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QUARTERLY STATEMENT

AS OF JUNE 30, 2023

OF THE CONDITION AND AFFAIRS OF THE

HAP CareSource

NAIC Group Code 01311 (Current Period), 01311 (Prior Period) NAIC Company Code 95814 Employer's ID Number 38-3123777

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

Country of Domicile United States

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

Incorporated/Organized 01/01/1994 Commenced Business 01/01/1994

Statutory Home Office 2850 West Grand Boulevard (Street and Number), Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Main Administrative Office 2850 West Grand Boulevard (Street and Number) Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 888-654-2200 (Area Code) (Telephone Number)

Mail Address 2850 West Grand Boulevard (Street and Number or P.O. Box), Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2850 West Grand Boulevard (Street and Number) Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 248-443-1093 (Area Code) (Telephone Number)

Internet Web Site Address www.hap.org/emp/hap-empowered

Statutory Statement Contact Dianna L. Ronan CPA (Name) 248-443-1093 (Area Code) (Telephone Number) (Extension)

dronan@hap.org (E-Mail Address) 248-443-8610 (FAX Number)

OFFICERS

Name	Title	Name	Title
Michael Allen Genord M.D.	President and CEO	Merrill Hausenfluck #	Treasurer
Archana Rajendra	Assistant Secretary	Michelle Denise Johnson Tidjani Esq.	Secretary

OTHER OFFICERS

Marjorie Ann Staten J.D.	Assistant Secretary		

DIRECTORS OR TRUSTEES

Charles Andrew Bloom D.O.	Michael Allen Genord M.D.	Kenneth Michael Treash	

State of Michigan
ss
County of Wayne

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

Michael Allen Genord M.D. President and CEO	Merrill Hausenfluck Treasurer	Archana Rajendra Assistant 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 Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds			0	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
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 ($ 19,941,046), cash equivalents ($ 58,254,239) and short-term investments ($ 0)	78,195,284		78,195,284	68,440,189
6. Contract loans (including $ ..... premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	78,195,284	0	78,195,284	68,440,189
13. Title plants less $ ..... charged off (for Title insurers only)			0	0
14. Investment income due and accrued	0		0	159,162
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	5,344,850		5,344,850	5,721,146
15.2 Deferred premiums, 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 ($ .....)	3,092,972		3,092,972	1,897,664
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	7,353		7,353	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			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	2,212,125		2,212,125	2,819,313
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	2,707,452		2,707,452	2,585,413
24. Health care ($ .....) and other amounts receivable	5,621,698		5,621,698	2,934,796
25. Aggregate write-ins for other-than-invested assets	12,903,952	102,092	12,801,860	7,822,169
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	110,085,686	102,092	109,983,594	92,379,852
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	110,085,686	102,092	109,983,594	92,379,852
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 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expense	102,092	102,092	0	0
2502. Michigan income tax refund due			0	32,753
2503. MDHHS receivable for IPA tax	12,801,860		12,801,860	7,789,416
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	12,903,952	102,092	12,801,860	7,822,169

