4 2009	5 2008
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	3,441,532	4,352,622	4,626,285	3,639,703	2,446,626
2. Total liabilities (Page 3, Line 24)	1,777,305	2,264,179	2,417,890	1,494,110	850,397
3. Statutory surplus	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
4. Total capital and surplus (Page 3, Line 33)	1,664,227	1,826,654	2,208,035	2,145,593	1,596,229
Income Statement Items (Page 4)					
5. Total revenues (Line 8)	6,828,253	7,396,470	6,505,043	4,437,813	1,692,391
6. Total medical and hospital expenses (Line 18)	2,150,808	4,496,972	4,252,946	2,817,366	1,358,093
7. Claims adjustment expenses (Line 20)	554,232		9,000	10,950	18,200
8. Total administrative expenses (Line 21)	4,189,121	2,569,713	2,192,917	1,862,471	544,943
9. Net underwriting gain (loss) (Line 24)	(65,908)	329,785	50,180	(252,974)	(228,845)
10. Net investment gain (loss) (Line 27)	(632)	(6,357)	(15,718)	5,151	173,807
11. Total other income (Lines 28 plus 29)				500,000	
12. Net income or (loss) (Line 32)	(66,540)	244,441	34,462	252,177	(55,038)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(781,171)	226,812	971,454	433,597	622,347
Risk-Based Capital Analysis					
14. Total adjusted capital	1,664,227	1,826,654	2,208,035	2,145,593	1,596,229
15. Authorized control level risk-based capital	279,398	259,759	239,074	164,433	171,615
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	2,121	1,946	1,823	1,423	827
17. Total member months (Column 6, Line 7)	25,714	22,832	19,862	13,475	5,691
Operating Percentage (Page 4) **(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100 .0**					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	85.4	60.8	65.4	62.6	76.5
20. Cost containment expenses					
21. Other claims adjustment expenses	22.0		0.1	0.2	1.0
22. Total underwriting deductions (Line 23)	273.8	95.5	99.2	104.2	108.2
23. Total underwriting gain (loss) (Line 24)	(2.6)	4.5	0.8	(5.6)	(12.9)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13 Col. 5)	737,938	1,138,302	1,421,523	570,558	
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	1,911,486	1,882,748	1,389,152	706,558	
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	L			2,629,113				2,629,113	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	N							0	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	N							0	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	N							0	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	2,629,113	0	0	0	2,629,113	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	0	0	2,629,113	0	0	0	2,629,113	0

DETAILS OF WRITE-INS

58001.								0	
58002.								0	
58003.								0	
58998. Summary of remaining write-ins for line 58	0	0	0	0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 + 58998)	0	0	0	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domicilied 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.

