# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

# Priority Health Choice, Inc.

NAIC Group Code 3383 (Current) 3383 (Prior) NAIC Company Code 11520 Employer's ID Number 32-0016523

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 06/03/2002 Commenced Business 10/01/2002

Statutory Home Office 1231 East Beltline NE (Street and Number), Grand Rapids, MI, US 49525-4501 (City or Town, State, Country and Zip Code)

Main Administrative Office 1231 East Beltline NE (Street and Number)
Grand Rapids, MI, US 49525-4501 (City or Town, State, Country and Zip Code), 616-464-8931 (Area Code) (Telephone Number)

Mail Address 1231 East Beltline NE (Street and Number or P.O. Box), Grand Rapids, MI, US 49525-4501 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1231 East Beltline NE (Street and Number)
Grand Rapids, MI, US 49525-4501 (City or Town, State, Country and Zip Code), 616-464-8131 (Area Code) (Telephone Number)

Internet Website Address www.priorityhealth.com

Statutory Statement Contact James Becker (Name), 616-575-4911 (Area Code) (Telephone Number)
james.becker2@spectrumhealth.org (E-mail Address), 616-942-7916 (FAX Number)

## OFFICERS

President Praveen Gope Thadani #
Secretary Kimberly Lynn Thomas
Treasurer Nicholas Patrick Gates #

## OTHER

## DIRECTORS OR TRUSTEES

| | | |
|---|---|---|
| Praveen Gope Thadani # | Michael Adam Jasperson | James Dwight Forshee |
| Kimberly Lynn Thomas | Chelsee Lee Stark | Nicholas Patrick Gates # |
| Joyce Chan Russell # | | |

State of Michigan
County of
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.

| | | |
|---|---|---|
| Praveen Gope Thadani<br>President | Nicholas Patrick Gates<br>Treasurer | Kimberly Lynn Thomas<br>Secretary |

Subscribed and sworn to before me this
_____ day of _____

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.....

# 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) | 1,050,097 | | 1,050,097 | 1,050,206 |
| 2. | Stocks (Schedule D): | | | | |
| | 2.1 Preferred stocks | | | 0 | 0 |
| | 2.2 Common stocks | 142,056,607 | | 142,056,607 | 108,319,290 |
| 3. | Mortgage loans on real estate (Schedule B): | | | | |
| | 3.1 First liens | | | 0 | 0 |
| | 3.2 Other than first liens | | | 0 | 0 |
| 4. | Real estate (Schedule A): | | | | |
| | 4.1 Properties occupied by the company (less $ ..... encumbrances) | | | 0 | 0 |
| | 4.2 Properties held for the production of income (less $ ..... encumbrances) | | | 0 | 0 |
| | 4.3 Properties held for sale (less $ ..... encumbrances) | | | 0 | 0 |
| 5. | Cash ($ 35,069,871 , Schedule E - Part 1), cash equivalents ($ 40,275,116 , Schedule E - Part 2) and short-term investments ($ 59,395,310 , Schedule DA) | 134,740,297 | | 134,740,297 | 112,554,682 |
| 6. | Contract loans, (including $ ..... premium notes) | | | 0 | 0 |
| 7. | Derivatives (Schedule DB) | | | 0 | 0 |
| 8. | Other invested assets (Schedule BA) | | | 0 | 0 |
| 9. | Receivables for securities | | | 0 | 0 |
| 10. | Securities lending reinvested collateral assets (Schedule DL) | | | 0 | 0 |
| 11. | Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | 277,847,001 | 0 | 277,847,001 | 221,924,178 |
| 13. | Title plants less $ ..... charged off (for Title insurers only) | | | 0 | 0 |
| 14. | Investment income due and accrued | 499,194 | | 499,194 | 308,889 |
| 15. | Premiums and considerations: | | | | |
| | 15.1 Uncollected premiums and agents' balances in the course of collection | 1,709,213 | | 1,709,213 | 1,631,211 |
| | 15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums) | | | 0 | 0 |
| | 15.3 Accrued retrospective premiums ($ ..... ) and contracts subject to redetermination ($ 2,242,225 ) | 2,242,225 | | 2,242,225 | 879,110 |
| 16. | Reinsurance: | | | | |
| | 16.1 Amounts recoverable from reinsurers | 47,698 | | 47,698 | 0 |
| | 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| | 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. | Amounts receivable relating to uninsured plans | 7,899,163 | | 7,899,163 | 4,301,253 |
| 18.1 | Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 | Net deferred tax asset | | | 0 | 0 |
| 19. | Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. | Electronic data processing equipment and software | | | 0 | 0 |
| 21. | Furniture and equipment, including health care delivery assets ($ ..... ) | | | 0 | 0 |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. | Receivables from parent, subsidiaries and affiliates | 12,244,437 | | 12,244,437 | 988,063 |
| 24. | Health care ($ 11,959,592 ) and other amounts receivable | 11,959,593 | | 11,959,593 | 8,266,188 |
| 25. | Aggregate write-ins for other than invested assets | 51,388,890 | 0 | 51,388,890 | 32,273,413 |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 365,837,414 | 0 | 365,837,414 | 270,572,305 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. | Total (Lines 26 and 27) | 365,837,414 | 0 | 365,837,414 | 270,572,305 |
| | **DETAILS OF WRITE-INS** | | | | |
| 1101. | | | | | |
| 1102. | | | | | |
| 1103. | | | | | |
| 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. | Prepaids | | | 0 | 0 |
| 2502. | Insurance Providers Assessment | 51,388,890 | | 51,388,890 | 32,273,413 |
| 2503. | | | | | |
| 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) | 51,388,890 | 0 | 51,388,890 | 32,273,413 |

# LIABILITIES, CAPITAL AND SURPLUS

| | | Current Year | | | Prior Year |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 |
| | | Covered | Uncovered | Total | Total |
| 1. | Claims unpaid (less $ 0 reinsurance ceded) | 75,256,810 | | 75,256,810 | 48,262,973 |
| 2. | Accrued medical incentive pool and bonus amounts | 11,074,663 | | 11,074,663 | 7,375,297 |
| 3. | Unpaid claims adjustment expenses | 1,340,153 | | 1,340,153 | 895,842 |
| 4. | Aggregate health policy reserves, including the liability of $ 0 for medical loss ratio rebate per the Public Health Service Act | 6,099,874 | | 6,099,874 | 12,038,261 |
| 5. | Aggregate life policy reserves | | | 0 | 0 |
| 6. | Property/casualty unearned premium reserves | | | 0 | 0 |
| 7. | Aggregate health claim reserves | | | 0 | 0 |
| 8. | Premiums received in advance | | | 0 | 0 |
| 9. | General expenses due or accrued | 55,177,393 | | 55,177,393 | 34,550,998 |
| 10.1 | Current federal and foreign income tax payable and interest thereon (including $ on realized capital gains (losses)) | | | 0 | 0 |
| 10.2 | Net deferred tax liability | | | 0 | 0 |
| 11. | Ceded reinsurance premiums payable | | | 0 | 0 |
| 12. | Amounts withheld or retained for the account of others | 1,354,782 | | 1,354,782 | 2,841,252 |
| 13. | Remittances and items not allocated | | | 0 | 0 |
| 14. | Borrowed money (including $ current) and interest thereon $ (including $ current) | | | 0 | 0 |
| 15. | Amounts due to parent, subsidiaries and affiliates | 228,419 | | 228,419 | 10,317,006 |
| 16. | Derivatives | | | 0 | 0 |
| 17. | Payable for securities | 127,993 | | 127,993 | 0 |
| 18. | Payable for securities lending | | | 0 | 0 |
| 19. | Funds held under reinsurance treaties (with $ authorized reinsurers, $ 0 unauthorized reinsurers and $ 0 certified reinsurers) | | | 0 | 0 |
| 20. | Reinsurance in unauthorized and certified ($ ) companies | | | 0 | 0 |
| 21. | Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. | Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. | Aggregate write-ins for other liabilities (including $ current) | 0 | 0 | 0 | 0 |
| 24. | Total liabilities (Lines 1 to 23) | 150,660,087 | 0 | 150,660,087 | 116,281,629 |
| 25. | Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 0 |
| 26. | Common capital stock | XXX | XXX | 10,000 | 10,000 |
| 27. | Preferred capital stock | XXX | XXX | | |
| 28. | Gross paid in and contributed surplus | XXX | XXX | 11,326,877 | 11,326,877 |
| 29. | Surplus notes | XXX | XXX | | |
| 30. | Aggregate write-ins for other than special surplus funds | XXX | XXX | 1,000,000 | 1,000,000 |
| 31. | Unassigned funds (surplus) | XXX | XXX | 202,840,448 | 141,953,799 |
| 32. | Less treasury stock, at cost: | | | | |
| | 32.1 shares common (value included in Line 26 $ ) | XXX | XXX | | |
| | 32.2 shares preferred (value included in Line 27 $ ) | XXX | XXX | | |
| 33. | Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 215,177,325 | 154,290,676 |
| 34. | Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 365,837,412 | 270,572,305 |
| | **DETAILS OF WRITE-INS** | | | | |
| 2301. | | | | | |
| 2302. | | | | | |
| 2303. | | | | | |
| 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. | Appropriated Retained Earnings | XXX | XXX | 1,000,000 | 1,000,000 |
| 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 | 1,000,000 | 1,000,000 |

# STATEMENT OF REVENUE AND EXPENSES

| | | Current Year 1 Uncovered | Current Year 2 Total | Prior Year 3 Total |
|---|---|---|---|---|
| 1. | Member Months | XXX | 2,257,866 | 1,708,250 |
| 2. | Net premium income ( including $ non-health premium income) | XXX | 761,117,856 | 482,581,150 |
| 3. | Change in unearned premium reserves and reserve for rate credits | XXX | 5,938,387 | |
| 4. | Fee-for-service (net of $ medical expenses) | XXX | 0 | |
| 5. | Risk revenue | XXX | 0 | |
| 6. | Aggregate write-ins for other health care related revenues | XXX | 85,113,510 | 64,546,826 |
| 7. | Aggregate write-ins for other non-health revenues | XXX | 0 | 0 |
| 8. | Total revenues (Lines 2 to 7) | XXX | 852,169,753 | 547,127,976 |
| | **Hospital and Medical:** | | | |
| 9. | Hospital/medical benefits | | 441,144,639 | 288,365,762 |
| 10. | Other professional services | | 9,076,976 | 6,314,094 |
| 11. | Outside referrals | | 6,430,997 | 4,559,418 |
| 12. | Emergency room and out-of-area | | 32,749,326 | 20,522,502 |
| 13. | Prescription drugs | | 153,363,621 | 82,024,441 |
| 14. | Aggregate write-ins for other hospital and medical | 0 | 0 | 0 |
| 15. | Incentive pool, withhold adjustments and bonus amounts | | 12,176,669 | 11,597,429 |
| 16. | Subtotal (Lines 9 to 15) | 0 | 654,942,228 | 413,383,646 |
| | **Less:** | | | |
| 17. | Net reinsurance recoveries | | 47,698 | (2,455) |
| 18. | Total hospital and medical (Lines 16 minus 17) | 0 | 654,894,530 | 413,386,101 |
| 19. | Non-health claims (net) | | | |
| 20. | Claims adjustment expenses, including $ 10,953,017 cost containment expenses | | 19,419,533 | 15,243,786 |
| 21. | General administrative expenses | | 120,920,118 | 90,150,286 |
| 22. | Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only) | | 0 | 0 |
| 23. | Total underwriting deductions (Lines 18 through 22) | 0 | 795,234,181 | 518,780,173 |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 56,935,572 | 28,347,803 |
| 25. | Net investment income earned (Exhibit of Net Investment Income, Line 17) | | 2,630,089 | 4,016,582 |
| 26. | Net realized capital gains (losses) less capital gains tax of $ | | 877,290 | 714,568 |
| 27. | Net investment gains (losses) (Lines 25 plus 26) | 0 | 3,507,379 | 4,731,150 |
| 28. | Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ ) (amount charged off $ )] | | | |
| 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 | 60,442,951 | 33,078,953 |
| 31. | Federal and foreign income taxes incurred | XXX | | |
| 32. | Net income (loss) (Lines 30 minus 31) | XXX | 60,442,951 | 33,078,953 |
| | **DETAILS OF WRITE-INS** | | | |
| 0601. | Insurance Providers Assessment | XXX | 85,113,510 | 64,546,826 |
| 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 | 85,113,510 | 64,546,826 |
| 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. | Other Income | | | 0 |
| 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)