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)	32,276,461		32,276,461	30,541,754
2. Accrued medical incentive pool and bonus amounts	1,057,479		1,057,479	1,274,899
3. Unpaid claims adjustment expenses	320,416		320,416	320,416
4. Aggregate health policy reserves including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act	7,065,000		7,065,000	12,935,628
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	11,154,446		11,154,446	0
9. General expenses due or accrued	15,827,232		15,827,232	14,224,926
10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized 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			0	0
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	3,123,593		3,123,593	2,933,004
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... 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	2,479,678		2,479,678	0
23. Aggregate write-ins for other liabilities (including $ ..... current)	0	0	0	237,144
24. Total liabilities (Lines 1 to 23)	73,304,305	0	73,304,305	62,467,771
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	24,234,402	24,234,402
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	12,444,888	5,677,680
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 $ .....)	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 $ .....)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	36,679,290	29,912,082
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	109,983,595	92,379,853
DETAILS OF WRITE-INS				
2301. Escheat liabilities			0	237,144
2302.			0	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	237,144
2501.	XXX	XXX		0
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 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	263,361	212,407	453,241
2. Net premium income (including $ non-health premium income)	XXX	141,505,621	116,700,416	245,068,403
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of $ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	12,663,399	7,690,126	15,361,765
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	154,169,020	124,390,542	260,430,168
Hospital and Medical:				
9. Hospital/medical benefits		78,261,038	66,055,849	139,511,368
10. Other professional services		16,983,507	14,929,854	31,317,969
11. Outside referrals		2,518,652	1,832,020	4,953,462
12. Emergency room and out-of-area		4,643,294	4,201,224	8,932,406
13. Prescription drugs		17,709,083	11,090,673	26,683,032
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		(934,564)	1,607,277	1,086,642
16. Subtotal (Lines 9 to 15)	0	119,181,010	99,716,897	212,484,879
Less:				
17. Net reinsurance recoveries		7,353	125,081	91,062
18. Total hospital and medical (Lines 16 minus 17)	0	119,173,657	99,591,816	212,393,817
19. Non-health claims (net)			0	0
20. Claims adjustment expenses, including $ 2,041,056 cost containment expenses		3,150,054	1,964,002	5,303,516
21. General administrative expenses		29,789,555	18,569,193	43,892,625
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		(3,700,000)	(3,653,882)	(100,000)
23. Total underwriting deductions (Lines 18 through 22)	0	148,413,266	116,471,129	261,489,958
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	5,755,754	7,919,413	(1,059,790)
25. Net investment income earned		1,697,037	114,655	1,001,727
26. Net realized capital gains (losses) less capital gains tax of $			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,697,037	114,655	1,001,727
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]			0	0
29. Aggregate write-ins for other income or expenses	0	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	7,452,791	8,034,068	(58,063)
31. Federal and foreign income taxes incurred	XXX	607,188	919,839	0
32. Net income (loss) (Lines 30 minus 31)	XXX	6,845,603	7,114,229	(58,063)
DETAILS OF WRITE-INS				
0601. Child & Adolescent Health Center Fee	XXX	(138,459)	(99,289)	(217,063)
0602. Reimbursement for MCO Tax	XXX	12,801,858	7,789,415	15,578,828
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	12,663,399	7,690,126	15,361,765
0701.	XXX		0	0
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. Reimbursement for MCO Tax			0	0
2902.			0	0
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	29,912,082	29,960,177	29,960,177
34.	Net income or (loss) from Line 32	6,845,603	7,114,229	(58,063)
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $		0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax		0	0
39.	Change in nonadmitted assets	(78,395)	33,664	9,967
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	6,767,208	7,147,893	(48,096)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	36,679,290	37,108,070	29,912,082
	DETAILS OF WRITE-INS			
4701.			0	0
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	153,036,363	116,327,871	244,321,336
2. Net investment income	1,856,199	57,723	842,565
3. Miscellaneous income	12,663,399	7,690,126	15,361,765
4. Total (Lines 1 to 3)	167,555,961	124,075,720	260,525,666
5. Benefit and loss related payments	116,423,756	99,053,815	216,242,552
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	31,336,480	19,934,810	44,470,614
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses)	607,188	919,839	0
10. Total (Lines 5 through 9)	148,367,424	119,908,464	260,713,166
11. Net cash from operations (Line 4 minus Line 10)	19,188,537	4,167,256	(187,500)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(9,433,440)	(5,933,990)	(6,155,145)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(9,433,440)	(5,933,990)	(6,155,145)
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)	9,755,097	(1,766,734)	(6,342,645)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	68,440,188	74,782,832	74,782,832
19.2 End of period (Line 18 plus Line 19.1)	78,195,285	73,016,099	68,440,188

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	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
Total Members at end of:														
1. Prior Year	42,391	0	0	0	0	0	0	4,832	37,559	0	0	0	0	0
2. First Quarter	43,690	0	0	0	0	0	0	4,593	39,097	0	0	0	0	0
3. Second Quarter	44,207	0	0	0	0	0	0	4,694	39,513	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0													
6. Current Year Member Months	263,361							28,240	235,121					
Total Member Ambulatory Encounters for Period:														
7. Physician	286,471							138,767	147,704					
8. Non-Physician	65,460							17,062	48,398					
9. Total	351,931	0	0	0	0	0	0	155,829	196,102	0	0	0	0	0
10. Hospital Patient Days Incurred	11,292							4,226	7,066					
11. Number of Inpatient Admissions	2,304							640	1,664					
12. Health Premiums Written (a)	141,505,621							63,375,108	78,130,513					
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	141,505,621							63,375,108	78,130,513					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	121,111,883							49,676,352	71,435,531					
18. Amount Incurred for Provision of Health Care Services	119,181,010							52,299,582	66,881,428					

