



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022  
OF THE CONDITION AND AFFAIRS OF THE

## Priority Health Choice, Inc.

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

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, Grand Rapids, MI, US 49525-4501  
(Street and Number) (City or Town, State, Country and Zip Code)

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

Mail Address 1231 East Beltline NE, Grand Rapids, MI, US 49525-4501  
(Street and Number or P.O. Box) (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, 616-464-8131  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.priorityhealth.com

Statutory Statement Contact James Becker, 616-575-7588  
(Name) (Area Code) (Telephone Number)  
james.becker2@corewellhealth.org, 616-942-7916  
(E-mail Address) (FAX Number)

### OFFICERS

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

### OTHER

### DIRECTORS OR TRUSTEES

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

State of Michigan SS  
County of \_\_\_\_\_

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  
President

Nicholas Patrick Gates  
Treasurer

Kimberly Lynn Thomas  
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.....

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

| 1<br>Name of Debtor   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 Total individuals.....  |                  |                   |                   |                   |                  |               |
| Group Subscribers:  |                  |                   |                   |                   |                  |               |
| 0299998. Premiums due and unpaid not individually listed              |                  |                   |                   |                   |                  |               |
| 0299999. Total group  | 0                | 0                 | 0                 | 0                 | 0                | 0             |
| 0399999. Premiums due and unpaid from Medicare entities               |                  |                   |                   |                   |                  |               |
| 0499999. Premiums due and unpaid from Medicaid entities               | 2,028,761        | 590               |                   |                   |                  | 2,029,351     |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 2,028,761        | 590               | 0                 | 0                 | 0                | 2,029,351     |

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health Choice, Inc.

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

| 1<br>Name of Debtor   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed  |                  |                   |                   |                   |                  |               |
| 0199999. Total Pharmaceutical Rebate Receivables                              | 0                | 0                 | 0                 | 0                 | 0                | 0             |
| 0299998. Aggregate Claim Overpayment Receivables Not Individually Listed      | 486,770          | 134,826           | 113,133           |                   |                  | 734,729       |
| 0299999. Total Claim Overpayment Receivables                                  | 486,770          | 134,826           | 113,133           | 0                 | 0                | 734,729       |
| 0399998. Aggregate Loans and Advances to Providers Not Individually Listed    |                  |                   |                   |                   |                  |               |
| 0399999. Total Loans and Advances to Providers                                | 0                | 0                 | 0                 | 0                 | 0                | 0             |
| 0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed |                  |                   |                   |                   |                  |               |
| 0499999. Total Capitation Arrangement Receivables                             | 0                | 0                 | 0                 | 0                 | 0                | 0             |
| 0599998. Aggregate Risk Sharing Receivables Not Individually Listed           | 4,800,000        |                   |                   | 785,015           | 785,015          | 4,800,000     |
| 0599999. Total Risk Sharing Receivables                                       | 4,800,000        | 0                 | 0                 | 785,015           | 785,015          | 4,800,000     |
| State of Michigan .....   | 13,856,253       | 334,510           | 86,692            | 2,197,234         |                  | 16,474,689    |
| Pharmaceutical Claims Credits .....   | 1,123            |                   |                   |                   |                  | 1,123         |
| Due From Non-Controlled Joint Venture .....                                   | 319,412          |                   |                   |                   |                  | 319,412       |
| 0699998. Aggregate Other Health Care Receivables Not Individually Listed      |                  |                   |                   |                   |                  |               |
| 0699999. Total Other Health Care Receivables                                  | 14,176,788       | 334,510           | 86,692            | 2,197,234         | 0                | 16,795,224    |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| .....   |                  |                   |                   |                   |                  |               |
| 0799999 Gross health care receivables   | 19,463,558       | 469,336           | 199,825           | 2,982,249         | 785,015          | 22,329,953    |

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

| Type of Health Care Receivable              | Health Care Receivables Collected or Offset During the Year |   | Health Care Receivables Accrued as of December 31 of Current Year |   | 5<br>Health Care Receivables from Prior Years (Columns 1 + 3) | 6<br>Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
|---|---|---|---|---|---|--|
|   | 1<br>On Amounts Accrued Prior to January 1 of Current Year  | 2<br>On Amounts Accrued During the Year | 3<br>On Amounts Accrued December 31 of Prior Year                 | 4<br>On Amounts Accrued During the Year |   |  |
| 1. Pharmaceutical rebate receivables .....  |   |   |   |   | 0   | 0  |
| 2. Claim overpayment receivables .....      | 581,564   |   |   | 734,729                                 | 581,564   | 581,564  |
| 3. Loans and advances to providers .....    |   |   |   |   | 0   | 0  |
| 4. Capitation arrangement receivables ..... |   |   |   |   | 0   | 0  |
| 5. Risk sharing receivables .....           |   |   |   | 5,585,015                               | 0   | 0  |
| 6. Other health care receivables.....       | 11,378,029  |   |   | 16,795,224                              | 11,378,029  | 11,378,029   |
| 7. Totals (Lines 1 through 6)               | 11,959,593  | 0                                       | 0   | 23,114,968                              | 11,959,593  | 11,959,593   |

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health Choice, Inc.