| | | 1<br>Current Year | 2<br>Prior Year |
|---|---|---|---|
| | **CAPITAL AND SURPLUS ACCOUNT** | | |
| 33. | Capital and surplus prior reporting year | 154,290,677 | 117,284,225 |
| 34. | Net income or (loss) from Line 32 | 60,442,951 | 33,078,953 |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of $ | 369,527 | 4,001,670 |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | |
| 38. | Change in net deferred income tax | | |
| 39. | Change in nonadmitted assets | 74,171 | (74,171) |
| 40 | Change in unauthorized and certified reinsurance | 0 | 0 |
| 41. | Change in treasury stock | 0 | 0 |
| 42. | Change in surplus notes | 0 | 0 |
| 43. | Cumulative effect of changes in accounting principles | | |
| 44. | Capital Changes: | | |
| | 44.1 Paid in | 0 | 0 |
| | 44.2 Transferred from surplus (Stock Dividend) | 0 | 0 |
| | 44.3 Transferred to surplus | | |
| 45. | Surplus adjustments: | | |
| | 45.1 Paid in | 0 | 0 |
| | 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 | 0 | 0 |
| 48. | Net change in capital and surplus (Lines 34 to 47) | 60,886,649 | 37,006,452 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 215,177,326 | 154,290,677 |
| | **DETAILS OF WRITE-INS** | | |
| 4701. | | | |
| 4702. | | | |
| 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) | 0 | 0 |

# CASH FLOW

| | | 1<br>Current Year | 2<br>Prior Year |
|---|---|---|---|
| | **Cash from Operations** | | |
| 1. | Premiums collected net of reinsurance | 753,738,352 | 494,109,950 |
| 2. | Net investment income | 2,439,894 | 4,019,005 |
| 3. | Miscellaneous income | 85,113,510 | 64,546,826 |
| 4. | Total (Lines 1 through 3) | 841,291,756 | 562,675,781 |
| 5. | Benefit and loss related payments | 627,942,430 | 394,793,896 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 116,928,469 | 108,145,957 |
| 8. | Dividends paid to policyholders | | |
| 9. | Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses) | 0 | 0 |
| 10. | Total (Lines 5 through 9) | 744,870,899 | 502,939,853 |
| 11. | Net cash from operations (Line 4 minus Line 10) | 96,420,857 | 59,735,928 |
| | **Cash from Investments** | | |
| 12. | Proceeds from investments sold, matured or repaid: | | |
| | 12.1 Bonds | 0 | 0 |
| | 12.2 Stocks | 2,853,152 | 746,127 |
| | 12.3 Mortgage loans | 0 | 0 |
| | 12.4 Real estate | 0 | 0 |
| | 12.5 Other invested assets | 0 | 0 |
| | 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 45 | 0 |
| | 12.7 Miscellaneous proceeds | 127,993 | 0 |
| | 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 2,981,190 | 746,127 |
| 13. | Cost of investments acquired (long-term only): | | |
| | 13.1 Bonds | 0 | 0 |
| | 13.2 Stocks | 35,343,695 | 39,810,742 |
| | 13.3 Mortgage loans | 0 | 0 |
| | 13.4 Real estate | 0 | 0 |
| | 13.5 Other invested assets | 0 | 0 |
| | 13.6 Miscellaneous applications | 0 | 0 |
| | 13.7 Total investments acquired (Lines 13.1 to 13.6) | 35,343,695 | 39,810,742 |
| 14. | Net increase (decrease) in contract loans and premium notes | 0 | 0 |
| 15. | Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | (32,362,505) | (39,064,615) |
| | **Cash from Financing and Miscellaneous Sources** | | |
| 16. | Cash provided (applied): | | |
| | 16.1 Surplus notes, capital notes | 0 | 0 |
| | 16.2 Capital and paid in surplus, less treasury stock | 0 | 0 |
| | 16.3 Borrowed funds | 0 | 0 |
| | 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 |
| | 16.5 Dividends to stockholders | 0 | 0 |
| | 16.6 Other cash provided (applied) | (41,872,737) | 39,323 |
| 17. | Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | (41,872,737) | 39,323 |
| | **RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS** | | |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 22,185,615 | 20,710,636 |
| 19. | Cash, cash equivalents and short-term investments: | | |
| | 19.1 Beginning of year | 112,554,682 | 91,844,046 |
| | 19.2 End of year (Line 18 plus Line 19.1) | 134,740,297 | 112,554,682 |

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

| | | |
|---|---|---|
| | | |

# ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1<br>Total | 2<br>Comprehensive (Hospital & Medical) | 3<br>Medicare Supplement | 4<br>Dental Only | 5<br>Vision Only | 6<br>Federal Employees Health Benefits Plan | 7<br>Title XVIII Medicare | 8<br>Title XIX Medicaid | 9<br>Other Health | 10<br>Other Non-Health |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Net premium income | 761,117,856 | | | | | | 108,765,901 | 652,351,955 | | |
| 2. Change in unearned premium reserves and reserve for rate credit | 5,938,387 | | | | | | 27,963 | 5,910,424 | | |
| 3. Fee-for-service (net of $ ..... medical expenses) | 0 | | | | | | | | | XXX |
| 4. Risk revenue | 0 | | | | | | | | | XXX |
| 5. Aggregate write-ins for other health care related revenues | 85,113,510 | 0 | 0 | 0 | 0 | 0 | 0 | 85,113,510 | 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) | 852,169,753 | 0 | 0 | 0 | 0 | 0 | 108,793,864 | 743,375,889 | 0 | 0 |
| 8. Hospital/medical benefits | 441,144,639 | | | | | | 77,966,928 | 363,177,711 | | XXX |
| 9. Other professional services | 9,076,976 | | | | | | 1,113,277 | 7,963,699 | | XXX |
| 10. Outside referrals | 6,430,997 | | | | | | 1,057,382 | 5,373,615 | | XXX |
| 11. Emergency room and out-of-area | 32,749,326 | | | | | | 7,351,008 | 25,398,318 | | XXX |
| 12. Prescription drugs | 153,363,621 | | | | | | 7,551,822 | 145,811,799 | | 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 | 12,176,669 | | | | | | (1,209,702) | 13,386,371 | | XXX |
| 15. Subtotal (Lines 8 to 14) | 654,942,228 | 0 | 0 | 0 | 0 | 0 | 93,830,715 | 561,111,513 | 0 | XXX |
| 16. Net reinsurance recoveries | 47,698 | | | | | | | 47,698 | | XXX |
| 17. Total medical and hospital (Lines 15 minus 16) | 654,894,530 | 0 | 0 | 0 | 0 | 0 | 93,830,715 | 561,063,815 | 0 | XXX |
| 18. Non-health claims (net) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 19. Claims adjustment expenses including $ 10,953,017 cost containment expenses | 19,419,532 | | | | | | 3,033,224 | 16,386,308 | | |
| 20. General administrative expenses | 120,920,116 | | | | | | 8,637,288 | 112,282,828 | | |
| 21. Increase in reserves for accident and health contracts | 0 | | | | | | | | | XXX |
| 22. Increase in reserves for life contracts | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 23. Total underwriting deductions (Lines 17 to 22) | 795,234,178 | 0 | 0 | 0 | 0 | 0 | 105,501,227 | 689,732,951 | 0 | 0 |
| 24. Total underwriting gain or (loss) (Line 7 minus Line 23) | 56,935,575 | 0 | 0 | 0 | 0 | 0 | 3,292,637 | 53,642,938 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 0501. Insurance Providers Assessment | 85,113,510 | | | | | | | 85,113,510 | | XXX |
| 0502. | | | | | | | | | | XXX |
| 0503. | | | | | | | | | | XXX |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) | 85,113,510 | 0 | 0 | 0 | 0 | 0 | 0 | 85,113,510 | 0 | XXX |
| 0601. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0602. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0603. | | 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. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 1301. | | | | | | | | | | XXX |
| 1302. | | | | | | | | | | XXX |
| 1303. | | | | | | | | | | XXX |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 1399. Totals (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<br>Direct Business | 2<br>Reinsurance Assumed | 3<br>Reinsurance Ceded | 4<br>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 | | | 0 |
| 6. Title XVIII - Medicare | 108,930,180 | | 164,279 | 108,765,901 |
| 7. Title XIX - Medicaid | 653,351,440 | | 999,485 | 652,351,955 |
| 8. Other health | | | | 0 |
| 9. Health subtotal (Lines 1 through 8) | 762,281,620 | 0 | 1,163,764 | 761,117,856 |
| 10. Life | 0 | | | 0 |
| 11. Property/casualty | 0 | | | 0 |
| 12. Totals (Lines 9 to 11) | 762,281,620 | 0 | 1,163,764 | 761,117,856 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2 - CLAIMS INCURRED DURING THE YEAR