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered	182,037	(7,002)	(2,102)	(2,298)	(37,028)	133,607
0399999 Aggregate accounts not individually listed-covered	4,236,857	(359,160)	(139,839)	(217,683)	(96,520)	3,423,655
0499999 Subtotals	4,418,894	(366,162)	(141,941)	(219,981)	(133,548)	3,557,262
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	28,719,200
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	32,276,462
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	1,057,479

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement					0	0
4. Dental only					0	0
5. Vision only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare	5,267,612	44,408,741	1,077,553	15,247,757	6,345,165	14,828,554
8. Title XIX - Medicaid	13,259,034	58,176,497	3,010,467	12,940,684	16,269,501	15,713,201
9. Credit A&H					0	0
10. Disability income					0	0
11. Long-term care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	18,526,646	102,585,238	4,088,020	28,188,441	22,614,666	30,541,755
14. Health care receivables (a)			268,488	5,126,314	268,488	2,656,434
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	(717,145)		1,000,841	56,639	283,696	1,274,899
17. Totals (Lines 13-14+15+16)	17,809,501	102,585,238	4,820,373	23,118,766	22,629,874	29,160,220

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

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

Accounting Practices - The accompanying financial statements of HAP CareSource (the Corporation) have been prepared in accordance with the *NAIC Accounting Practices and Procedures Manual (NAPPM)* and the NAIC Annual and Quarterly Statement Instructions (NASI) to the extent that these accounting practices, procedures and reporting standards are not modified by accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS).

DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining the financial condition and results of operation of an insurance company. The NAPPM has been adopted as a component of prescribed or permitted practices by DIFS.

A reconciliation of the Corporation's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan are shown below:

	SSAP #	F/S Page	F/S Line #	2023	2022
NET INCOME					
(1) HAP CareSource state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	$6,845,603	$(58,063)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: **NONE**					
(3) State Permitted Practices that increase/(decrease) NAIC SAP: **NONE**					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	$6,845,603	$(58,063)
SURPLUS					
(5) HAP CareSource state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	$36,679,290	$29,912,081
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: **NONE**					
(7) State Permitted Practices that increase/(decrease) NAIC SAP: **NONE**					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	$36,679,290	$29,912,081

B. Use of Estimates in the Preparation of the Financial Statements – No significant change.

C. Accounting Policy – No significant changes except as follows.

(6) Loan-Backed Securities – the Corporation does not own invested assets that are loan-backed securities during 2023.

D. Going Concern

Management does not consider there to be any present conditions or events that would raise substantial doubt about the Corporation's ability to continue as a going concern.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

Not applicable.

3. BUSINESS COMBINATIONS AND GOODWILL

A. Statutory Purchase Method – Not applicable.

B. Statutory Merger – Not applicable.

C. Assumption Reinsurance – Not applicable.

D. Impairment Loss – Not applicable.

4. DISCONTINUED OPERATIONS

Not applicable.

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 Borrowings – Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowings – 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. Investments in Low-Income Housing Tax Credits - Not applicable.

L. Restricted Assets – No significant change.

M. Working Capital Finance Investments – Not applicable.

N. Offsetting and Netting of Assets and Liabilities – Not applicable.

O. Structured Notes – Not applicable.

P. 5* Securities – Not applicable.

Q. Short Sales – Not applicable.

R. Prepayment Penalties and Acceleration Fees – Not applicable.

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

Not applicable.

7. INVESTMENT INCOME

No significant change.

8. DERIVATIVE INSTRUMENTS

Not applicable.

9. INCOME TAXES

No significant change.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

No significant change.

11. DEBT

Not applicable.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

Not applicable.