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

**Aging Analysis of Unpaid Claims**

| 1<br>Account   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims Unpaid (Reported)                                       |                  |                   |                   |                    |                    |            |
| 0199999. Individually listed claims unpaid                     | 0                | 0                 | 0                 | 0                  | 0                  | 0          |
| 0299999. Aggregate accounts not individually listed- uncovered |                  |                   |                   |                    |                    | 0          |
| 0399999. Aggregate accounts not individually listed-covered    | 22,460,324       |                   |                   |                    |                    | 22,460,324 |
| 0499999. Subtotals   | 22,460,324       | 0                 | 0                 | 0                  | 0                  | 22,460,324 |
| 0599999. Unreported claims and other claim reserves            |                  |                   |                   |                    |                    | 68,558,422 |
| 0699999. Total amounts withheld                                |                  |                   |                   |                    |                    |            |
| 0799999. Total claims unpaid                                   |                  |                   |                   |                    |                    | 91,018,746 |
| .....  | .....            | .....             | .....             | .....              | .....              | .....      |
| 0899999 Accrued medical incentive pool and bonus amounts       |                  |                   |                   |                    |                    | 20,098,655 |



**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

| 1<br>Affiliate                            | 2<br>Description             | 3<br>Amount | 4<br>Current | 5<br>Non-Current |
|---|------------------------------|-------------|--------------|------------------|
| Priority Health .....                     | Premium .....                | 9,335,584   | 9,335,584    |                  |
| Priority Health Managed Benefits .....    | Management Fee Payable ..... | 6,036,685   | 6,036,685    |                  |
| 0199999. Individually listed payables     |                              | 15,372,269  | 15,372,269   | 0                |
| 0299999. Payables not individually listed |                              | 0           |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| .....                                     |                              |             |              |                  |
| 0399999 Total gross payables              |                              | 15,372,269  | 15,372,269   | 0                |

**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

| Payment Method  | 1<br>Direct Medical<br>Expense<br>Payment | 2<br>Column 1<br>as a %<br>of Total Payments | 3<br>Total<br>Members<br>Covered | 4<br>Column 3<br>as a %<br>of Total Members | 5<br>Column 1<br>Expenses Paid to<br>Affiliated Providers | 6<br>Column 1<br>Expenses Paid to<br>Non-Affiliated<br>Providers |
|---|---|--|----------------------------------|---|---|--|
| <b>Capitation Payments:</b>                                     |   |  |                                  |   |   |  |
| 1. Medical groups .....   | 5,369,683                                 | 0.6  | 329,445                          | 123.8                                       | 5,369,683   |  |
| 2. Intermediaries .....   | 0   | 0.0  |                                  | 0.0   |   |  |
| 3. All other providers .....                                    | 101,136,292                               | 11.2   |                                  | 0.0   | 101,136,292   |  |
| 4. Total capitation payments .....                              | 106,505,975                               | 11.7   | 329,445                          | 123.8                                       | 106,505,975   | 0  |
| <b>Other Payments:</b>  |   |  |                                  |   |   |  |
| 5. Fee-for-service .....  | 26,329,242                                | 2.9  | XXX                              | XXX   |   | 26,329,242   |
| 6. Contractual fee payments .....                               | 586,652,066                               | 64.7   | XXX                              | XXX   | 586,652,066   |  |
| 7. Bonus/withhold arrangements - fee-for-service .....          | 0   | 0.0  | XXX                              | XXX   |   |  |
| 8. Bonus/withhold arrangements - contractual fee payments ..... | 187,255,478                               | 20.7   | XXX                              | XXX   | 187,255,478   |  |
| 9. Non-contingent salaries .....                                | 0   | 0.0  | XXX                              | XXX   |   |  |
| 10. Aggregate cost arrangements .....                           | 0   | 0.0  | XXX                              | XXX   |   |  |
| 11. All other payments .....                                    | 0   | 0.0  | XXX                              | XXX   |   |  |
| 12. Total other payments .....                                  | 800,236,786                               | 88.3   | XXX                              | XXX   | 773,907,544   | 26,329,242   |
| 13. TOTAL (Line 4 plus Line 12)                                 | 906,742,761                               | 100%   | XXX                              | XXX   | 880,413,519   | 26,329,242   |

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

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



Exhibit 8 - Furniture and Equipment Owned

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health Choice, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Priority Health Choice, Inc.