| | 1<br>Total | 2<br>Comprehensive (Hospital & Medical) | 3<br>Medicare Supplement | 4<br>Dental Only | 5<br>Vision Only | 6<br>Federal Employees Health Benefits Plan | 7<br>Title XVIII Medicare | 8<br>Title XIX Medicaid | 9<br>Other Health | 10<br>Other Non-Health |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Payments during the year: | | | | | | | | | | |
| 1.1 Direct | 628,630,636 | | | | | | 100,434,649 | 528,195,987 | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | |
| 1.3 Reinsurance ceded | 47,698 | | | | | | | 47,698 | | |
| 1.4 Net | 628,582,938 | 0 | 0 | 0 | 0 | 0 | 100,434,649 | 528,148,289 | 0 | 0 |
| 2. Paid medical incentive pools and bonuses | 8,477,303 | | | | | | (1,897,386) | 10,374,689 | | |
| 3. Claim liability December 31, current year from Part 2A: | | | | | | | | | | |
| 3.1 Direct | 75,256,810 | 0 | 0 | 0 | 0 | 0 | 12,098,700 | 63,158,110 | 0 | 0 |
| 3.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.4 Net | 75,256,810 | 0 | 0 | 0 | 0 | 0 | 12,098,700 | 63,158,110 | 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 | 11,074,663 | | | | | | 687,684 | 10,386,979 | | |
| 6. Net healthcare receivables (a) | 12,858,914 | | | | | | 10,840,691 | 2,018,223 | | |
| 7. Amounts recoverable from reinsurers December 31, current year | 0 | | | | | | | | | |
| 8. Claim liability December 31, prior year from Part 2A: | | | | | | | | | | |
| 8.1 Direct | 48,262,973 | 0 | 0 | 0 | 0 | 0 | 6,652,241 | 41,610,732 | 0 | 0 |
| 8.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.4 Net | 48,262,973 | 0 | 0 | 0 | 0 | 0 | 6,652,241 | 41,610,732 | 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 | 7,375,297 | | | | | | | 7,375,297 | | |
| 11. Amounts recoverable from reinsurers December 31, prior year | 0 | | | | | | | | | |
| 12. Incurred Benefits: | | | | | | | | | | |
| 12.1 Direct | 642,765,559 | 0 | 0 | 0 | 0 | 0 | 95,040,417 | 547,725,142 | 0 | 0 |
| 12.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.3 Reinsurance ceded | 47,698 | 0 | 0 | 0 | 0 | 0 | 0 | 47,698 | 0 | 0 |
| 12.4 Net | 642,717,861 | 0 | 0 | 0 | 0 | 0 | 95,040,417 | 547,677,444 | 0 | 0 |
| 13. Incurred medical incentive pools and bonuses | 12,176,669 | 0 | 0 | 0 | 0 | 0 | (1,209,702) | 13,386,371 | 0 | 0 |

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

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

| | 1<br>Total | 2<br>Comprehensive (Hospital & Medical) | 3<br>Medicare Supplement | 4<br>Dental Only | 5<br>Vision Only | 6<br>Federal Employees Health Benefits Plan | 7<br>Title XVIII Medicare | 8<br>Title XIX Medicaid | 9<br>Other Health | 10<br>Other Non-Health |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Reported in Process of Adjustment: | | | | | | | | | | |
| 1.1 Direct | 18,107,181 | | | | | | 2,911,000 | 15,196,181 | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | |
| 1.3 Reinsurance ceded | 0 | | | | | | | | | |
| 1.4 Net | 18,107,181 | 0 | 0 | 0 | 0 | 0 | 2,911,000 | 15,196,181 | 0 | 0 |
| 2. Incurred but Unreported: | | | | | | | | | | |
| 2.1 Direct | 57,149,629 | | | | | | 9,187,700 | 47,961,929 | | |
| 2.2 Reinsurance assumed | 0 | | | | | | | | | |
| 2.3 Reinsurance ceded | 0 | | | | | | | | | |
| 2.4 Net | 57,149,629 | 0 | 0 | 0 | 0 | 0 | 9,187,700 | 47,961,929 | 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 | 75,256,810 | 0 | 0 | 0 | 0 | 0 | 12,098,700 | 63,158,110 | 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 | 75,256,810 | 0 | 0 | 0 | 0 | 0 | 12,098,700 | 63,158,110 | 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<br>On Claims Incurred Prior to January 1 of Current Year | 2<br>On Claims Incurred During the Year | 3<br>On Claims Unpaid December 31 of Prior Year | 4<br>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 | 0 |
| 2. Medicare Supplement | | | | | 0 | 0 |
| 3. Dental Only | | | | | 0 | 0 |
| 4. Vision Only | | | | | 0 | 0 |
| 5. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 6. Title XVIII - Medicare | 6,255,703 | 94,115,893 | 7,201 | 12,150,569 | 6,262,904 | 6,652,291 |
| 7 Title XIX - Medicaid | 29,544,483 | 498,666,860 | 928,638 | 62,170,403 | 30,473,121 | 41,610,682 |
| 8. Other health | | | | | 0 | 0 |
| 9. Health subtotal (Lines 1 to 8) | 35,800,186 | 592,782,753 | 935,839 | 74,320,972 | 36,736,025 | 48,262,973 |
| 10. Healthcare receivables (a) | | 12,858,914 | | | 0 | |
| 11. Other non-health | | | | | 0 | 0 |
| 12. Medical incentive pools and bonus amounts | 6,856,117 | 1,621,186 | | 11,074,663 | 6,856,117 | 7,375,297 |
| 13. Totals (Lines 9 - 10 + 11 + 12) | 42,656,303 | 581,545,025 | 935,839 | 85,395,635 | 43,592,142 | 55,638,270 |

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

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

### Section A - Paid Health Claims - Title XVIII

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1<br>2017 | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>2021 |
| 1. Prior | 595 | 595 | 595 | 595 | 595 |
| 2. 2017 | 4,355 | 4,742 | 4,742 | 4,742 | 4,742 |
| 3. 2018 | XXX | 3,125 | 3,502 | 3,502 | 3,502 |
| 4. 2019 | XXX | XXX | 3,307 | 3,874 | 3,874 |
| 5. 2020 | XXX | XXX | XXX | 36,057 | 42,859 |
| 6. 2021 | XXX | XXX | XXX | XXX | 83,275 |

### Section B - Incurred Health Claims - Title XVIII

| 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<br>2017 | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>2021 |
| 1. Prior | 0 | 0 | 0 | 0 | 0 |
| 2. 2017 | 0 | 4,317 | 4,317 | 4,317 | 4,317 |
| 3. 2018 | XXX | 3,539 | 3,485 | 3,485 | 3,485 |
| 4. 2019 | XXX | XXX | 3,711 | 3,770 | 3,770 |
| 5. 2020 | XXX | XXX | XXX | 39,211 | 38,822 |
| 6. 2021 | XXX | XXX | XXX | XXX | 94,220 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

| Years in which Premiums were Earned and Claims were Incurred | 1<br>Premiums Earned | 2<br>Claims Payment | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2) Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6<br>(Col. 5/1) Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1) Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2017 | 5,549 | 4,742 | 103 | 2.2 | 4,845 | 87.3 | | | 4,845 | 87.3 |
| 2. 2018 | 4,698 | 3,502 | 113 | 3.2 | 3,615 | 76.9 | | | 3,615 | 76.9 |
| 3. 2019 | 4,449 | 3,874 | 139 | 3.6 | 4,013 | 90.2 | | | 4,013 | 90.2 |
| 4. 2020 | 50,006 | 42,859 | 1,574 | 3.7 | 44,433 | 88.9 | 7 | | 44,440 | 88.9 |
| 5. 2021 | 108,766 | 83,275 | 1,613 | 1.9 | 84,888 | 78.0 | 12,843 | 200 | 97,931 | 90.0 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

### Section A - Paid Health Claims - Title XIX

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1<br>2017 | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>2021 |
| 1. Prior | 58,898 | 58,898 | 58,898 | 58,898 | 58,898 |
| 2. 2017 | 431,129 | 472,519 | 472,519 | 472,519 | 472,519 |
| 3. 2018 | XXX | 314,716 | 348,319 | 348,319 | 348,319 |
| 4. 2019 | XXX | XXX | 314,525 | 341,443 | 341,443 |
| 5. 2020 | XXX | XXX | XXX | 331,254 | 367,108 |
| 6. 2021 | XXX | XXX | XXX | XXX | 498,270 |

### Section B - Incurred Health Claims - Title XIX

| 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<br>2017 | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>2021 |
| 1. Prior | 26,390 | 26,390 | 26,390 | 26,390 | 26,390 |
| 2. 2017 | 480,498 | 476,688 | 476,688 | 476,688 | 476,688 |
| 3. 2018 | XXX | 361,642 | 351,537 | 351,537 | 351,537 |
| 4. 2019 | XXX | XXX | 350,932 | 341,315 | 341,315 |
| 5. 2020 | XXX | XXX | XXX | 383,733 | 372,076 |
| 6. 2021 | XXX | XXX | XXX | XXX | 572,721 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

| Years in which Premiums were Earned and Claims were Incurred | 1<br>Premiums Earned | 2<br>Claims Payment | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2) Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6<br>(Col. 5/1) Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1) Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2017 | 511,915 | 472,519 | 11,209 | 2.4 | 483,728 | 94.5 | | | 483,728 | 94.5 |
| 2. 2018 | 391,779 | 348,319 | 11,507 | 3.3 | 359,826 | 91.8 | | | 359,826 | 91.8 |
| 3. 2019 | 402,030 | 341,443 | 12,926 | 3.8 | 354,369 | 88.1 | | | 354,369 | 88.1 |
| 4. 2020 | 432,575 | 367,108 | 14,999 | 4.1 | 382,107 | 88.3 | 928 | 14 | 383,049 | 88.6 |
| 5. 2021 | 652,352 | 498,270 | 9,643 | 1.9 | 507,913 | 77.9 | 72,553 | 1,126 | 581,592 | 89.2 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

($000 Omitted)

### Section A - Paid Health Claims - Grand Total

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|---|---|---|---|---|---|
| | 1<br>2017 | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>2021 |
| 1. Prior | 59,493 | 59,493 | 59,493 | 59,493 | 59,493 |
| 2. 2017 | 435,484 | 477,261 | 477,261 | 477,261 | 477,261 |
| 3. 2018 | XXX | 317,841 | 351,821 | 351,821 | 351,821 |
| 4. 2019 | XXX | XXX | 317,832 | 345,317 | 345,317 |
| 5. 2020 | XXX | XXX | XXX | 367,311 | 409,967 |
| 6. 2021 | XXX | XXX | XXX | XXX | 581,545 |

### 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<br>2017 | 2<br>2018 | 3<br>2019 | 4<br>2020 | 5<br>2021 |
| 1. Prior | 26,390 | 26,390 | 26,390 | 26,390 | 26,390 |
| 2. 2017 | 480,498 | 481,005 | 481,005 | 481,005 | 481,005 |
| 3. 2018 | XXX | 365,181 | 355,022 | 355,022 | 355,022 |
| 4. 2019 | XXX | XXX | 354,643 | 345,085 | 345,085 |
| 5. 2020 | XXX | XXX | XXX | 422,944 | 410,898 |
| 6. 2021 | XXX | XXX | XXX | XXX | 666,941 |

### Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

| Years in which Premiums were Earned and Claims were Incurred | 1<br>Premiums Earned | 2<br>Claims Payment | 3<br>Claim Adjustment Expense Payments | 4<br>(Col. 3/2) Percent | 5<br>Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6<br>(Col. 5/1) Percent | 7<br>Claims Unpaid | 8<br>Unpaid Claims Adjustment Expenses | 9<br>Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10<br>(Col. 9/1) Percent |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. 2017 | 517,464 | 477,261 | 11,312 | 2.4 | 488,573 | 94.4 | 0 | 0 | 488,573 | 94.4 |
| 2. 2018 | 396,477 | 351,821 | 11,620 | 3.3 | 363,441 | 91.7 | 0 | 0 | 363,441 | 91.7 |
| 3. 2019 | 406,479 | 345,317 | 13,065 | 3.8 | 358,382 | 88.2 | 0 | 0 | 358,382 | 88.2 |
| 4. 2020 | 482,581 | 409,967 | 16,573 | 4.0 | 426,540 | 88.4 | 935 | 14 | 427,489 | 88.6 |
| 5. 2021 | 761,118 | 581,545 | 11,256 | 1.9 | 592,801 | 77.9 | 85,396 | 1,326 | 679,523 | 89.3 |

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

| | 1<br>Total | 2<br>Comprehensive (Hospital & Medical) | 3<br>Medicare Supplement | 4<br>Dental Only | 5<br>Vision Only | 6<br>Federal Employees Health Benefits Plan | 7<br>Title XVIII Medicare | 8<br>Title XIX Medicaid | 9<br>Other |
|---|---|---|---|---|---|---|---|---|---|
| 1. Unearned premium reserves | 0 | | | | | | | | |
| 2. Additional policy reserves (a) | 0 | | | | | | | | |
| 3. Reserve for future contingent benefits | 0 | | | | | | | | |
| 4. Reserve for rate credits or experience rating refunds (including $ ) for investment income | 0 | | | | | | | | |
| 5. Aggregate write-ins for other policy reserves | 6,099,874 | 0 | 0 | 0 | 0 | 0 | 0 | 6,099,874 | 0 |
| 6. Totals (gross) | 6,099,874 | 0 | 0 | 0 | 0 | 0 | 0 | 6,099,874 | 0 |
| 7. Reinsurance ceded | 0 | | | | | | | | |
| 8. Totals (Net)(Page 3, Line 4) | 6,099,874 | 0 | 0 | 0 | 0 | 0 | 0 | 6,099,874 | 0 |
| 9. Present value of amounts not yet due on claims | 0 | | | | | | | | |
| 10. Reserve for future contingent benefits | 0 | | | | | | | | |
| 11. Aggregate write-ins for other claim reserves | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Totals (gross) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Reinsurance ceded | 0 | | | | | | | | |
| 14. Totals (Net)(Page 3, Line 7) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 0501. Risk Corridor | 6,099,874 | | | | | | | 6,099,874 | |
| 0502. | | | | | | | | | |
| 0503. | | | | | | | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) | 6,099,874 | 0 | 0 | 0 | 0 | 0 | 0 | 6,099,874 | 0 |
| 1101. | | | | | | | | | |
| 1102. | | | | | | | | | |
| 1103. | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes $ ..... premium deficiency reserve.

# UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - ANALYSIS OF EXPENSES

| | Claim Adjustment Expenses | | 3 | 4 | 5 |
|---|---|---|---|---|---|
| | 1<br>Cost Containment Expenses | 2<br>Other Claim Adjustment Expenses | General Administrative Expenses | Investment Expenses | Total |
| 1. Rent ($ ..... for occupancy of own building) | 149,929 | 115,894 | 387,464 | | 653,287 |
| 2. Salary, wages and other benefits | 5,299,280 | 4,096,264 | 13,695,004 | | 23,090,548 |
| 3. Commissions (less $ ..... ceded plus $ ..... assumed) | | | 1,991,485 | | 1,991,485 |
| 4. Legal fees and expenses | 3,595 | 2,778 | 9,290 | | 15,663 |
| 5. Certifications and accreditation fees | 4,952 | 3,827 | 12,797 | | 21,576 |
| 6. Auditing, actuarial and other consulting services | 839,250 | 648,727 | 2,168,886 | | 3,656,863 |
| 7. Traveling expenses | 5,841 | 4,515 | 15,095 | | 25,451 |
| 8. Marketing and advertising | 842,736 | 651,426 | 2,177,895 | | 3,672,057 |
| 9. Postage, express and telephone | 174,742 | 135,072 | 451,587 | | 761,401 |
| 10. Printing and office supplies | 33,095 | 25,581 | 85,527 | | 144,203 |
| 11. Occupancy, depreciation and amortization | 253,897 | 196,258 | 656,149 | | 1,106,304 |
| 12. Equipment | 4,761 | 3,680 | 12,304 | | 20,745 |
| 13. Cost or depreciation of EDP equipment and software | 178,831 | 138,234 | 462,157 | | 779,222 |
| 14. Outsourced services including EDP, claims, and other services | 808,917 | 625,279 | 7,151,000 | | 8,585,196 |
| 15. Boards, bureaus and association fees | | | | | 0 |
| 16. Insurance, except on real estate | 25,800 | 19,943 | 66,676 | | 112,419 |
| 17. Collection and bank service charges | 10 | 8 | 26 | | 44 |
| 18. Group service and administration fees | 24,721 | 19,110 | 63,887 | | 107,718 |
| 19. Reimbursements by uninsured plans | | | | | 0 |
| 20. Reimbursements from fiscal intermediaries | | | | | 0 |
| 21. Real estate expenses | 798 | 617 | 2,063 | | 3,478 |
| 22. Real estate taxes | 16,141 | 12,476 | 41,713 | | 70,330 |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes | 3,040 | 2,349 | 85,121,365 | | 85,126,754 |
| 23.2 State premium taxes | | | | | 0 |
| 23.3 Regulatory authority licenses and fees | | | 129,812 | | 129,812 |
| 23.4 Payroll taxes | 287,407 | 222,162 | 742,751 | | 1,252,320 |
| 23.5 Other (excluding federal income and real estate taxes) | 78,949 | 61,026 | 522,801 | | 662,776 |
| 24. Investment expenses not included elsewhere | | | | | 0 |
| 25. Aggregate write-ins for expenses | 1,916,325 | 1,481,290 | 4,952,384 | 0 | 8,349,999 |
| 26. Total expenses incurred (Lines 1 to 25) | 10,953,017 | 8,466,516 | 120,920,118 | 0 | (a) 140,339,651 |
| 27. Less expenses unpaid December 31, current year | 755,874 | 584,279 | 55,177,393 | | 56,517,546 |
| 28. Add expenses unpaid December 31, prior year | 472,153 | 423,689 | 34,550,996 | | 35,446,838 |
| 29. Amounts receivable relating to uninsured plans, prior year | | | 4,301,253 | | 4,301,253 |
| 30. Amounts receivable relating to uninsured plans, current year | | | 7,899,163 | | 7,899,163 |
| 31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) | 10,669,296 | 8,305,926 | 103,891,631 | 0 | 122,866,853 |
| **DETAILS OF WRITE-INS** | | | | | |
| 2501. Finance Mgmt Fee | 176,259 | 136,245 | 455,507 | | 768,011 |
| 2502. HR Mgmt Fee | 68,318 | 52,809 | 176,555 | | 297,682 |
| 2503. IS Mgmt Fee | 1,671,748 | 1,292,236 | 4,320,322 | | 7,284,306 |
| 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) | 1,916,325 | 1,481,290 | 4,952,384 | 0 | 8,349,999 |

(a) Includes management fees of $ 47,725,563 to affiliates and $ ..... to non-affiliates.

# EXHIBIT OF NET INVESTMENT INCOME

| | | 1<br>Collected During Year | 2<br>Earned During Year |
|---|---|---|---|
| 1. | U.S. government bonds | (a) 16,953 | 16,953 |
| 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) | 2,380,746 | 2,508,740 |
| 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) 42,085 | 104,396 |
| 7 | Derivative instruments | (f) | |
| 8. | Other invested assets | | |
| 9. | Aggregate write-ins for investment income | 0 | 0 |
| 10. | Total gross investment income | 2,439,784 | 2,630,089 |
| 11. | Investment expenses | | (g) 0 |
| 12. | Investment taxes, licenses and fees, excluding federal income taxes | | (g) 0 |
| 13. | Interest expense | | (h) |
| 14. | Depreciation on real estate and other invested assets | | (i) |
| 15. | Aggregate write-ins for deductions from investment income | | 0 |
| 16. | Total deductions (Lines 11 through 15) | | 0 |
| 17. | Net investment income (Line 10 minus Line 16) | | 2,630,089 |
| | **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 $ 110 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 $ paid for accrued interest on purchases.

(d) Includes $ for company's occupancy of its own buildings; and excludes $ interest on encumbrances.

(e) Includes $ 2,215 accrual of discount less $ 1,198,016 amortization of premium and less $ paid for accrued interest on purchases.

(f) Includes $ accrual of discount less $ amortization of premium.

(g) Includes $. investment expenses and $ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes $ interest on surplus notes and $ interest on capital notes.

(i) Includes $ 0 depreciation on real estate and $ depreciation on other invested assets.

# EXHIBIT OF CAPITAL GAINS (LOSSES)

| | | 1<br>Realized Gain (Loss) On Sales or Maturity | 2<br>Other Realized Adjustments | 3<br>Total Realized Capital Gain (Loss) (Columns 1 + 2) | 4<br>Change in Unrealized Capital Gain (Loss) | 5<br>Change in Unrealized Foreign Exchange Capital Gain (Loss) |
|---|---|---|---|---|---|---|
| 1. | U.S. Government bonds | 0 | 0 | 0 | 0 | 0 |
| 1.1 | Bonds exempt from U.S. tax | | | 0 | | |
| 1.2 | Other bonds (unaffiliated) | 0 | 0 | 0 | 0 | 0 |
| 1.3 | Bonds of affiliates | 0 | 0 | 0 | 0 | 0 |
| 2.1 | Preferred stocks (unaffiliated) | 0 | 0 | 0 | 0 | 0 |
| 2.11 | Preferred stocks of affiliates | 0 | 0 | 0 | 0 | 0 |
| 2.2 | Common stocks (unaffiliated) | 877,245 | 0 | 877,245 | 369,527 | 0 |
| 2.21 | Common stocks of affiliates | 0 | 0 | 0 | 0 | 0 |
| 3. | Mortgage loans | | 0 | 0 | 0 | 0 |
| 4. | Real estate | | 0 | 0 | | 0 |
| 5. | Contract loans | | | 0 | | |
| 6. | Cash, cash equivalents and short-term investments | 45 | | 45 | | |
| 7. | Derivative instruments | | | 0 | | |
| 8. | Other invested assets | | 0 | 0 | 0 | 0 |
| 9. | Aggregate write-ins for capital gains (losses) | 0 | 0 | 0 | 0 | 0 |
| 10. | Total capital gains (losses) | 877,290 | 0 | 877,290 | 369,527 | 0 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 0901. | | | | | | |
| 0902. | | | | | | |
| 0903. | | | | | | |
| 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 NON-ADMITTED ASSETS

| | | 1<br>Current Year Total Nonadmitted Assets | 2<br>Prior Year Total Nonadmitted Assets | 3<br>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 and contracts subject to redetermination | | | 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 | | | 0 |
| 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 | | | 0 |
| 22. | Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 |
| 23. | Receivable from parent, subsidiaries and affiliates | | | 0 |
| 24. | Health care and other amounts receivable | | | 0 |
| 25. | Aggregate write-ins for other than invested assets | 0 | 74,171 | 74,171 |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 0 | 74,171 | 74,171 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 |
| 28. | Total (Lines 26 and 27) | 0 | 74,171 | 74,171 |
| | **DETAILS OF WRITE-INS** | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 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. | Prepaids | 0 | 74,171 | 74,171 |
| 2502. | | | | |
| 2503. | | | | |
| 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) | 0 | 74,171 | 74,171 |

# EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment | Total Members at End of | | | | | 6 |
|---|---|---|---|---|---|---|
| | 1<br>Prior Year | 2<br>First Quarter | 3<br>Second Quarter | 4<br>Third Quarter | 5<br>Current Year | Current Year<br>Member Months |
| 1. Health Maintenance Organizations | 157,666 | 161,419 | 167,508 | 171,598 | 234,470 | 2,187,597 |
| 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 | 5,144 | 5,864 | 6,225 | 6,671 | 70,269 |
| 7. Total | 157,666 | 166,563 | 173,372 | 177,823 | 241,141 | 2,257,866 |
| **DETAILS OF WRITE-INS** | | | | | | |
| 0601. Dual Eligible Special Needs Plan (DSNP) | | 5,144 | 5,864 | 6,225 | 6,671 | 70,269 |
| 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 | 5,144 | 5,864 | 6,225 | 6,671 | 70,269 |

# NOTES TO FINANCIAL STATEMENTS

**NOTE 1 Summary of Significant Accounting Policies and Going Concern**

A. Accounting Practices

The accompanying financial statements have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS). DIFS requires that HMOs domiciled in Michigan prepare their statutory-basis financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, subject to any deviations prescribed or permitted by DIFS.

| | SSAP # | F/S Page | F/S Line # | 2021 | 2020 |
|---|---|---|---|---|---|
| NET INCOME | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 3) | XXX | XXX | XXX | $ 60,442,951 | $ 33,078,953 |
| (2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP: | | | | | |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX | $ 60,442,951 | $ 33,078,953 |
| SURPLUS | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | $ 215,177,325 | $ 154,290,676 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP: | | | | | |
| (8) NAIC SAP (5-6-7=8) | XXX | XXX | XXX | $ 215,177,325 | $ 154,290,676 |

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

The preparation of financial statements of HMOs requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known, which could impact the amounts reported and disclosed herein.

C. Accounting Policy

(1) Basis for Short-Term Investments
All short-term investments have been classified in accordance with National Association of Insurance Commissioners (NAIC) guidelines and are stated at amortized cost for financial statement disclosure.

(2) Basis for Bonds and Amortization Schedule
Investments in bonds are carried at amortized cost. The cost of bonds is adjusted for amortization of premiums and discounts to maturity using a level-yield method. Realized gains and losses are determined using the specific identification method and are included in operations. The fair value of investments is determined based upon quoted market prices.

(3) Basis for Common Stocks
Investments in Common Stocks are reported at fair market value based upon quoted market prices.

(4) Basis for Preferred Stocks
NOT APPLICABLE

(5) Basis for Mortgage Loans
NOT APPLICABLE

(6) Basis for Loan-Backed Securities and Adjustment Methodology
Loan-backed securities as well as other asset-backed securities are held and are reported at their amortized cost.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
NOT APPLICABLE

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
NOT APPLICABLE

(9) Accounting Policies for Derivatives
NOT APPLICABLE

(10) Anticipated Investment Income Used in Premium Deficiency Calculation
The Plan utilizes anticipated investment income as a factor in the premium deficiency calculation.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses
Under traditional arrangements, health care costs are recognized as expenses when services are rendered including, based on historical data, an estimate of costs incurred but not reported at the balance sheet date. Under capitation arrangements and risk-savings/sharing programs, health care costs are recognized when accruable under the providers' respective agreements. Adjustments to previously rendered claims reserve estimates are reflected in the statement of operations in the period in which the estimates are revised. Such reserve adjustments consist of restatements of claims estimates and changes in margin associated with these estimates and could be material in the future. Given the nature of the health care costs and provider billing requirements, as defined by the participating providers' agreements, amounts accrued at year-end are paid predominantly in the following year.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
The Plan has had no change in capitalization policy.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables
The Plan estimates pharmaceutical rebate receivables based on historic collection experience and reporting provided by pharmacy benefit managers.

D. Going Concern - NOT APPLICABLE

**NOTE 2 Accounting Changes and Corrections of Errors**

NOT APPLICABLE

**NOTE 3 Business Combinations and Goodwill**

A. Statutory Purchase Method - NOT APPLICABLE

# NOTES TO FINANCIAL STATEMENTS

B. Statutory Merger - NOT APPLICABLE

C. Assumption Reinsurance - NOT APPLICABLE

D. Impairment Loss - NOT APPLICABLE

**NOTE 4 Discontinued Operations**

A. Discontinued Operation Disposed of or Classified as Held for Sale - NOT APPLICABLE

B. Change in Plan of Sale of Discontinued Operation - NOT APPLICABLE

C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal - NOT APPLICABLE

D. Equity Interest Retained in the Discontinued Operation After Disposal - NOT APPLICABLE

**NOTE 5 Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans - NOT APPLICABLE

B. Debt Restructuring - NOT APPLICABLE

C. Reverse Mortgages - NOT APPLICABLE

D. Loan-Backed Securities - NOT APPLICABLE

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - NOT APPLICABLE

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - NOT APPLICABLE

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - NOT APPLICABLE

H. Repurchase Agreements Transactions Accounted for as a Sale - NOT APPLICABLE

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - NOT APPLICABLE

J. Real Estate - NOT APPLICABLE

K. Low Income Housing tax Credits (LIHTC) - NOT APPLICABLE

L. Restricted Assets

1. Restricted Assets (Including Pledged)

| Restricted Asset Category | 1<br>Total Gross (Admitted & Non-admitted) Restricted from Current Year | 2<br>Total Gross (Admitted & Non-admitted) Restricted from Prior Year | 3<br>Increase/ (Decrease) (1 minus 2) | 4<br>Total Current Year Non-admitted Restricted | 5<br>Total Current Year Admitted Restricted (1 minus 4) | 6<br>Gross (Admitted & Non-admitted) Restricted to Total Assets (a) | 7<br>Admitted Restricted to Total Admitted Assets (b) |
|---|---|---|---|---|---|---|---|
| a. Subject to contractual obligation for which liability is not shown | | | $ - | | $ - | 0.000% | 0.000% |
| b. Collateral held under security lending agreements | | | $ - | | $ - | 0.000% | 0.000% |
| c. Subject to repurchase agreements | | | $ - | | $ - | 0.000% | 0.000% |
| d. Subject to reverse repurchase agreements | | | $ - | | $ - | 0.000% | 0.000% |
| e. Subject to dollar repurchase agreements | | | $ - | | $ - | 0.000% | 0.000% |
| f. Subject to dollar reverse repurchase agreements | | | $ - | | $ - | 0.000% | 0.000% |
| g. Placed under option contracts | | | $ - | | $ - | 0.000% | 0.000% |
| h. Letter stock or securities restricted as to sale - excluding FHLB capital stock | | | $ - | | $ - | 0.000% | 0.000% |
| i. FHLB capital stock | | | $ - | | $ - | 0.000% | 0.000% |
| j. On deposit with states | $ 1,050,097 | $ 1,050,206 | $ (109) | $ - | $ 1,050,097 | 0.287% | 0.287% |
| k. On deposit with other regulatory bodies | | | $ - | | $ - | 0.000% | 0.000% |
| l. Pledged collateral to FHLB (including assets backing funding agreements) | | | $ - | | $ - | 0.000% | 0.000% |
| m. Pledged as collateral not captured in other categories | | | $ - | | $ - | 0.000% | 0.000% |
| n. Other restricted assets | | | $ - | | $ - | 0.000% | 0.000% |
| o. Total Restricted Assets | $ 1,050,097 | $ 1,050,206 | $ (109) | $ - | $ 1,050,097 | 0.287% | 0.287% |

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) - NOT APPLICABLE

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) - NOT APPLICABLE

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements - NOT APPLICABLE

M. Working Capital Finance Investments - NOT APPLICABLE

# NOTES TO FINANCIAL STATEMENTS

N. Offsetting and Netting of Assets and Liabilities - NOT APPLICABLE

O. 5GI Securities - NOT APPLICABLE

P. Short Sales - NOT APPLICABLE

Q. Prepayment Penalty and Acceleration Fees - NOT APPLICABLE

R. Reporting Entity's Share of Cash Pool by Asset Type - NOT APPLICABLE

**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**

The Plan has no Joint Ventures, Partnerships, or Limited Liability Companies to report.

**NOTE 7 Investment Income**

The note is not applicable to the Plan as no income due is past its due date and no investment income was non-admitted.

**NOTE 8 Derivative Instruments**

This note is not applicable to the Plan.

**NOTE 9 Income Taxes**

The Plan is exempt from federal income taxes as an organization described under Internal Revenue Code Section 501(c)(3). Therefore, income tax expense has not been recorded.

**NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

A., B., C., D., E., F., G.

The Plan has a management contract with Priority Health Managed Benefits, Inc. (PHMB), an organization related to the Company through common ownership, to provide certain management services. The management fee incurred by the Plan was $47,726,000 and $36,647,000 in 2021 and 2020, respectively.

Priority Health Choice, Inc. also has a management contract with Priority Health, to provide certain management services. The management fee incurred by the Plan was $0 and $5,000 in 2021 and 2020, respectively.

Health care costs approximating $146,741,000 and $115,327,000 in 2021 and 2020, respectively, were provided to plan members by related organizations.

Amounts due from affiliates of $12,244,000 and $988,000 at December 31, 2021, and 2020, respectively, primarily receivables for pharmacy rebates collected by the Plan's parent and contractual obligations under provider participation agreements. Amounts due to affiliates of $228,000 and $10,317,000 at December 31, 2021 and 2020, respectively, are related to amounts owed under the management agreement and contractual obligations under provider participation agreements.

As of October 1, 2021, Total Health Care, Inc.'s Medicaid plan was transferred to Priority Health Choice. Members had the option to choose a different plan including Priority Health Choice. Of the 66,434 members as of September 30, 2021, 62,256 members enrolled in Priority Health Choice.

