



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

**Upper Peninsula Health Plan, LLC**

NAIC Group Code 00000 (Current Period) , 00000 (Prior Period) NAIC Company Code 52615 Employer's ID Number 46-0927995

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

Country of Domicile United States

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

Incorporated/Organized 10/14/1997 Commenced Business 08/01/1998

Statutory Home Office 228 W. Washington St. , Marquette, MI, US 49855  
 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 228 W. Washington St.  
 (Street and Number) Marquette, MI, US 49855 906-225-7500  
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 228 W. Washington St. , Marquette, MI, US 49855  
 (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 228 W. Washington St.  
 (Street and Number) Marquette, MI, US 49855 906-225-7500  
 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address N/A

Statutory Statement Contact Regina Bergh , 906-225-7500  
 (Name) (Area Code) (Telephone Number) (Extension)  
rmbergh@uphp.com 906-225-8687  
 (E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Dennis Smith</u>	<u>President</u>	<u>Regina Bergh</u>	<u>Treasurer</u>
<u>James Bogan</u>	<u>Chairman</u>		

**OTHER OFFICERS**

\_\_\_\_\_

**DIRECTORS OR TRUSTEES**

<u>Michelle Tavernier</u>	<u>David Jahn</u>	<u>John Schon</u>	<u>Jeffrey Seraphine</u>
<u>James Bogan</u>	<u>Charles Nelson #</u>	<u>Robert Vairo</u>	<u>Scott Pillion</u>
<u>Fred Jump #</u>			

State of Michigan  
 County of Marquette **ss**

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Dennis Smith  
 President

Regina Bergh  
 Treasurer

James Bogan  
 Chairman

Subscribed and sworn to before me this  
27th day of February, 2015

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

Tanya M. Jennings, Director of Human Resources  
 October 11, 2019





**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Upper Peninsula Health Plan, LLC**

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....					.0	
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....	494,511		59,516	770,884	554,027	554,027
7. Totals (Lines 1 through 6)	494,511	0	59,516	770,884	554,027	554,027

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

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Upper Peninsula Health Plan, LLC**

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

**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Claims Unpaid (Reported)</b>						
Aspirus Grandview Hospital.....	82,281					82,281
Aspirus Keweenaw Hospital.....	67,690					67,690
Aspirus Ontonagon Hospital.....	10,469					10,469
Baraga County Memorial Hospital.....	24,187					24,187
Bell Memorial Hospital.....	121,349					121,349
Bronson Methodist Hospital.....	11,300					11,300
Children's Hospital of Michigan.....	19,100					19,100
Detroit Receiving Hospital.....	11,400					11,400
Dickinson County Healthcare System.....	152,016					152,016
Harper University Hospital.....	16,850					16,850
Helen Newberry Joy Hospital.....	23,480					23,480
Henry Ford Hospital.....	22,700					22,700
Hurley Medical Center.....	44,874	27,974	27,974			100,822
Mackinac Straits Hospital.....	14,226					14,226
Marquette General Hospital.....	614,205					614,205
McLaren - Northern Michigan.....	38,008					38,008
MidMichigan Medical Center - Midland.....	10,225					10,225
Michigan State University.....	121,219	121,219	121,219			363,657
Munising Memorial Hospital.....	10,383					10,383
Munson Medical Center.....	22,281					22,281
Northstar Health System.....	49,527					49,527
Oakwood Hospital and Medical Center.....	47,886	32,636	32,636			113,158
Portage Health Hospital.....	110,731					110,731
Regents of the U of M.....	235,480					235,480
Schoolcraft Memorial Hospital.....	21,578					21,578
Sinai-Grace Hospital.....	14,600					14,600
Sparrow Hospital & Health System.....	29,200					29,200
Spectrum Health.....	55,150					55,150
St. Francis Hospital.....	143,917					143,917
St. John Hospital and Medical Center.....	16,450					16,450
University of Michigan.....	302,895	111,895	111,895			526,685
War Memorial Hospital.....	156,034					156,034
Wayne State University.....	167,842	167,842	167,842			503,526
Western Michigan University.....	4,662	4,662	4,662			13,986
Catalyst Health Solutions.....	631,034					631,034
0199999 Individually listed claims unpaid.....	3,425,229	466,228	466,228	0	0	4,357,685
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....						0
<b>0499999 Subtotals</b>	<b>3,425,229</b>	<b>466,228</b>	<b>466,228</b>	<b>0</b>	<b>0</b>	<b>4,357,685</b>
0599999 Unreported claims and other claim reserves.....						16,493,019
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						20,850,704
0899999 Accrued medical incentive pool and bonus amounts.....						0

Exhibit 5 - Amounts Due From Parent, Subs

**NONE**

Exhibit 6 - Amounts Due To Parent, Subs

**NONE**



**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	624,281		213,547	410,735	410,735	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	624,281	0	213,547	410,735	410,735	0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Upper Peninsula Health Plan, LLC