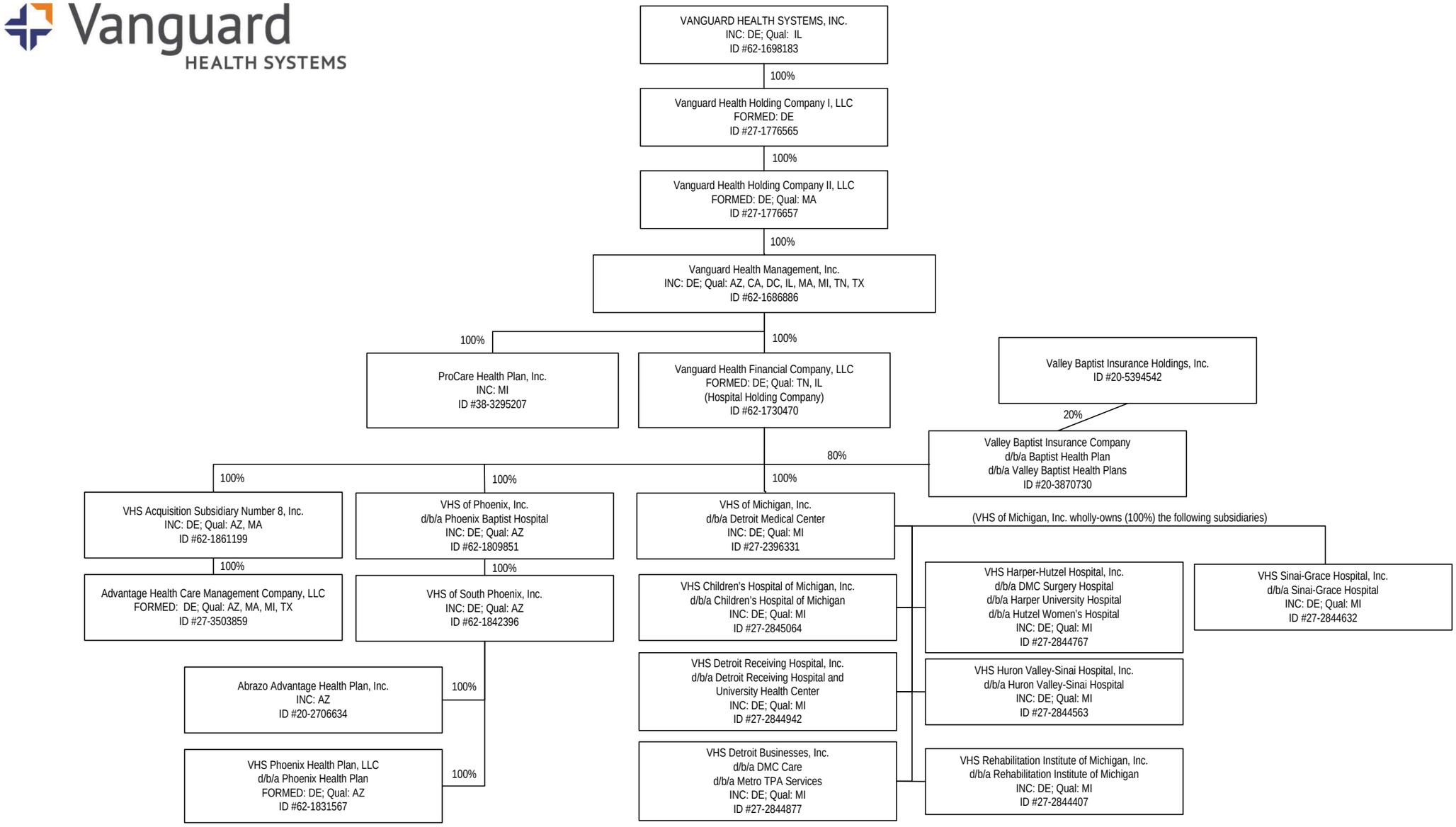
Explanation of basis of allocation by states, premiums by state, etc.