2. Grand Rapids, MI

| NAIC Group Code   | 3383          | BUSINESS IN THE STATE OF |             | DURING THE YEAR                    |  |   |   |   |             |             |   |    |    | (LOCATION)        |    |
|---|---------------|--------------------------|-------------|------------------------------------|--|---|---|---|-------------|-------------|---|----|----|-------------------|----|
|   |               | Michigan                 |             | 2022                               |  |   |   |   |             |             |   |    |    | NAIC Company Code |    |
|   |               | 11520                    |             | Comprehensive (Hospital & Medical) |  | 4 | 5 | 6 | 7           | 8           | 9 | 10 | 11 | 12                | 13 |
| 2   | 3             | Medicare Supplement      | Vision Only | Dental Only                        | Federal Employees Health Benefits Plan |   |   |   |             |             |   |    |    |                   |    |
| Total   |               | Individual               | Group       |                                    |  |   |   |   |             |             |   |    |    |                   |    |
| <b>Total Members at end of:</b>                           |               |                          |             |                                    |  |   |   |   |             |             |   |    |    |                   |    |
| 1. Prior Year   | 241,141       |                          |             |                                    |  |   |   |   | 12,979      | 228,162     |   |    |    |                   |    |
| 2. First Quarter  | 249,066       |                          |             |                                    |  |   |   |   | 14,626      | 234,440     |   |    |    |                   |    |
| 3. Second Quarter   | 254,912       |                          |             |                                    |  |   |   |   | 15,321      | 239,591     |   |    |    |                   |    |
| 4. Third Quarter  | 260,305       |                          |             |                                    |  |   |   |   | 15,872      | 244,433     |   |    |    |                   |    |
| 5. Current Year   | 266,032       |                          |             |                                    |  |   |   |   | 16,132      | 249,900     |   |    |    |                   |    |
| 6. Current Year Member Months                             | 3,065,275     |                          |             |                                    |  |   |   |   | 183,779     | 2,881,496   |   |    |    |                   |    |
| <b>Total Member Ambulatory Encounters for Year:</b>       |               |                          |             |                                    |  |   |   |   |             |             |   |    |    |                   |    |
| 7. Physician  | 2,392,699     |                          |             |                                    |  |   |   |   | 143,455     | 2,249,244   |   |    |    |                   |    |
| 8. Non-Physician  | 443,082       |                          |             |                                    |  |   |   |   | 26,565      | 416,517     |   |    |    |                   |    |
| 9. Total  | 2,835,781     | 0                        | 0           | 0                                  | 0                                      | 0 | 0 | 0 | 170,020     | 2,665,761   | 0 | 0  | 0  | 0                 | 0  |
| 10. Hospital Patient Days Incurred                        | 147,386       |                          |             |                                    |  |   |   |   | 37,373      | 110,013     |   |    |    |                   |    |
| 11. Number of Inpatient Admissions                        | 22,916        |                          |             |                                    |  |   |   |   | 4,421       | 18,495      |   |    |    |                   |    |
| 12. Health Premiums Written (b)                           | 1,066,472,317 |                          |             |                                    |  |   |   |   | 170,646,622 | 895,825,695 |   |    |    |                   |    |
| 13. Life Premiums Direct                                  | 0             |                          |             |                                    |  |   |   |   |             |             |   |    |    |                   |    |
| 14. Property/Casualty Premiums Written                    | 0             |                          |             |                                    |  |   |   |   |             |             |   |    |    |                   |    |
| 15. Health Premiums Earned                                | 1,066,604,765 |                          |             |                                    |  |   |   |   | 170,646,622 | 895,958,143 |   |    |    |                   |    |
| 16. Property/Casualty Premiums Earned                     | 0             |                          |             |                                    |  |   |   |   |             |             |   |    |    |                   |    |
| 17. Amount Paid for Provision of Health Care Services     | 906,742,762   |                          |             |                                    |  |   |   |   | 139,754,839 | 766,987,923 |   |    |    |                   |    |
| 18. Amount Incurred for Provision of Health Care Services | 932,595,485   |                          |             |                                    |  |   |   |   | 146,234,034 | 786,361,451 |   |    |    |                   |    |

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 170,646,622

30 MI



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health Choice, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Priority Health Choice, Inc.