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2014						NAIC Company Code	52615
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	31,097	1,351						375	29,371		
2. First Quarter .....	32,264	1,199						479	30,586		
3. Second Quarter .....	40,625	1,139						476	39,010		
4. Third Quarter .....	40,917	1,344						491	39,082		
5. Current Year .....	40,097	1,443						492	38,162		
6. Current Year Member Months	448,122	15,414						5,767	426,941		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	158,558	3,706						6,323	148,529		
8. Non-Physician .....	105,106	1,878						4,758	98,470		
9. Total	263,664	5,584	0	0	0	0	0	11,081	246,999	0	
10. Hospital Patient Days Incurred	9,406	40						514	8,852		
11. Number of Inpatient Admissions	2,902	21						118	2,763		
12. Health Premiums Written (b) .....	150,672,206	1,856,363						6,599,058	142,216,785		
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	150,672,206	1,856,363						6,599,058	142,216,785		
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	119,320,129	1,234,063						6,542,794	111,543,272		
18. Amount Incurred for Provision of Health Care Services	128,685,544	1,268,208						6,587,794	120,829,542		

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

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

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Upper Peninsula Health Plan, LLC

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2014						NAIC Company Code	52615
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	31,097	1,351	0	0	0	0	0	375	29,371	0	
2. First Quarter .....	32,264	1,199	0	0	0	0	0	479	30,586	0	
3. Second Quarter .....	40,625	1,139	0	0	0	0	0	476	39,010	0	
4. Third Quarter .....	40,917	1,344	0	0	0	0	0	491	39,082	0	
5. Current Year .....	40,097	1,443	0	0	0	0	0	492	38,162	0	
6. Current Year Member Months .....	448,122	15,414	0	0	0	0	0	5,767	426,941	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	158,558	3,706	0	0	0	0	0	6,323	148,529	0	
8. Non-Physician .....	105,106	1,878	0	0	0	0	0	4,758	98,470	0	
9. Total .....	263,664	5,584	0	0	0	0	0	11,081	246,999	0	
10. Hospital Patient Days Incurred .....	9,406	40	0	0	0	0	0	514	8,852	0	
11. Number of Inpatient Admissions .....	2,902	21	0	0	0	0	0	118	2,763	0	
12. Health Premiums Written (b) .....	150,672,206	1,856,363	0	0	0	0	0	6,599,058	142,216,785	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	150,672,206	1,856,363	0	0	0	0	0	6,599,058	142,216,785	0	
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	119,320,129	1,234,063	0	0	0	0	0	6,542,794	111,543,272	0	
18. Amount Incurred for Provision of Health Care Services .....	128,685,544	1,268,208	0	0	0	0	0	6,587,794	120,829,542	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**



Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

**SCHEDULE S – PART 6**

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

	1 2014	2 2013	3 2012	4 2011	5 2010
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	12	.0	.0	.0	3
2. Title XVIII-Medicare.....	4	.0	.0	.0	.0
3. Title XIX-Medicaid.....	364	294	279	260	197
4. Commissions and reinsurance expense allowance.....		.0	.0	.0	.0
5. Total hospital and medical expenses.....		.0	.0	.0	.0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		.0	.0	.0	.0
7. Claims payable.....		.0	.0	.0	.0
8. Reinsurance recoverable on paid losses.....	.0	.0	.0	.0	.0
9. Experience rating refunds due or unpaid.....		.0	.0	.0	.0
10. Commissions and reinsurance expense allowances due.....		.0	.0	.0	.0
11. Unauthorized reinsurance offset.....	.0	.0	.0	.0	.0
12. Offset for reinsurance with Certified Reinsurers.....	.0	.0	.0	.XXX	.XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	.0	.0	.0	.0	.0
14. Letters of credit (L).....	.0	.0	.0	.0	.0
15. Trust agreements (T).....	.0	.0	.0	.0	.0
16. Other (O).....	.0	.0	.0	.0	.0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	.0	.0	.0	.XXX	.XXX
18. Funds deposited by and withheld from (F)	.0	.0	.0	.XXX	.XXX
19. Letters of credit (L)	.0	.0	.0	.XXX	.XXX
20. Trust agreements (T)	.0	.0	.0	.XXX	.XXX
21. Other (O)	.0	.0	.0	.XXX	.XXX

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Upper Peninsula Health Plan, LLC**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	44,949,558		44,949,558
2. Accident and health premiums due and unpaid (Line 15).....	13,571		13,571
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	1,231,054		1,231,054
6. Total assets (Line 28)	46,194,183	0	46,194,183
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	20,850,704	0	20,850,704
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	196		196
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	1,836,018		1,836,018
15. Total liabilities (Line 24).....	22,686,918	0	22,686,918
16. Total capital and surplus (Line 33).....	23,507,265	XXX	23,507,265
17. Total liabilities, capital and surplus (Line 34)	46,194,183	0	46,194,183
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Upper Peninsula Health Plan, LLC