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

1. Capital Stock - Not applicable.
2. Preferred Stock – Not applicable.
3. Dividend Restrictions – No significant change.
4. Dividends Paid – Not applicable.
5. Portion of Company's profits that may be paid as ordinary dividends – No significant change.
6. Restrictions on unassigned funds (surplus) – Not applicable.
7. Advances to surplus not repaid – Not applicable.
8. Total amount of stock held by the Company for special purposes – Not applicable.
9. Changes in special Surplus funds – Not applicable.
10. There are no cumulative unrealized gains and losses that reduce Unassigned funds (Surplus)
11. Surplus Notes – Not applicable.
12. The impact of any restatement due to a quasi-reorganization – Not applicable.
13. The effective date of any quasi-reorganization – Not applicable.

14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments – Not applicable.

B. Assessments – As of the quarter end the company has a receivable of $12,801,858 and a corresponding payable of $12,801,858 related to the IPA. This consists of a first quarter 2023 amount of $6,400,929 and a second quarter 2023 amount of $6,400,929. The company also recorded aggregate income of $12,801,858 and expense of $12,801,858 related to the IPA for 2023 year to date.

C. Gain Contingencies – Not applicable.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – Not applicable.

E. Joint and Several Liabilities – Not applicable.

F. All Other Contingencies – Not applicable.

15. LEASES

Not applicable

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

Not applicable.

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

Not applicable.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY UNINSURED PLANS

A. ASO Plans – The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans are as follows during 2023.

		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	$22,572,217		$22,572,217

b. Total net other income or expense (including interest paid to or received from plans)

c. Total net gain or loss from operations

d. The claim payment volume

B. ASC Plans – Not applicable.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract – No significant change.

(1) Major components of revenue by payer – Not applicable.

(2) Receivables from payors with account balances the greater of 10% of amounts receivable relating to uninsured accident and health plans of $10,000.

	2023	2022
Centers for Medicare and Medicaid Services (CMS)	$0	$0

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not applicable.

20. FAIR VALUE MEASUREMENT

A. 1. The Company reports certain investments in the Company's statement of assets, liabilities surplus and other funds as of June 30, 2023 at fair value which are summarized in the table below. There are no other assets and liabilities which are reported at fair value in the statement of assets, liabilities surplus and other funds as of June 30, 2023.

Description	(Level 1)	(Level 2)	(Level 3)	(NAV)	Total
Cash Equivalents					
Money Market Funds	$58,254,239				$58,254,239

B. Other Fair Value Information – Not applicable.

C. Aggregate fair values of all financial instruments and applicable levels within the fair value hierarchy:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets/ Liabilities	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable Carrying Value
Money Market Funds	$58,254,239	$58,254,239	$58,254,239				

D. Financial instruments or classes of financial instruments for which fair value measurements are not determinable - Not applicable.

21. OTHER ITEMS

A. Unusual or Infrequent Items – Not applicable.

B. Troubled Debt Restructuring: Debtors – Not applicable.

C. Other Disclosures – No significant change.

D. Business Interruption Insurance Recoveries – Not applicable.

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.

22. EVENTS SUBSEQUENT

Not applicable.

NOTES TO FINANCIAL STATEMENTS

23. REINSURANCE

No significant change.

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

A – D. No significant change.

E. Risk-Sharing Provisions of the Affordable Care Act (ACA) – Not applicable.

25. CHANGE IN INCURRED CLAIMS AND CLAIM ADJUSTMENT EXPENSES

Claims and claims adjustment expense reserves as of December 31, 2022 were $30,862,000. As of June 30, 2023 $17,810,000 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Claims and claims adjustment expense reserves remaining for prior years are now $4,820,000. Changes in actuarial estimates of reserves attributable to insured events of prior years' reflect revisions in estimates of medical cost trends and changes in claims processing patterns.

26. INTERCOMPANY POOLING ARRANGEMENTS

Not applicable.

27. STRUCTURED SETTLEMENTS

Not applicable.

28. HEALTH CARE RECEIVABLES

A. Pharmaceutical Rebate Receivables - No significant change.

B. Risk Sharing Receivables – No significant change

29. PARTICIPATING POLICIES

Not applicable.

30. PREMIUM DEFICIENCY RESERVES

SSAP No. 54R "Individual and Group Accident and Health Contracts" requires companies to record an additional liability known as premium deficiency reserve when expected claim payments or incurred costs, claim adjustment expenses and administration cost exceed the premiums to be collected for the remainder of a contract period. HAP CareSource has a premium deficiency reserve of $3,700,000 as of June 30, 2023.