2. Grand Rapids, MI

| NAIC Group Code   | 3383          | BUSINESS IN THE STATE OF           |       | Grand Total         | DURING THE YEAR |                   |  |                      |                    |            |                   |                |              |                  |  |
|---|---------------|------------------------------------|-------|---------------------|-----------------|-------------------|--|----------------------|--------------------|------------|-------------------|----------------|--------------|------------------|--|
|   |               | 1                                  |       |                     | 4               | 2022              |  |                      |                    |            |                   |                |              |                  |  |
|   |               | Comprehensive (Hospital & Medical) |       |                     |                 | NAIC Company Code |  |                      |                    |            |                   |                |              |                  |  |
|   |               | 2                                  | 3     |                     | 5               | 6                 | 7                                      | 8                    | 9                  | 10         | 11                | 12             | 13           | 14               |  |
|   | Total         | Individual                         | Group | Medicare Supplement | Vision Only     | Dental Only       | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health |  |
| <b>Total Members at end of:</b>                             |               |                                    |       |                     |                 |                   |  |                      |                    |            |                   |                |              |                  |  |
| 1. Prior Year .....   | 241,141       | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 12,979               | 228,162            | 0          | 0                 | 0              | 0            | 0                |  |
| 2. First Quarter .....                                      | 249,066       | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 14,626               | 234,440            | 0          | 0                 | 0              | 0            | 0                |  |
| 3. Second Quarter .....                                     | 254,912       | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 15,321               | 239,591            | 0          | 0                 | 0              | 0            | 0                |  |
| 4. Third Quarter .....                                      | 260,305       | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 15,872               | 244,433            | 0          | 0                 | 0              | 0            | 0                |  |
| 5. Current Year .....                                       | 266,032       | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 16,132               | 249,900            | 0          | 0                 | 0              | 0            | 0                |  |
| 6. Current Year Member Months                               | 3,065,275     | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 183,779              | 2,881,496          | 0          | 0                 | 0              | 0            | 0                |  |
| <b>Total Member Ambulatory Encounters for Year:</b>         |               |                                    |       |                     |                 |                   |  |                      |                    |            |                   |                |              |                  |  |
| 7. Physician .....  | 2,392,699     | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 143,455              | 2,249,244          | 0          | 0                 | 0              | 0            | 0                |  |
| 8. Non-Physician .....                                      | 443,082       | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 26,565               | 416,517            | 0          | 0                 | 0              | 0            | 0                |  |
| 9. Total .....  | 2,835,781     | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 170,020              | 2,665,761          | 0          | 0                 | 0              | 0            | 0                |  |
| 10. Hospital Patient Days Incurred                          | 147,386       | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 37,373               | 110,013            | 0          | 0                 | 0              | 0            | 0                |  |
| 11. Number of Inpatient Admissions                          | 22,916        | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 4,421                | 18,495             | 0          | 0                 | 0              | 0            | 0                |  |
| 12. Health Premiums Written (b) .....                       | 1,066,472,317 | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 170,646,622          | 895,825,695        | 0          | 0                 | 0              | 0            | 0                |  |
| 13. Life Premiums Direct .....                              | 0             | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |  |
| 14. Property/Casualty Premiums Written .....                | 0             | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |  |
| 15. Health Premiums Earned .....                            | 1,066,604,765 | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 170,646,622          | 895,958,143        | 0          | 0                 | 0              | 0            | 0                |  |
| 16. Property/Casualty Premiums Earned                       | 0             | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 0                    | 0                  | 0          | 0                 | 0              | 0            | 0                |  |
| 17. Amount Paid for Provision of Health Care Services ..... | 906,742,762   | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 139,754,839          | 766,987,923        | 0          | 0                 | 0              | 0            | 0                |  |
| 18. Amount Incurred for Provision of Health Care Services   | 932,595,485   | 0                                  | 0     | 0                   | 0               | 0                 | 0                                      | 146,234,034          | 786,361,451        | 0          | 0                 | 0              | 0            | 0                |  |

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 170,646,622

30 GT

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health Choice, Inc.

**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

| 1<br>NAIC<br>Company<br>Code | 2<br>ID<br>Number | 3<br>Effective<br>Date | 4<br>Name of Reinsured | 5<br>Domiciliary<br>Jurisdiction | 6<br>Type of<br>Reinsurance<br>Assumed | 7<br>Type of<br>Business<br>Assumed | 8<br>Premiums | 9<br>Unearned<br>Premiums | 10<br>Reserve Liability<br>Other Than for<br>Unearned<br>Premiums | 11<br>Reinsurance Payable<br>on Paid and<br>Unpaid Losses | 12<br>Modified<br>Coinsurance<br>Reserve | 13<br>Funds Withheld<br>Under Coinsurance |
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|--|-------------------------------------|---------------|---------------------------|---|---|--|---|
| <b>NONE</b>                  |                   |                        |                        |                                  |  |                                     |               |                           |   |   |  |   |
| 9999999 - Totals             |                   |                        |                        |                                  |  |                                     |               |                           |   |   |  |   |



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health Choice, Inc.