Premium written only in MI

(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

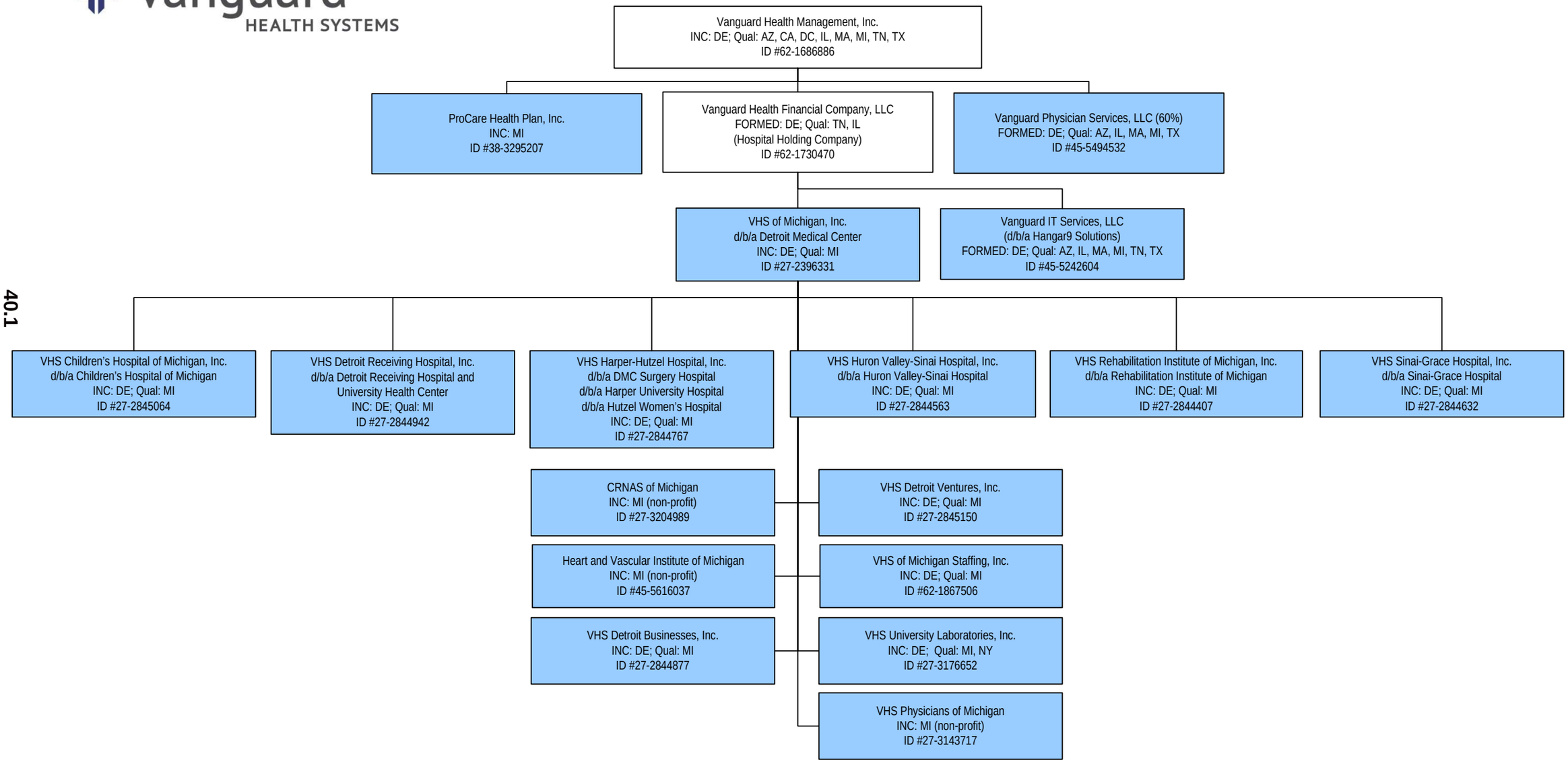
PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

MICHIGAN



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

MICHIGAN

Vanguard Health Management, Inc.
INC: DE; Qual: AZ, CA, DC, IL, MA, MI, TN, TX
ID #62-1686886

Vanguard Health Financial Company, LLC
FORMED: DE; Qual: TN, IL
(Hospital Holding Company)
ID #62-1730470

VHS of Michigan, Inc.
INC: DE; Qual: MI
ID #27-2396331
corporate employees & corporate assets
care contracts/assets

- DMC Insurance Co. Ltd. (100% Cayman)
- Premier, Inc. (.113%)
- Premier Purchasing Partners, L.P. (1.4661%)
- DMC Education & Research
  ID #38-2562709 (non-profit)
- DMC Care Express, Inc. (50%)
- Southeast Michigan Physicians Insurance Company (100%)

VHS Children's Hospital of Michigan, Inc.
INC: DE; Qual: MI
ID #27-2845064

- Child Health Corporation of America
  (Uncertificated Beneficial Owner)
- Child Health Investment I, LLC (.00427%)
- Child Health Investment II, LLC (.00499%)

VHS Detroit Businesses, Inc.
INC: DE; Qual: MI
ID #27-2844877
DMC care contracts/assets
Total Linen Services assets of hosptials
Detroit Medical Center Cooperative Services
DMC Orthopedic Billing Associates, LLC
Metro TPA Services
HealthSource
Michigan Mobile PET CT, LLC

VHS Detroit Ventures, Inc.
INC: DE; Qual: MI
ID #27-2845150

- Novi Regional Imaging, LLC (51%)
- DMC PHO, LLC (50%)
- CareTech Solutions, Inc. (33.33%)
- DMC Shared Savings ACO, LLC (100%)
  INC: DE; Qual: MI
  ID #90-0857580
- DMC Partnership Imaging, LLC (81%)
  - Michigan Regional Imaging, LLC (70%)
- JC Office I, LLC (15%)
- Michigan Pioneer ACO, LLC (100%)
  INC: DE; Qual: MI
  ID #45-2665790
- Northwest Detroit Dialysis Center, LLC (13.75%)

VHS Harper-Hutzel Hospital, Inc.
INC: DE; Qual: MI
ID #27-2844767

- Webber North, Hudson-Webber Condominium Association (60.8%)

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