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

Allocated By States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Upper Peninsula Health Plan, LLC

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000	Upper Peninsula Health Plan, LLC	00000	20-1538254				LifePoint Hospitals, Inc.	USA	UIP			0.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	52-2165845				Historic LifePoint Hospitals, Inc.	USA	UIP	LifePoint Hospitals, Inc.	Ownership	100.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	52-2167869				LifePoint Hospitals Holdings, Inc.	USA	UIP	Historic LifePoint Hospitals, Inc.	Ownership	100.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	62-1778733				LifePoint Holdings 2, LLC	USA	UIP	LifePoint Hospitals Holdings, Inc.	Ownership	97.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	62-1778733				LifePoint Holdings 2, LLC	USA	UIP	LifePoint Holdings 3, LLC	Ownership	3.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	26-2708085				DLP Partner, LLC	USA	UIP	LifePoint Holdings 2, LLC	Ownership	100.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	27-4750610				DLP Healthcare, LLC	USA	UIP	DLP Partner LLC	Ownership	97.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	27-4750610				DLP Healthcare, LLC	USA	UIP	Duke University Health System, Inc.	Ownership	3.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	36-4733741				DLP Marquette Holding Company, LLC	USA	UIP	DLP Healthcare, LLC	Ownership	100.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	80-0829209				DLP Marquette Health Plan, LLC	USA	UDP	DLP Marquette Holding Company, LLC	Ownership	100.0	LifePoint Hospitals, Inc.	1
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		Baraga Memorial Hospital	Ownership	0.8	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		Acquisition Bell Hospital, LLC	Ownership	5.1	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		Dickinson Healthcare System	Ownership	5.4	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		Aspirus Grand View Hospital	Ownership	4.6	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		Northstar Health System	Ownership	1.9	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		Aspirus Keweenaw Hospital	Ownership	3.7	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		Helen Newberry Joy Hospital	Ownership	2.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		DLP Marquette Health Plan, LLC	Ownership	56.4	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		Munising Memorial Hospital	Ownership	0.1	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		Portage JV, LLC	Ownership	10.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		Schoolcraft Memorial Hospital	Ownership	2.2	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		SSM Tribal Health	Ownership	0.6	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA		War Memorial Hospital	Ownership	7.1	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	USA	OTH	Upper Peninsula Managed Care, LLC	Management	0.0	LifePoint Hospitals, Inc.	0
												0.0		0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Upper Peninsula Health Plan, LLC

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

Asterisk	Explanation
0000010	DLP Marquette Holding Company, LLC is also the sole member of DLP Marquette General Hospital, LLC.....
0000024	Upper Peninsula Managed Care, LLC has a contractual relationship only with the insurer.....

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	46-0927995	Upper Peninsula Health Plan, LLC					(6,172,751)				(6,172,751)	
	38-3323620	Upper Peninsula Managed Care, LLC					6,172,751				6,172,751	
		Baraga County Memorial Hospital									.0	
		Bell Hospital									.0	
		Dickinson County Health System									.0	
		Aspirus Grandview									.0	
		Helen Newberry Joy Hospital									.0	
		Northstar Health System									.0	
		Aspirus Keweenaw Hospital									.0	
		DLP Marquette General Hospital									.0	
		Munising Memorial Hospital									.0	
		Portage Health									.0	
		Schoolcraft Memorial Hospital									.0	
		SSM Tribal Health									.0	
		War Memorial Hospital									.0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

**MARCH FILING**

**Responses**

- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....YES.....
- 2. Will an actuarial opinion be filed by March 1? .....YES.....
- 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....YES.....
- 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? .....YES.....

**APRIL FILING**

- 5. Will Management's Discussion and Analysis be filed by April 1? .....YES.....
- 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....YES.....
- 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....YES.....

**JUNE FILING**

- 8. Will an audited financial report be filed by June 1? .....YES.....
- 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....YES.....

**AUGUST FILING**

- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? .....YES.....

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

**MARCH FILING**

- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....NO.....
- 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....NO.....
- 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? .....NO.....
- 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....YES.....
- 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? .....NO.....
- 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? .....NO.....
- 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....NO.....
- 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....NO.....
- 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....NO.....
- 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? .....NO.....

**APRIL FILING**

- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....NO.....
- 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....NO.....
- 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? .....NO.....
- 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....NO.....
- 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? .....NO.....

**AUGUST FILING**

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

**Explanation:**

- 11.
- 12.
- 13.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

24.

25.

Bar code:

11.   
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25.   
5 2 6 1 5 2 0 1 4 2 1 7 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

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

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. ACA Tax.....			1,025,066		1,025,066
2505. PCP- IPP.....			0		0
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	1,025,066	0	1,025,066

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

# ALPHABETICAL INDEX

## ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