**SCHEDULE S - PART 3 - SECTION 2**

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

| 1<br>NAIC<br>Company<br>Code | 2<br>ID<br>Number | 3<br>Effective<br>Date | 4<br>Name of Company  | 5<br>Domi-<br>ciliary<br>Juris-<br>diction | 6<br>Type of<br>Reinsur-<br>ance<br>Ceded | 7<br>Type of<br>Business<br>Ceded | 8<br>Premiums | 9<br>Unearned<br>Premiums<br>(Estimated) | 10<br>Reserve Credit<br>Taken Other<br>than for Unearned<br>Premiums | Outstanding Surplus Relief |                  | 13<br>Modified<br>Coinsurance<br>Reserve | 14<br>Funds Withheld<br>Under<br>Coinsurance |
|------------------------------|-------------------|------------------------|---|--|---|-----------------------------------|---------------|--|--|----------------------------|------------------|--|--|
|                              |                   |                        |   |  |   |                                   |               |  |  | 11<br>Current Year         | 12<br>Prior Year |  |  |
| 0399999                      |                   |                        | Total General Account - Authorized U.S. Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 0699999                      |                   |                        | Total General Account - Authorized Non-U.S. Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 0799999                      |                   |                        | Total General Account - Authorized Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 82627                        | 06-0839705        | 09/01/2021             | Swiss Reinsurance Life & Health America   | MO   | SSL/I                                     |                                   | 952,183       |  |  |                            |                  |  |  |
| 82627                        | 06-0839705        | 09/01/2022             | Swiss Reinsurance Life & Health America   | MO   | SSL/I                                     |                                   | 501,580       |  |  |                            |                  |  |  |
| 0899999                      |                   |                        | General Account - Authorized U.S. Non-Affiliates  |  |   |                                   | 1,453,763     | 0  | 0  | 0                          | 0                | 0  | 0  |
| 1099999                      |                   |                        | Total General Account - Authorized Non-Affiliates   |  |   |                                   | 1,453,763     | 0  | 0  | 0                          | 0                | 0  | 0  |
| 1199999                      |                   |                        | Total General Account Authorized  |  |   |                                   | 1,453,763     | 0  | 0  | 0                          | 0                | 0  | 0  |
| 1499999                      |                   |                        | Total General Account - Unauthorized U.S. Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 1799999                      |                   |                        | Total General Account - Unauthorized Non-U.S. Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 1899999                      |                   |                        | Total General Account - Unauthorized Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 2199999                      |                   |                        | Total General Account - Unauthorized Non-Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 2299999                      |                   |                        | Total General Account Unauthorized  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 2599999                      |                   |                        | Total General Account - Certified U.S. Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 2899999                      |                   |                        | Total General Account - Certified Non-U.S. Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 2999999                      |                   |                        | Total General Account - Certified Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 3299999                      |                   |                        | Total General Account - Certified Non-Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 3399999                      |                   |                        | Total General Account Certified   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 3699999                      |                   |                        | Total General Account - Reciprocal Jurisdiction U.S. Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 3999999                      |                   |                        | Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 4099999                      |                   |                        | Total General Account - Reciprocal Jurisdiction Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 4399999                      |                   |                        | Total General Account - Reciprocal Jurisdiction Non-Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 4499999                      |                   |                        | Total General Account Reciprocal Jurisdiction   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 4599999                      |                   |                        | Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified   |  |   |                                   | 1,453,763     | 0  | 0  | 0                          | 0                | 0  | 0  |
| 4899999                      |                   |                        | Total Separate Accounts - Authorized U.S. Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 5199999                      |                   |                        | Total Separate Accounts - Authorized Non-U.S. Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 5299999                      |                   |                        | Total Separate Accounts - Authorized Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 5599999                      |                   |                        | Total Separate Accounts - Authorized Non-Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 5699999                      |                   |                        | Total Separate Accounts Authorized  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 5999999                      |                   |                        | Total Separate Accounts - Unauthorized U.S. Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 6299999                      |                   |                        | Total Separate Accounts - Unauthorized Non-U.S. Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 6399999                      |                   |                        | Total Separate Accounts - Unauthorized Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 6699999                      |                   |                        | Total Separate Accounts - Unauthorized Non-Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 6799999                      |                   |                        | Total Separate Accounts Unauthorized  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 7099999                      |                   |                        | Total Separate Accounts - Certified U.S. Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 7399999                      |                   |                        | Total Separate Accounts - Certified Non-U.S. Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 7499999                      |                   |                        | Total Separate Accounts - Certified Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 7799999                      |                   |                        | Total Separate Accounts - Certified Non-Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 7899999                      |                   |                        | Total Separate Accounts Certified   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 8199999                      |                   |                        | Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 8499999                      |                   |                        | Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 8599999                      |                   |                        | Total Separate Accounts - Reciprocal Jurisdiction Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 8899999                      |                   |                        | Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates  |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 8999999                      |                   |                        | Total Separate Accounts Reciprocal Jurisdiction   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 9099999                      |                   |                        | Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified   |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 9199999                      |                   |                        | Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)     |  |   |                                   | 1,453,763     | 0  | 0  | 0                          | 0                | 0  | 0  |
| 9299999                      |                   |                        | Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999) |  |   |                                   | 0             | 0  | 0  | 0                          | 0                | 0  | 0  |
| 9999999                      |                   |                        | - Totals  |  |   |                                   | 1,453,763     | 0  | 0  | 0                          | 0                | 0  | 0  |

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health Choice, Inc.