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned - NOT APPLICABLE

I. Investments in SCA that Exceed 10% of Admitted Assets - NOT APPLICABLE

J. Investments in Impaired SCAs - NOT APPLICABLE

K. Investment in Foreign Insurance Subsidiary - NOT APPLICABLE

L. Investment in Downstream Noninsurance Holding Company - NOT APPLICABLE

M. All SCA Investments - NOT APPLICABLE

N. Investment in Insurance SCAs - NOT APPLICABLE

O. SCA or SSAP 48 Entity Loss Tracking - NOT APPLICABLE

**NOTE 11 Debt**

A. Debt Including Capital Notes - NOT APPLICABLE

B. FHLB (Federal Home Loan Bank) Agreements - NOT APPLICABLE

**NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit PlanS**

A. Defined Benefit Plan - NOT APPLICABLE

B. Investment Policies and Strategies - NOT APPLICABLE

C. Fair Value of Plan Assets - NOT APPLICABLE

D. Basis Used to Determine Expected Long-Term Rate-of-Return - NOT APPLICABLE

E. Defined Contribution Plan - NOT APPLICABLE

# NOTES TO FINANCIAL STATEMENTS

F. Multiemployer Plans - NOT APPLICABLE

G. Consolidated/Holding Company Plans - NOT APPLICABLE

H. Postemployment Benefits and Compensated Absences - NOT APPLICABLE

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - NOT APPLICABLE

**NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

(1) The Plan has 60,000 authorized shares of common stock. Of these shares, 10,000 are issued and outstanding, all to its parent company, Priority Health.

(2) Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues - NOT APPLICABLE

(3) Dividend Restrictions - NOT APPLICABLE

(4) Dates and Amounts of Dividends Paid - All stock is non-dividend bearing.

(5) Profits that may be Paid as Ordinary Dividends to Stockholders - All stock is non-dividend bearing.

(6) Restrictions Placed on Unassigned Funds (Surplus) - There were no restrictions placed on the Plan's Surplus

(7) Amount of Advances to Surplus not Repaid - NOT APPLICABLE

(8) Amount of Stock Held for Special Purposes - NOT APPLICABLE

(9) Reasons for Changes in Balance of Special Surplus Funds from Prior Period - NOT APPLICABLE

(10) The Portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is: $(369,879).

(11) The Reporting Entity Issued the Following Surplus Debentures or Similar Obligations - NOT APPLICABLE

(12) The impact of any restatement due to prior quasi-reorganizations is as follows - NOT APPLICABLE

(13) Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization - NOT APPLICABLE

**NOTE 14 Liabilities, Contingencies and Assessments**

A. Contingent Commitments
The Plan does not have any commitments or contingent commitments to a SCA entity, joint venture, partnership, limited liability company, or LIHTC at this time.

B. Assessments
Effective October 1, 2018 the Plan is required to pay the annual Insurance Provider Assessment. The assessment for each HMO is based on the amount determined by the Michigan Department of Health and Human Services ("MDHHS") and applied to the prior year member months for the Medicaid line of business. The assessment is fully reimbursed by MDHHS. The Plan recognized $85,113,510 as an aggregate write-in for other healthcare related revenues and $85,113,510 as general administrative expenses for the year ended December 31, 2021. The Plan has $51,388,890 recorded as an aggregate write-in for other than invested assets and $51,388,890 recorded as general expenses due or accrued on the Statutory Statements of Admitted Assets, Liabilities, and Capital and Surplus at December 31, 2021 related to the third and fourth quarter payments and reimbursement due on the 2021 assessment.

C. Gain Contingencies - NOT APPLICABLE

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits - NOT APPLICABLE

E. Joint and Several Liabilities - NOT APPLICABLE

F. All Other Contingencies - NOT APPLICABLE

**NOTE 15 Leases**

This not is not applicable to the Plan.

**NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

This not is not applicable to the Plan.

**NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - NOT APPLICABLE**

This not is not applicable to the Plan.

**NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

A. ASO Plans:
The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2021:

| | ASO Uninsured Plans | Uninsured Portion of Partially Insured Plans | Total ASO |
|---|---|---|---|
| a. Net reimbursement for administrative Expenses (including administrative fees) in excess of actual expenses | | | $ - |

# NOTES TO FINANCIAL STATEMENTS

| | | | |
|---|---|---|---|
| b. Total net other income or expenses (including interest paid to or received from plans) | | | $ - |
| c. Net gain or (loss) from operations | $ - | $ - | $ - |
| d. Total claim payment volume | $ 195,859,755 | $ - | $ 195,859,755 |

All amounts received by the Plan have been paid out to the required parties. No administrative fees have been collected on these amounts and no amounts have been retained as reimbursement for any administrative costs incurred by the Plan. The total claim payment volume above reflects the total pass through amounts relating to the Plan through the reporting period. This total includes $144,992,248 HRA, $6,047,610 GME and $44,819,897 SNAF. No net gain or loss as it relates to funds received for ASO uninsured plans has been recorded as of December 31, 2021.

B. ASC Plans - NOT APPLICABLE

C. Medicare or Similarly Structured Cost Based Reimbursement Contract - NOT APPLICABLE

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

This note is not applicable to the Plan.

**NOTE 20 Fair Value Measurements**

A.

The Plan's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy defined by Financial Accounting Standards Board (FASB) Accounting Standards Codification 820, Fair Value Measurements and Disclosures). The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lower ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level 3). The levels of the fair value hierarchy are as follows:

Level 1: Financial instruments with unadjusted, quoted prices listed on active market exchanges.

Level 2: Financial instruments lacking unadjusted, quoted prices from active market exchanges, including over-the-counter traded financial instruments. The prices for the financial instruments are determined using prices for recently traded financial instruments with similar underlying terms as well as directly or indirectly observable inputs, such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3: Financial instruments that are not actively traded on a market exchange. This category includes situations where there is little, if any, market activity for the financial instrument. The prices are determined using significant unobservable inputs or valuation techniques.

(1) Fair Value Measurements at Reporting Date

| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Total |
|---|---|---|---|---|---|
| a. Assets at fair value | | | | | |
| Common Stock | $ 142,056,606 | $ - | $ - | $ - | $ 142,056,606 |
| Total assets at fair value/NAV | $ 142,056,606 | $ - | $ - | $ - | $ 142,056,606 |

| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Total |
|---|---|---|---|---|---|
| b. Liabilities at fair value | | | | | |
| Total liabilities at fair value | $ - | $ - | $ - | $ - | $ - |

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy - NOT APPLICABLE

(3) Policies when Transfers Between Levels are Recognized - NOT APPLICABLE

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement - NOT APPLICABLE

(5) Fair Value Disclosures - NOT APPLICABLE

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements - NOT APPLICABLE

C. Fair Value Level

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|---|---|---|---|---|---|---|---|
| Common Stock | $ 142,056,606 | $ 142,056,606 | $ 142,056,606 | $ - | $ - | $ - | $ - |

D. Not Practicable to Estimate Fair Value - NOT APPLICABLE

E. NAV Practical Expedient Investments - NOT APPLICABLE

**NOTE 21 Other Items**

A. Unusual or Infrequent Items - NOT APPLICABLE

B. Troubled Debt Restructuring: Debtors - NOT APPLICABLE

C. Other Disclosures - NOT APPLICABLE

D. Business Interruption Insurance Recoveries - NOT APPLICABLE

# NOTES TO FINANCIAL STATEMENTS

E. State Transferable and Non-transferable Tax Credits - NOT APPLICABLE

F. Subprime Mortgage Related Risk Exposure - NOT APPLICABLE

G. Retained Assets - NOT APPLICABLE

H. Insurance-Linked Securities (ILS) Contracts - NOT APPLICABLE

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - NOT APPLICABLE

**NOTE 22 Events Subsequent**

Subsequent events have been considered through March 1, 2022 for these statutory financial statements which are to be issued on March 1, 2022.

The Company continues to actively monitor the current international and domestic impacts of and responses to Coronavirus Disease 2019 (COVID-19) and its related risks and continues to prepare accordingly. At this time, the Company is not able to predict the future impact COVID-19 may have on its results of operations, cash flows or financial condition, however, it is reasonably possible the outcome may be material.

**NOTE 23 Reinsurance**

A. Ceded Reinsurance Report - NOT APPLICABLE

B. Uncollectible Reinsurance - NOT APPLICABLE

C. Commutation of Reinsurance Reflected in Income and Expenses - NOT APPLICABLE

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - NOT APPLICABLE

E. Reinsurance Credit - NOT APPLICABLE

**NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination**

This note is not applicable to the Plan

**NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses**

Adjustments to previously rendered claims reserve estimates are reflected in the statement of operations in the period in which the estimates are revised. Such reserve adjustments consist of restatements of claim estimates and release of any margin associated with these estimates. Reserve adjustments were favorable by approximately $11,527,000 in 2021, decreasing the prior year-end claim reserve estimates of approximately $48,263,000 to $36,736,000.

**NOTE 26 Intercompany Pooling Arrangements**

This note is not applicable to the Plan.

**NOTE 27 Structured Settlements**

This note is not applicable to the Plan.

**NOTE 28 Health Care Receivables**

A. Pharmaceutical Rebate Receivables

The Plan's method for estimating pharmacy rebates relies on the information provided by pharmacy benefit managers for invoiced rebates. The Plan's pharmacy rebates are collected by its parent company and are included in the Plan's amounts due from affiliates.

| Date | Estimated Pharmacy Rebates as Reported on Financial Statements | Pharmacy Rebates as Billed or Otherwise Confirmed | Actual Rebates Received Within 90 Days of Billing | Actual Rebates Received Within 91 to 180 Days of Billing | Actual Rebates Received More Than 180 Days After Billing |
|---|---|---|---|---|---|
| 12/31/2021 | $ 1,263,911 | $ - | $ - | $ - | $ - |
| 09/30/2021 | $ 1,126,348 | $ - | $ 2,679,361 | $ - | $ - |
| 06/30/2021 | $ 1,049,025 | $ - | $ 2,456,362 | $ 107,139 | $ - |
| 03/31/2021 | $ 939,560 | $ - | $ 2,235,377 | $ 6,338 | $ 89,779 |
| 12/31/2020 | $ 493,086 | $ - | $ 1,507,714 | $ 194,730 | $ 4,674 |
| 09/30/2020 | $ 561,815 | $ - | $ 1,302,357 | $ 291,300 | $ 19,437 |
| 06/30/2020 | $ 906,543 | $ - | $ 1,142,824 | $ (450) | $ 142,681 |
| 03/31/2020 | $ 662,615 | $ - | $ 964,128 | $ 25 | $ (20,458) |
| 12/31/2019 | $ 217,826 | $ - | $ 612,451 | $ (151,896) | $ 23,919 |
| 09/30/2019 | $ 216,648 | $ - | $ 418,860 | $ (157,583) | $ 253,603 |
| 06/30/2019 | $ 188,514 | $ - | $ 419,106 | $ (23) | $ 139,164 |
| 03/31/2019 | $ 185,606 | $ - | $ 410,665 | $ - | $ 202,188 |

B. Risk-Sharing Receivables - NOT APPLICABLE

**NOTE 29 Participating Policies**

This note is not applicable to the Plan.

# NOTES TO FINANCIAL STATEMENTS

**NOTE 30 Premium Deficiency Reserves**

The Plan did not have a premium deficiency reserve as of December 31, 2021 and 2020.