31. ANTICIPATED SALVAGE AND SUBROGATION

Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

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 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 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No [ ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.
The central business purpose of HAP Empowered Holding LLC is to act at as the joint venture vehicle of HAP and CareSource to hold the equity of HAP Caresource.

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

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [X] NA [ ]

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2021

6.2 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. 12/31/2021

6.3 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). 06/22/2023

6.4 By what department or departments?

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] NA [ ]

7.1 Has this 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]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

8.4 If response to 8.3 is yes, please provide 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9.1 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.

9.11 If the response to 9.1 is No, please explain:

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 2,707,452

GENERAL INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	$ 0	$
14.22 Preferred Stock	$ 0	$
14.23 Common Stock	$ 0	$
14.24 Short-Term Investments	$ 0	$
14.25 Mortgage Loans on Real Estate	$	$
14.26 All Other	$	$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 0	$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	$	$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] NA [ ]
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.3 Total payable for securities lending reported on the liability page $ 0

17. 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 [ ]

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

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

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

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

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

17.5 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 Name of Firm or Individual	2 Affiliation
Income Research and Management	U
J.P. Morgan Investment Management Inc	U
Garcia Hamilton & Associates	U
Blackrock Advisors LLC	U
The Dreyfus Corporation	U
Goldman Sachs Asset Management LP	U
Artisan Partners Limited Partnership	U
The Northern Trust Company	U
Comerica Bank, NA	U
Comerica Securities, Inc	U
Robin Damschroder	A
Merrill Hausenfluck	I
J. Douglas Clark	A
Kelly English	A
Derek Kellam	A
Leslie Hardy	A
Rita Humbach	A
Robert Porter	A
New England Pension Consultants	U
Vanguard	U
Ben McGuire	A
Robert Riney	A
Paul Kolpasky	A
Jeff Kerkay	A

17.5097 For those firms/individuals listed in the table for Question 17.5, 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 [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [X] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

GENERAL INTERROGATORIES

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104863	Income Research and Management	Not Applicable		NO
107038	J.P. Morgan Investment Management Inc.	5493000Q7485FUJKEMM46	SEC	NO
106614	Blackrock Advisors LLC	WMEVRQ7LCLDEFWERGI49	SEC	NO
108017	Garcia Hamilton and Associates, L.P.	2549004MW20AB6054P40	SEC	DS
80170101	Artisan Partners Limited Partnership	H441S2FJ0USVWTYA1B25	SEC	NO
105642	The Dreyfus Corporation	54930067A504FBYASH16	SEC	NO
107738	Goldman Sachs Asset Management LP	CF5M58QA35CFPUX70H17	SEC	NO
N/A	The Northern Trust Company			NO
N/A	Comerica Bank, NA	70WY0ID1N53Q4254VH70	FDIC	NO
17079	Comerica Securities, Inc.		SEC	NO
N/A	Robin Damschroder	Not Applicable	Not Applicable	
N/A	Merrill Hausenfluck	Not Applicable	Not Applicable	
N/A	J. Douglas Clark	Not Applicable	Not Applicable	
N/A	Kelly English	Not Applicable	Not Applicable	
N/A	Derek Kellam	Not Applicable	Not Applicable	
N/A	Leslie Hardy	Not Applicable	Not Applicable	
N/A	Rita Humbach	Not Applicable	Not Applicable	
N/A	Robert Porter	Not Aplicable	Not Aplicable	
N/A	New England Pension Consultants	Not Applicable	Not Applicable	
105958	Vanguard	78WHRH0LFN802AJ0B221	SEC	NO
N/A	Ben McGuire	Not Applicable	Not Applicable	
N/A	Robert Riney	Not Applicable	Not Applicable	
N/A	Jeff Kerkay	Not Applicable	Not Applicable	
N/A	Paul Kolpasky	Not Applicable	Not Applicable	

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? ..... Yes [X] No [ ]

18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for 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]

20. 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]

21. 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]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	83.0 %
1.2 A&H cost containment percent	1.4 %
1.3 A&H expense percent excluding cost containment expenses	20.0 %
2.1 Do you act as a custodian for health savings accounts?	Yes [ ] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	$
2.3 Do you act as an administrator for health savings accounts?	Yes [ ] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	$
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [ ] No [X]
3.1 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]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
			Life & Annuity – Affiliates						
			Life & Annuity – Non- Affiliates						
			Accident & Health – Affiliates						
			Accident & Health – Non- Affiliates						
16535	36-4233459		ZURICH AMER INS CO	NY	SSL/I	SLEL	Authorized		
			Property/Casualty – Affiliates						
			Property/Casualty – Non- Affiliates						