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

|   | 1<br>2022 | 2<br>2021 | 3<br>2020 | 4<br>2019 | 5<br>2018 |
|---|-----------|-----------|-----------|-----------|-----------|
| <b>A. OPERATIONS ITEMS</b>  |           |           |           |           |           |
| 1. Premiums .....   | 0         | 0         | 0         | 0         | 0         |
| 2. Title XVIII - Medicare .....   | 38        | 164       | 88        | 5         | 7         |
| 3. Title XIX - Medicaid .....   | 1,416     | 999       | 763       | 494       | 546       |
| 4. Commissions and reinsurance expense allowance .....                                |           |           |           |           |           |
| 5. Total hospital and medical expenses .....  | 1,067     | 47        | 2         | 1,139     | 334       |
| <b>B. BALANCE SHEET ITEMS</b>   |           |           |           |           |           |
| 6. Premiums receivable .....  |           |           |           |           |           |
| 7. Claims payable .....   | 0         | 0         | 0         | 0         | 0         |
| 8. Reinsurance recoverable on paid losses .....                                       | 76        | 48        | 0         | 3         | 330       |
| 9. Experience rating refunds due or unpaid .....                                      |           |           |           |           |           |
| 10. Commissions and reinsurance expense allowances due .....                          |           |           |           |           |           |
| 11. Unauthorized reinsurance offset .....   |           |           |           |           |           |
| 12. Offset for reinsurance with Certified Reinsurers .....                            |           |           |           |           |           |
| <b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>              |           |           |           |           |           |
| 13. Funds deposited by and withheld from (F) .....                                    | 0         | 0         | 0         | 0         | 0         |
| 14. Letters of credit (L) .....   | 0         | 0         | 0         | 0         | 0         |
| 15. Trust agreements (T) .....  | 0         | 0         | 0         | 0         | 0         |
| 16. Other (O) .....   | 0         | 0         | 0         | 0         | 0         |
| <b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b> |           |           |           |           |           |
| 17. Multiple Beneficiary Trust .....  |           |           | 0         | 0         | 0         |
| 18. Funds deposited by and withheld from (F) .....                                    |           |           | 0         | 0         | 0         |
| 19. Letters of credit (L) .....   |           |           | 0         | 0         | 0         |
| 20. Trust agreements (T) .....  |           |           | 0         | 0         | 0         |
| 21. Other (O) .....   |           |           | 0         | 0         | 0         |



**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

|   | 1<br>As Reported<br>(net of ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(gross of ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| <b>ASSETS (Page 2, Col. 3)</b>  |                                    |                                 |                                   |
| 1. Cash and invested assets (Line 12) .....   | 339,023,665                        | 1,453,763                       | 340,477,428                       |
| 2. Accident and health premiums due and unpaid (Line 15) .....  | 6,682,026                          |                                 | 6,682,026                         |
| 3. Amounts recoverable from reinsurers (Line 16.1) .....  | 76,012                             |                                 | 76,012                            |
| 4. Net credit for ceded reinsurance .....   | XXX                                | (1,453,763)                     | (1,453,763)                       |
| 5. All other admitted assets (Balance) .....  | 78,225,683                         |                                 | 78,225,683                        |
| 6. Total assets (Line 28)   | 424,007,386                        | 0                               | 424,007,386                       |
| <b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>  |                                    |                                 |                                   |
| 7. Claims unpaid (Line 1) .....   | 91,018,746                         |                                 | 91,018,746                        |
| 8. Accrued medical incentive pool and bonus payments (Line 2) .....   | 20,098,655                         |                                 | 20,098,655                        |
| 9. Premiums received in advance (Line 8) .....  | 76,326                             |                                 | 76,326                            |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) ..... | 0                                  |                                 | 0                                 |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....  | 0                                  |                                 | 0                                 |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....  | 0                                  |                                 | 0                                 |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....  | 0                                  |                                 | 0                                 |
| 14. All other liabilities (Balance) .....   | 85,841,898                         |                                 | 85,841,898                        |
| 15. Total liabilities (Line 24) .....   | 197,035,625                        | 0                               | 197,035,625                       |
| 16. Total capital and surplus (Line 33) .....   | 226,971,762                        | XXX                             | 226,971,762                       |
| 17. Total liabilities, capital and surplus (Line 34)  | 424,007,387                        | 0                               | 424,007,387                       |
| <b>NET CREDIT FOR CEDED REINSURANCE</b>   |                                    |                                 |                                   |
| 18. Claims unpaid .....   | 0                                  |                                 |                                   |
| 19. Accrued medical incentive pool .....  | 0                                  |                                 |                                   |
| 20. Premiums received in advance .....  | 0                                  |                                 |                                   |
| 21. Reinsurance recoverable on paid losses .....  | 0                                  |                                 |                                   |
| 22. Other ceded reinsurance recoverables .....  | (1,453,763)                        |                                 |                                   |
| 23. Total ceded reinsurance recoverables .....  | (1,453,763)                        |                                 |                                   |
| 24. Premiums receivable .....   | 0                                  |                                 |                                   |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....   | 0                                  |                                 |                                   |
| 26. Unauthorized reinsurance .....  | 0                                  |                                 |                                   |
| 27. Reinsurance with Certified Reinsurers .....   | 0                                  |                                 |                                   |
| 28. Funds held under reinsurance treaties with Certified Reinsurers .....   | 0                                  |                                 |                                   |
| 29. Other ceded reinsurance payables/offsets .....  | 0                                  |                                 |                                   |
| 30. Total ceded reinsurance payables/offsets .....  | 0                                  |                                 |                                   |
| 31. Total net credit for ceded reinsurance  | (1,453,763)                        |                                 |                                   |