**NOTE 31 Anticipated Salvage and Subrogation**

This note is not applicable to the Plan.

# 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 [ ]
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

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? ..... MI

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [ X ]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ..... _____

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

2.2 If yes, date of change: ..... _____

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2017

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. ..... 12/31/2017

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). ..... 06/17/2019

3.4 By what department or departments?
State of Michigan Department of Insurance and Financial Services .....

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 [ ] No [ ] N/A [ X ]

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 ]
If yes, complete and file the merger history data file with the NAIC.

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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>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(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

| 1<br>Nationality | 2<br>Type of Entity |
|---|---|
| | |

# GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If the response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---|---|---|---|---|---|
| | | | | | |

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? Yes [ ] No [ X ]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [ ] No [ X ] N/A [ ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP, 171 Monroe Ave., Grand Rapids, MI 49503

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 18A 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 response 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?
Ernst & Young LLP, Insurance & Advisory Actuarial Services, 5 Times Square, New York, NY 10036

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).

# GENERAL INTERROGATORIES

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

## 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 with the official duties of such person? Yes [ X ] No [ ]

## 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 $
- 20.12 To stockholders not officers $
- 20.13 Trustees, supreme or grand (Fraternal Only) $

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 $
- 20.22 To stockholders not officers $
- 20.23 Trustees, supreme or grand (Fraternal Only) $

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: $ 12,243,682

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [ ] No [ X ]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

| Name of Third-Party | Is the Third-Party Agent a Related Party (Yes/No) |
|---|---|
| | |

## INVESTMENT

25.01 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 25.03) Yes [ ] No [ X ]

# GENERAL INTERROGATORIES

25.02 If no, give full and complete information relating thereto
PH Choice had exclusive control over the securities, however, a third party, Mellon Bank, had actual possession of the securities

25.03 For securities 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)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. $

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. $

25.06 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 ]

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

25.08 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 ]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. $ 0
25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
25.093 Total payable for securities lending reported on the liability page. $ 0

26.1 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 25.03). Yes [ X ] No [ ]

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

26.21 Subject to repurchase agreements $
26.22 Subject to reverse repurchase agreements $
26.23 Subject to dollar repurchase agreements $
26.24 Subject to reverse dollar repurchase agreements $
26.25 Placed under option agreements $
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock $
26.27 FHLB Capital Stock $
26.28 On deposit with states $ 1,050,097
26.29 On deposit with other regulatory bodies $
26.30 Pledged as collateral - excluding collateral pledged to an FHLB $
26.31 Pledged as collateral to FHLB - including assets backing funding agreements $
26.32 Other $

26.3 For category (26.26) provide the following:

| 1<br>Nature of Restriction | 2<br>Description | 3<br>Amount |
|---|---|---|
| | | |

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

27.2 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.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:
27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
27.42 Permitted accounting practice Yes [ ] No [ ]
27.43 Other accounting guidance Yes [ ] No [ ]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 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 ]

28.2 If yes, state the amount thereof at December 31 of the current year. $

29. 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 [ ]

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

| 1<br>Name of Custodian(s) | 2<br>Custodian's Address |
|---|---|
| Mellon Trust | Pittsburgh, PA |
| | |

# GENERAL INTERROGATORIES

29.02 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<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|---|---|---|
| | | |

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [ ] No [ X ]

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

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|---|---|---|---|
| | | | |

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["…that have access to the investment accounts"; "…handle securities"]

| 1<br>Name of Firm or Individual | 2<br>Affiliation |
|---|---|
| SLC Management LLC | U |
| | |

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [ X ] No [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [ X ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1<br>Central Registration Depository Number | 2<br>Name of Firm or Individual | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>Investment Management Agreement (IMA) Filed |
|---|---|---|---|---|
| 109684 | SLC Management LLC | 5493001YLOM8HWNPEN55 | SEC | NO |
| | | | | |

30.1 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 [ X ] No [ ]

30.2 If yes, complete the following schedule:

| 1<br>CUSIP # | 2<br>Name of Mutual Fund | 3<br>Book/Adjusted Carrying Value |
|---|---|---|
| 003021-12-8 | ABERDEEN EM MKT DBT-INST | 3,526,849 |
| 057071-85-4 | BAIRD AGGREGATE BD FD | 47,747,579 |
| 315911-75-0 | FIDELITY 500 INDX FD | 12,887,170 |
| 41664T-44-6 | HARTFORD INTL VALUE FD | 4,981,922 |
| 461418-44-4 | WCM FOCUSED INTL GWTH | 5,235,856 |
| 693390-55-1 | PIMCO TOTAL RET II-INST | 47,702,348 |
| 72201F-49-0 | PIMCO INC FD-INS | 14,247,972 |
| 74926P-31-6 | RBC EMERGING MKTS EQ FD | 1,419,259 |
| 922908-87-6 | VANGUARD SMALL CAP IX FD | 2,881,343 |
| 969251-50-3 | WM BLAIR EM MRKT LDR GR-R6 | 1,426,309 |
| 30.2999 - Total | | 142,056,607 |

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

| 1<br>Name of Mutual Fund (from above table) | 2<br>Name of Significant Holding of the Mutual Fund | 3<br>Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4<br>Date of Valuation |
|---|---|---|---|
| ABERDEEN EMERGING MKTS DEBT FUND | State of Qatar | 114,270 | 12/31/2021 |
| BAIRD AGGREGATE BOND FUND | United States Treasury Bonds | 2,024,497 | 12/31/2021 |
| FIDELITY 500 INDEX FUND | Apple Inc | 863,440 | 12/31/2021 |
| HARTFORD INTERNATIONAL VALUE FUND | Royal Dutch Shell PLC | 124,548 | 12/31/2021 |
| PIMCO INCOME FUND | Irs Eur- 0.33000 03/18/20 - 2Yr Lch Pay | 1,892,131 | 12/31/2021 |
| PIMCO TOTAL RETURN FUND | 10 Year Treasury Note Future Dated | 7,231,676 | 12/31/2021 |
| RBC EMERGING MARKETS EQUITY FUND | Taiwan Semiconductor | 107,864 | 12/31/2021 |
| VANGUARD SMALL CAP INDEX FUND | Bio-Techne Corp | 11,525 | 12/31/2021 |
| WCM FOCUSED INTL GROWTH FUND | Taiwan Semiconductor | 209,434 | 12/31/2021 |
| WILLIAM BLAIR EMERGING MARKETS FUND | Taiwan Semiconductor | 132,647 | 12/31/2021 |
| | | | |

# GENERAL INTERROGATORIES

31. 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<br>Statement (Admitted) Value | 2<br>Fair Value | 3<br>Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|---|---|---|---|
| 31.1 Bonds | 60,445,406 | 60,409,488 | (35,918) |
| 31.2 Preferred stocks | 0 | | 0 |
| 31.3 Totals | 60,445,406 | 60,409,488 | (35,918) |

31.4 Describe the sources or methods utilized in determining the fair values:
Pricing Services & Brokers

32.1 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 [ ]

32.2 If the answer to 32.1 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 [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [ X ] No [ ]
33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [ ] No [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities? Yes [ ] No [ X ]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [ X ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [ X ] No [ ] N/A [ ]

# GENERAL INTERROGATORIES

## OTHER

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 115,245

38.2 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<br>Name | 2<br>Amount Paid |
|---|---|
| Alliance of Community Health Plans | 75,475 |
| | |

39.1 Amount of payments for legal expenses, if any? $ 28,489

39.2 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<br>Name | 2<br>Amount Paid |
|---|---|
| Smith Haughey Rice & Roegge | 8,625 |
| | |

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $ 199,141

40.2 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<br>Name | 2<br>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. $ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ 0

1.62 Total incurred claims $ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned $ 0

1.65 Total incurred claims $ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ 0

1.72 Total incurred claims $ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned $ 0

1.75 Total incurred claims $ 0

1.76 Number of covered lives 0

2. Health Test:

| | | 1<br>Current Year | 2<br>Prior Year |
|---|---|---|---|
| 2.1 | Premium Numerator | 761,117,856 | 482,581,150 |
| 2.2 | Premium Denominator | 761,117,856 | 482,581,150 |
| 2.3 | Premium Ratio (2.1/2.2) | 1.000 | 1.000 |
| 2.4 | Reserve Numerator | 92,431,347 | 67,676,531 |
| 2.5 | Reserve Denominator | 92,431,347 | 67,676,531 |
| 2.6 | Reserve Ratio (2.4/2.5) | 1.000 | 1.000 |

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, as 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 $ 1,000,000

5.32 Medical Only $

5.33 Medicare Supplement $

5.34 Dental & Vision $

5.35 Other Limited Benefit Plan $

5.36 Other $

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:

HMO holds harmless provisions of provider contracts, trust indentures

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 10,609

8.2 Number of providers at end of reporting year 29,418

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 $

# GENERAL INTERROGATORIES

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 $ 8,908,529
10.22 Amount actually paid for year bonuses $ 9,845,839
10.23 Maximum amount payable withholds $ 0
10.24 Amount actually paid for year withholds $ 0

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 Statutory Minimum Capital and Surplus Requirements? Yes [ X ] No [ ]
11.3 If yes, show the name of the state requiring such minimum capital and surplus. Michigan
11.4 If yes, show the amount required. $ 54,251,851
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
200% ACL

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

| 1<br>Name of Service Area |
|---|
| Allegan |
| Barry |
| Berrien |
| Branch |
| Calhoun |
| Cass |
| Genesee |
| Ionia |
| Kalamazoo |
| Kent |
| Lake |
| Mason |
| Macomb |
| Mecosta |
| Montcalm |
| Muskegon |
| Newaygo |
| Oakland |
| Oceana |
| Osceola |
| Ottawa |
| Saint Joseph |
| Van Buren |
| Wayne |
| |

13.1 Do you act as a custodian for health savings accounts? 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 funds administered as of the reporting date. $

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [ X ] N/A [ ]
14.2 If the answer to 14.1 is yes, please provide the following:

| 1<br>Company Name | 2<br>NAIC Company Code | 3<br>Domiciliary Jurisdiction | 4<br>Reserve Credit | Assets Supporting Reserve Credit<br>5<br>Letters of Credit | 6<br>Trust Agreements | 7<br>Other |
|---|---|---|---|---|---|---|
| | | | | | | |

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written $
15.2 Total Incurred Claims $
15.3 Number of Covered Lives

| *Ordinary Life Insurance Includes |
|---|
| Term(whether full underwriting, limited underwriting, jet issue, "short form app") |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without secondary gurarantee) |
| Universal Life (with or without secondary gurarantee) |
| Variable Universal Life (with or without secondary gurarantee) |

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [ ] No [ X ]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [ X ]

