



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2015
 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 Marie 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 Harold Smith</u>	<u>President</u>	<u>Regina Marie Bergh</u>	<u>Treasurer</u>
<u>James Steven Bogan</u>	<u>Chairman</u>		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>Michelle Marie Tavernier</u>	<u>David Barry Jahn</u>	<u>John Joseph Schon</u>	<u>Heather Anne Smith</u>
<u>James Steven Bogan</u>	<u>Charles Edward Nelson</u>	<u>Robert Vincent Vairo</u>	<u>Scott Frederick Pillion</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 Harold Smith
 President

Regina Marie Bergh
 Treasurer

James Steven Bogan
 Chairman

Subscribed and sworn to before me this
23rd day of February, 2016

- 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 _____

Theresa Y. Stewart, Physician Services Coordinator
 May 20, 2019

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables

NONE

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Upper Peninsula Health Plan, LLC

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	41,384,035	21.2		0.0	35,430,500	5,953,535
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	41,384,035	21.2	0	0.0	35,430,500	5,953,535
Other Payments:						
5. Fee-for-service	13,706,042	7.0	XXX	XXX		13,706,042
6. Contractual fee payments	139,949,137	71.8	XXX	XXX	139,949,137	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	153,655,179	78.8	XXX	XXX	139,949,137	13,706,042
13. Total (Line 4 plus Line 12)	195,039,214	100 %	XXX	XXX	175,379,637	19,659,577

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	739,453		261,944	477,510	477,510	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	739,453	0	261,944	477,510	477,510	0



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015						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	40,097	1,443						492	38,162		
2. First Quarter	43,268	1,667						521	41,080		
3. Second Quarter	47,711	1,743						4,901	41,067		
4. Third Quarter	46,112	1,381						4,245	40,486		
5. Current Year	47,112	1,241						3,973	41,898		
6. Current Year Member Months	544,609	18,406						35,264	490,939		
Total Member Ambulatory Encounters for Year:											
7. Physician	168,051	4,327						25,241	138,483		
8. Non-Physician	118,844	2,417						28,768	87,659		
9. Total	286,895	6,744	0	0	0	0	0	54,009	226,142	0	
10. Hospital Patient Days Incurred	14,660	51						4,706	9,903		
11. Number of Inpatient Admissions	3,719	20						810	2,889		
12. Health Premiums Written (b)	248,226,772	2,434,080						31,222,295	214,570,397		
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	248,226,772	2,434,080						31,222,295	214,570,397		
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	195,165,881	1,642,124						27,293,128	166,230,629		
18. Amount Incurred for Provision of Health Care Services	209,208,234	1,511,124						32,125,128	175,571,982		

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

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Upper Peninsula Health Plan, LLC

2.

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2015						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	40,097	1,443	0	0	0	0	0	492	38,162	0	
2. First Quarter	43,268	1,667	0	0	0	0	0	521	41,080	0	
3. Second Quarter	47,711	1,743	0	0	0	0	0	4,901	41,067	0	
4. Third Quarter	46,112	1,381	0	0	0	0	0	4,245	40,486	0	
5. Current Year	47,112	1,241	0	0	0	0	0	3,973	41,898	0	
6. Current Year Member Months	544,609	18,406	0	0	0	0	0	35,264	490,939	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	168,051	4,327	0	0	0	0	0	25,241	138,483	0	
8. Non-Physician	118,844	2,417	0	0	0	0	0	28,768	87,659	0	
9. Total	286,895	6,744	0	0	0	0	0	54,009	226,142	0	
10. Hospital Patient Days Incurred	14,660	51	0	0	0	0	0	4,706	9,903	0	
11. Number of Inpatient Admissions	3,719	20	0	0	0	0	0	810	2,889	0	
12. Health Premiums Written (b)	248,226,772	2,434,080	0	0	0	0	0	31,222,295	214,570,397	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	248,226,772	2,434,080	0	0	0	0	0	31,222,295	214,570,397	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	195,165,881	1,642,124	0	0	0	0	0	27,293,128	166,230,629	0	
18. Amount Incurred for Provision of Health Care Services	209,208,234	1,511,124	0	0	0	0	0	32,125,128	175,571,982	0	