Schedule T - Part 2 - Interstate Compact

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Priority Health Choice, Inc.

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

| 1          | 2                     | 3                 | 4             | 5            | 6       | 7  | 8   | 9                     | 10                                | 11   | 12   | 13   | 14   | 15                                   | 16      |
|------------|-----------------------|-------------------|---------------|--------------|---------|--|---|-----------------------|-----------------------------------|--|--|--|--|--------------------------------------|---------|
| Group Code | Group Name            | NAIC Company Code | ID Number     | Federal RSSD | CIK     | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates   | Domi-ciliary Location | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Re-quired? (Yes/No) | *       |
| . 3383 ... | Priority Health ..... | 95661 .....       | 38-2715520 .. | 0 .....      | 0 ..... | .....  | Priority Health .....                         | .. MI.....            | UDP.....                          | Corewell Health .....                          | Ownership.....   | 94.400 .....                               | Corewell Health .....                      | ... NO.....                          | 1 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | .....   | .....                 | .....                             | Munson HealthCare .....                        | Ownership.....   | 5.600 .....                                | .....                                      | ... NO.....                          | 1 ..... |
| . 3383 ... | Priority Health ..... | 11520 .....       | 32-0016523 .. | 0 .....      | 0 ..... | .....  | Priority Health Choice, Inc. ....             | .. MI.....            | IA.....                           | Priority Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| . 3383 ... | Priority Health ..... | 12208 .....       | 20-1529553 .. | 0 .....      | 0 ..... | .....  | Priority Health Insurance Company .....       | .. MI.....            | IA.....                           | Priority Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| . 3383 ... | Priority Health ..... | 95644 .....       | 38-2018957 .. | 0 .....      | 0 ..... | .....  | Total Health Care Inc. ....                   | .. MI.....            | IA.....                           | Priority Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| . 3383 ... | Priority Health ..... | 12326 .....       | 38-3240485 .. | 0 .....      | 0 ..... | .....  | Total Health Care USA Inc. ....               | .. MI.....            | IA.....                           | Total Health Care Inc. ....                    | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| . 3383 ... | Priority Health ..... | .....             | 84-2310771 .. | 0 .....      | 0 ..... | .....  | Total Health Care Foundation .....            | .. MI.....            | NIA.....                          | Priority Health .....                          | Board of Directors.....  | 0.000 .....                                | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| . 3383 ... | Priority Health ..... | .....             | 38-2715520 .. | 0 .....      | 0 ..... | .....  | PHMB Properties, LLC .....                    | .. MI.....            | NIA.....                          | Priority Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| . 3383 ... | Priority Health ..... | .....             | 38-2663747 .. | 0 .....      | 0 ..... | .....  | Trinity Health Plans .....                    | .. MI.....            | NIA.....                          | Priority Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| . 3383 ... | Priority Health ..... | .....             | 38-3085182 .. | 0 .....      | 0 ..... | .....  | Priority Health Managed Benefits, Inc. ....   | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Spectrum Health Grand Rapids .....            | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Spectrum Health Big Rapids Hospital .....     | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Spectrum Health Reed City Hospital .....      | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Spectrum Health Gerber Hospital .....         | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Spectrum Health Ludington Hospital .....      | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Spectrum Health Pennock .....                 | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Spectrum Health United Hospital .....         | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Spectrum Health Kelsey Hospital .....         | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Spectrum Health Zeeland Community Hospital .. | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Spectrum Health Continuing Care .....         | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Spectrum Health Medical Group .....           | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Spectrum Health Lakeland .....                | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |
| .....      | .....                 | .....             | .....         | 0 .....      | 0 ..... | .....  | Beaumont Health .....                         | .. MI.....            | NIA.....                          | Corewell Health .....                          | Ownership.....   | 100.000 .....                              | Corewell Health .....                      | ... NO.....                          | 0 ..... |

| Asterisk | Explanation   |
|----------|---|
| 1 .....  | Corewell Health (EIN 38-3382353), Class A Shareholder - 94.4%; Munson Healthcare (EIN 38-1362830), Class B Shareholder - 5.6% ..... |