# FIVE-YEAR HISTORICAL DATA

| | | 1<br>2021 | 2<br>2020 | 3<br>2019 | 4<br>2018 | 5<br>2017 |
|---|---|---|---|---|---|---|
| | **Balance Sheet** (Pages 2 and 3) | | | | | |
| 1. | Total admitted assets (Page 2, Line 28) | 365,837,414 | 270,572,305 | 199,832,511 | 129,322,829 | 125,076,094 |
| 2. | Total liabilities (Page 3, Line 24) | 150,660,087 | 116,281,629 | 82,548,285 | 53,109,849 | 56,292,038 |
| 3. | Statutory minimum capital and surplus requirement | 54,251,851 | 35,697,018 | 27,852,952 | 27,901,046 | 29,745,544 |
| 4. | Total capital and surplus (Page 3, Line 33) | 215,177,325 | 154,290,676 | 117,284,223 | 76,212,980 | 68,784,056 |
| | **Income Statement** (Page 4) | | | | | |
| 5. | Total revenues (Line 8) | 852,169,753 | 547,127,976 | 471,049,566 | 396,476,443 | 517,463,814 |
| 6. | Total medical and hospital expenses (Line 18) | 654,894,530 | 413,386,101 | 344,483,557 | 361,003,213 | 476,498,873 |
| 7. | Claims adjustment expenses (Line 20) | 19,419,533 | 15,243,786 | 11,708,041 | 11,671,863 | 11,166,090 |
| 8. | Total administrative expenses (Line 21) | 120,920,118 | 90,150,286 | 81,419,183 | 17,694,960 | 18,965,076 |
| 9. | Net underwriting gain (loss) (Line 24) | 56,935,572 | 28,347,803 | 33,438,785 | 6,106,407 | 10,833,775 |
| 10. | Net investment gain (loss) (Line 27) | 3,507,379 | 4,731,150 | 4,700,178 | 2,619,254 | 1,950,514 |
| 11. | Total other income (Lines 28 plus 29) | 0 | 0 | 0 | 0 | 0 |
| 12. | Net income or (loss) (Line 32) | 60,442,951 | 33,078,953 | 38,138,963 | 8,725,661 | 12,784,289 |
| | **Cash Flow** (Page 6) | | | | | |
| 13. | Net cash from operations (Line 11) | 96,420,857 | 59,735,928 | 59,677,404 | 9,250,208 | (6,342,894) |
| | **Risk-Based Capital Analysis** | | | | | |
| 14. | Total adjusted capital | 215,177,325 | 154,290,676 | 117,284,223 | 76,212,980 | 68,784,056 |
| 15. | Authorized control level risk-based capital | 27,125,926 | 17,848,509 | 13,926,476 | 13,950,523 | 14,872,772 |
| | **Enrollment** (Exhibit 1) | | | | | |
| 16. | Total members at end of period (Column 5, Line 7) | 241,141 | 157,666 | 125,889 | 125,703 | 123,735 |
| 17. | Total members months (Column 6, Line 7) | 2,257,866 | 1,708,250 | 1,492,095 | 1,514,424 | 1,498,864 |
| | **Operating Percentage** (Page 4)<br>(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 (Lines 18 plus Line 19) | 85.4 | 85.7 | 84.7 | 91.1 | 92.1 |
| 20. | Cost containment expenses | 1.4 | 1.7 | 1.4 | 1.4 | 1.1 |
| 21. | Other claims adjustment expenses | 1.1 | 1.5 | 1.5 | 1.6 | 1.1 |
| 22. | Total underwriting deductions (Line 23) | 103.7 | 107.5 | 107.7 | 98.5 | 97.9 |
| 23. | Total underwriting gain (loss) (Line 24) | 7.4 | 5.9 | 8.2 | 1.5 | 2.1 |
| | **Unpaid Claims Analysis**<br>(U&I Exhibit, Part 2B) | | | | | |
| 24. | Total claims incurred for prior years (Line 13, Col. 5) | 43,592,142 | 27,491,412 | 34,217,903 | 42,203,073 | 59,550,655 |
| 25. | Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] | 55,638,270 | 37,048,618 | 44,377,378 | 46,046,172 | 63,548,868 |
| | **Investments In Parent, Subsidiaries and Affiliates** | | | | | |
| 26. | Affiliated bonds (Sch. D Summary, Line 12, Col. 1) | | 0 | 0 | 0 | 0 |
| 27. | Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 28. | Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 29. | Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) | 0 | 0 | 0 | 0 | 0 |
| 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 | 10 |
| States, etc. | Active Status (a) | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | CHIP Title XXI | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums & Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 8 | 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 | | 108,930,180 | 653,351,440 | | | | | 762,281,620 | |
| 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 Aliens OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 0 | 108,930,180 | 653,351,440 | 0 | 0 | 0 | 0 | 762,281,620 | 0 |
| 60. Reporting Entity Contributions for Employee Benefit Plans | XXX | | | | | | | | 0 | |
| 61. Totals (Direct Business) | XXX | 0 | 108,930,180 | 653,351,440 | 0 | 0 | 0 | 0 | 762,281,620 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 58001. | XXX | | | | | | | | | |
| 58002. | XXX | | | | | | | | | |
| 58003. | XXX | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

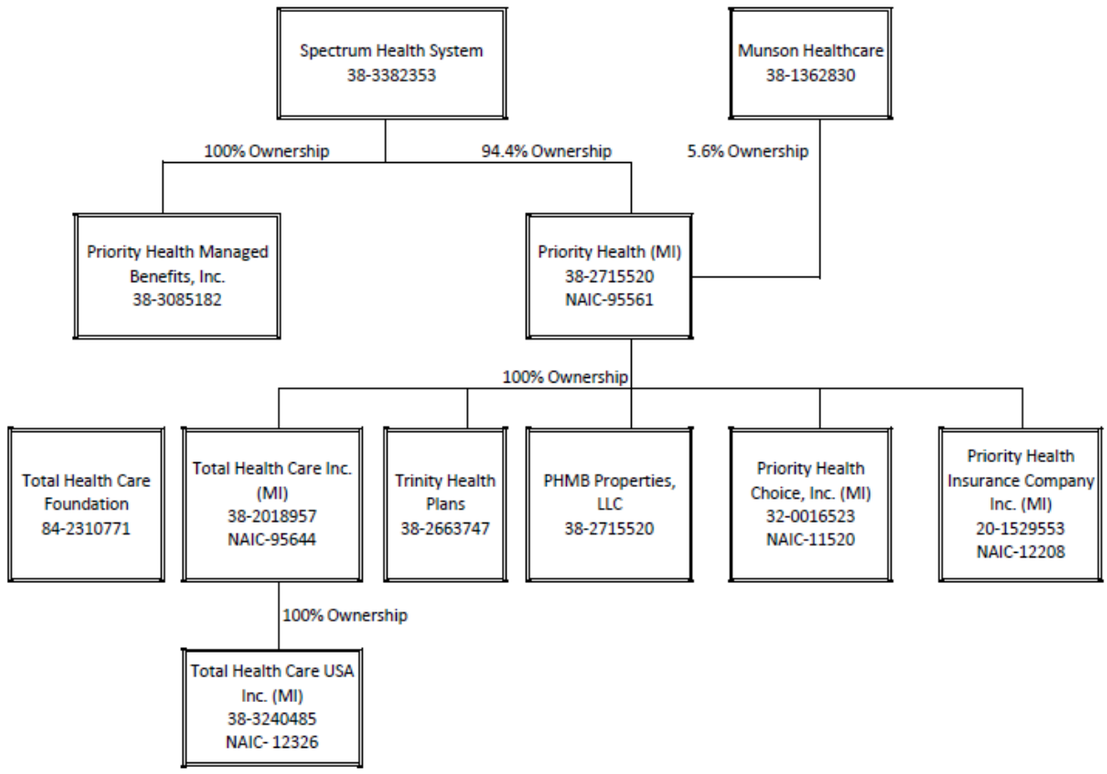
(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1
R - Registered - Non-domiciled RRGs 0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0
Q - Qualified - Qualified or accredited reinsurer 0
N - None of the above - Not allowed to write business in the state 56

(b) Explanation of basis of allocation by states, premiums by state, etc.
The company only has business in the State of Michigan

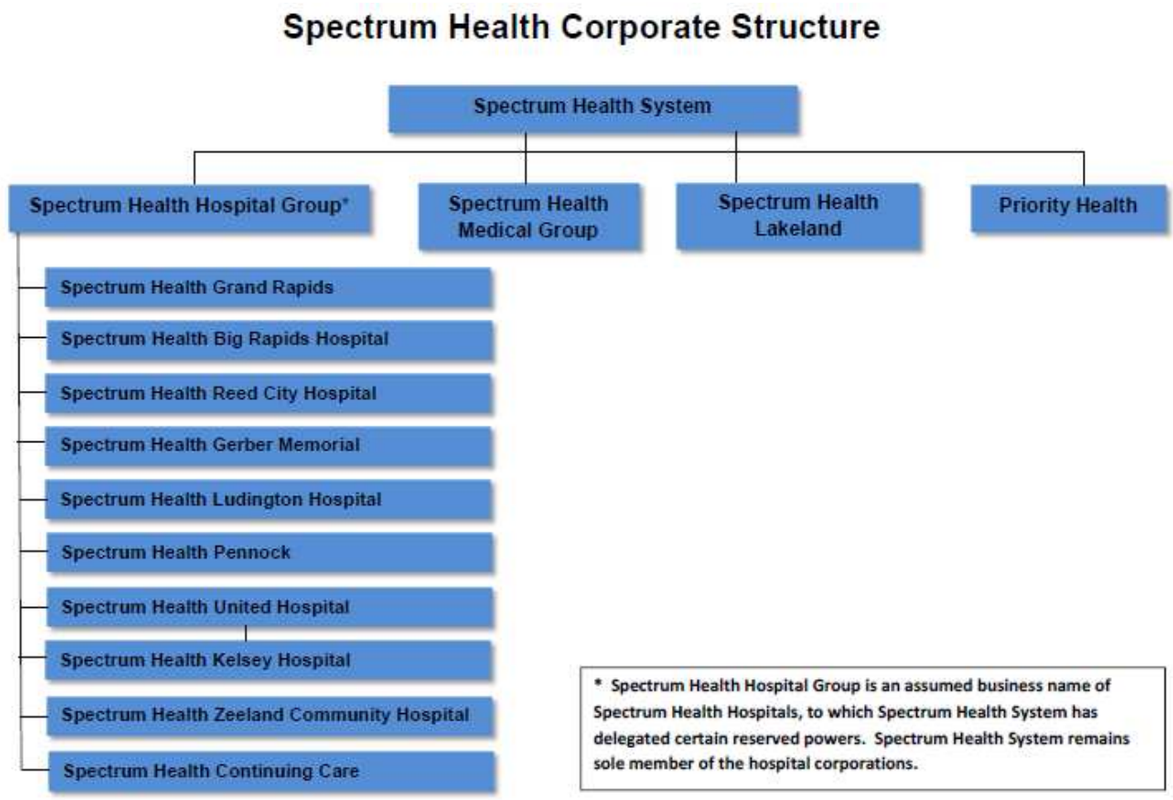
# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 – ORGANIZATIONAL CHART



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

PART 1 – ORGANIZATIONAL CHART



# OVERFLOW PAGE FOR WRITE-INS