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

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

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Upper Peninsula Health Plan, LLC

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
60739	74-0484030	01/01/2012	AMERICAN NATL INS CO.	TX	SSL/1/A	CMM	15,645						
60739	74-0484030	01/01/2012	AMERICAN NATL INS CO.	TX	SSL/1/A	MR	29,974						
60739	74-0484030	01/01/2012	AMERICAN NATL INS CO.	TX	SSL/1/A	MC	418,031						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							463,650	0	0	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							463,650	0	0	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							463,650	0	0	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							463,650	0	0	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							463,650	0	0	0	0	0	0
9999999 Totals							463,650	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	16	12	0	0	0
2. Title XVIII-Medicare.....	30	4	0	0	0
3. Title XIX-Medicaid.....	418	364	294	279	260
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	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	0	.XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	.XXX
18. Funds deposited by and withheld from (F)	0	0	0	0	.XXX
19. Letters of credit (L)	0	0	0	0	.XXX
20. Trust agreements (T)	0	0	0	0	.XXX
21. Other (O)	0	0	0	0	.XXX

ANNUAL STATEMENT FOR THE YEAR 2015 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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	73,377,900		73,377,900
2. Accident and health premiums due and unpaid (Line 15).....	2,307,263		2,307,263
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).....	1,753,082		1,753,082
6. Total assets (Line 28)	77,438,245	0	77,438,245
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	34,893,058	0	34,893,058
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	382		382
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).....	6,283,055		6,283,055
15. Total liabilities (Line 24).....	41,176,495	0	41,176,495
16. Total capital and surplus (Line 33).....	36,261,750	XXX	36,261,750
17. Total liabilities, capital and surplus (Line 34)	77,438,245	0	77,438,245
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2015 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					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 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.	TN	UIP			0.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	52-2165845				Historic LifePoint Hospitals, Inc.	TN	UIP	LifePoint Hospitals, Inc.	Ownership	100.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	52-2167869				LifePoint Hospitals Holdings, Inc.	TN	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	TN	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	TN	UIP	LifePoint Holdings 3, LLC	Ownership	3.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	26-2708085				DLP Partner, LLC	TN	UIP	LifePoint Holdings 2, LLC	Ownership	100.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	27-4750610				DLP Healthcare, LLC	TN	UIP	DLP Partner LLC	Ownership	97.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	00000	27-4750610				DLP Healthcare, LLC	TN	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	TN	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	TN	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	MI	RE	Baraga Memorial Hospital	Ownership	0.8	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	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	MI	RE	Dickinson Healthcare System	Ownership	5.4	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	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	MI	RE	Northstar Health System	Ownership	1.9	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Aspirus Keweenaw Hospital	Ownership	3.7	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	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	MI	RE	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	MI	RE	Munising Memorial Hospital	Ownership	0.1	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Portage JV, LLC	Ownership	10.0	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	Schoolcraft Memorial Hospital	Ownership	2.2	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	SSM Tribal Health	Ownership	0.6	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	RE	War Memorial Hospital	Ownership	7.1	LifePoint Hospitals, Inc.	0
00000	Upper Peninsula Health Plan, LLC	52615	46-0927995				Upper Peninsula Health Plan, LLC	MI	OTH	Upper Peninsula Managed Care, LLC	Management	0.0	LifePoint Hospitals, Inc.	0
												0.0		0

ANNUAL STATEMENT FOR THE YEAR 2015 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.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

Responses

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

APRIL FILING

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

JUNE FILING

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

AUGUST FILING

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

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

MARCH FILING

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

APRIL FILING

- | | |
|--|--------------|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |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.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

24.

25.

Bar code:

11. 
5 2 6 1 5 2 0 1 5 3 6 0 5 9 0 0 0

12. 
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13. 
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14. 
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15. 
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16. 
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17. 
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24. 
5 2 6 1 5 2 0 1 5 2 1 6 5 9 0 0 0

25. 
5 2 6 1 5 2 0 1 5 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.....			2,159,115		2,159,115
2505.					0
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	2,159,115	0	2,159,115

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