**SCHEDULE Y**

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

| 1                      | 2          | 3  | 4                     | 5                     | 6  | 7  | 8   | 9   | 10  | 11   | 12            | 13   |
|------------------------|------------|--|-----------------------|-----------------------|--|--|---|---|-----|--|---------------|--|
| NAIC Company Code      | ID Number  | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | *   | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals        | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 12208                  | 20-1529553 | Priority Health Insurance Company                        |                       |                       |  |  | (21,704,053)                                |   |     |  | (21,704,053)  |  |
|                        | 38-3085182 | Priority Health Managed Benefits                         |                       |                       |  |  | 411,824,726                                 |   |     |  | 411,824,726   |  |
| 95561                  | 38-2715520 | Priority Health  | 87,200,000            |                       |  |  | (320,638,638)                               |   |     |  | (233,438,638) |  |
| 11520                  | 32-0016523 | Priority Health Choice, Inc.                             | (30,000,000)          |                       |  |  | (65,260,785)                                |   |     |  | (95,260,785)  |  |
| 95644                  | 38-2018957 | Total Health Care Inc.                                   | (27,600,000)          |                       |  |  | (2,110,625)                                 |   |     |  | (29,710,625)  |  |
| 12326                  | 38-3240485 | Total Health Care USA Inc.                               | (29,600,000)          |                       |  |  | (2,110,625)                                 |   |     |  | (31,710,625)  |  |
| 9999999 Control Totals |            |  | 0                     | 0                     | 0  | 0  | 0   | 0   | XXX | 0  | 0             | 0  |



# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

## REQUIRED FILINGS

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










|   | Responses |
|---|-----------|
| <b>MARCH FILING</b>   |           |
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....                                 | YES       |
| 2. Will an actuarial opinion be filed by March 1? .....   | YES       |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....  | YES       |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....              | YES       |
| <b>APRIL FILING</b>   |           |
| 5. Will Management's Discussion and Analysis be filed by April 1? .....   | YES       |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....  | YES       |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....  | YES       |
| <b>JUNE FILING</b>  |           |
| 8. Will an audited financial report be filed by June 1? .....   | YES       |
| 9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? ..... | YES       |

## SUPPLEMENTAL FILINGS

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

|   |     |
|---|-----|
| <b>MARCH FILING</b>   |     |
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....  | NO  |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....   | NO  |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....   | NO  |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?..... | NO  |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....                              | NO  |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....  | NO  |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....                                  | NO  |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....  | NO  |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....  | NO  |
| <b>APRIL FILING</b>   |     |
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....   | NO  |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....   | NO  |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....   | YES |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....  | YES |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....  | NO  |
| <b>AUGUST FILING</b>  |     |
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....  | YES |
| Explanations:   |     |
| 10. The data for this supplement is not required to be filed.   |     |
| 11. The data for this supplement is not required to be filed.   |     |
| 12. The data for this supplement is not required to be filed.   |     |
| 13. The data for this supplement is not required to be filed.   |     |
| 14. The data for this supplement is not required to be filed.   |     |
| 15. The data for this supplement is not required to be filed.   |     |
| 16. The data for this supplement is not required to be filed.   |     |
| 17. The data for this supplement is not required to be filed.   |     |
| 18. The data for this supplement is not required to be filed.   |     |
| 19. The data for this supplement is not required to be filed.   |     |
| 20. The data for this supplement is not required to be filed.   |     |
| 23. The data for this supplement is not required to be filed.   |     |

### Bar Codes:

|   |  |
|---|--|
| 10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]                      |  |
| 11. Life Supplement [Document Identifier 205]   |  |
| 12. SIS Stockholder Information Supplement [Document Identifier 420]                                |  |
| 13. Participating Opinion for Exhibit 5 [Document Identifier 371]                                   |  |
| 14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]                                  |  |
| 15. Medicare Part D Coverage Supplement [Document Identifier 365]                                   |  |
| 16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224] |  |
| 17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]       |  |
| 18. Relief from the Requirements for Audit Committees [Document Identifier 226]                     |  |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Long-Term Care Experience Reporting Forms [Document Identifier 306]



20. Life Supplement [Document Identifier 211]



23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]