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

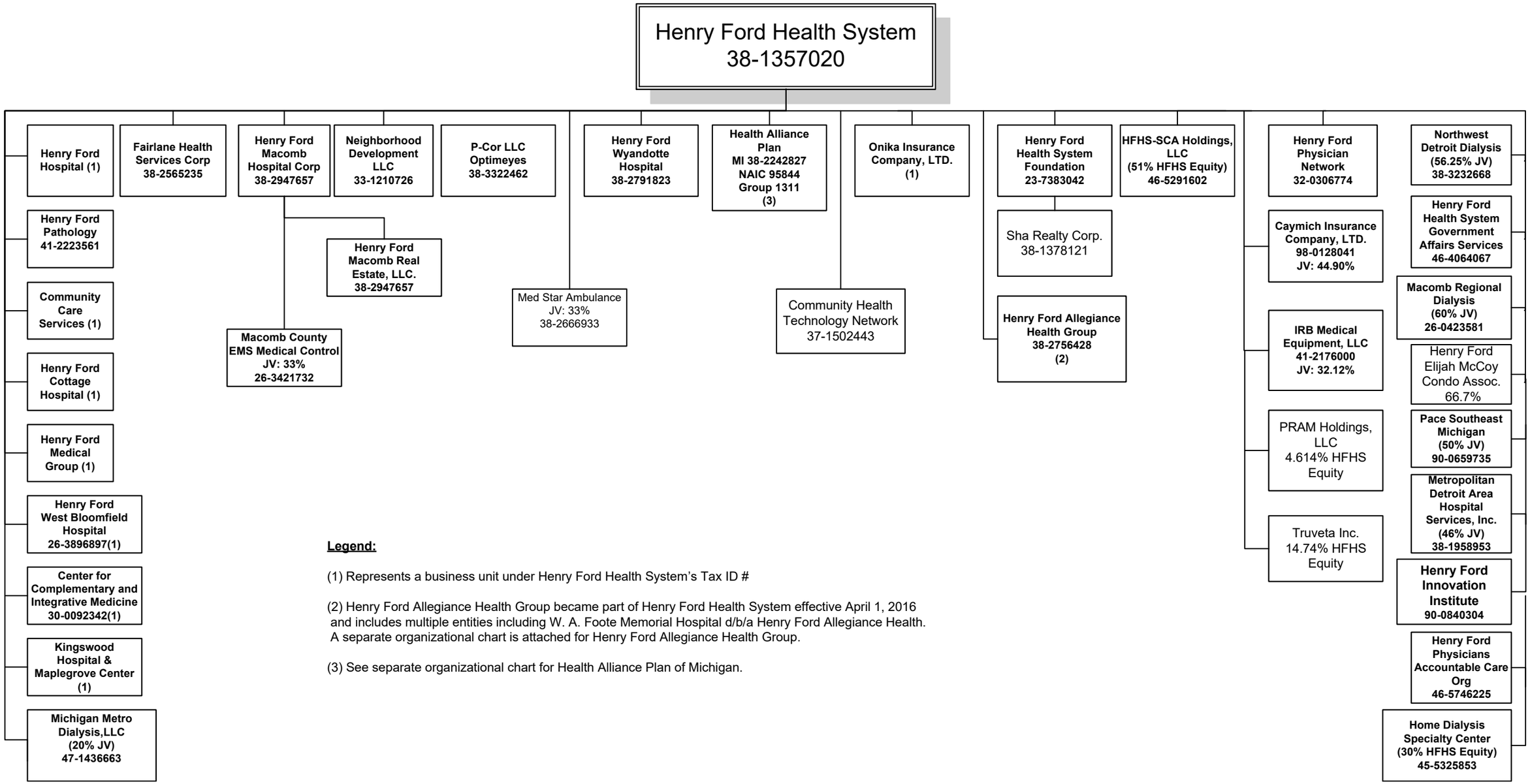
Current Year to Date - Allocated by States and Territories

	1	Direct Business Only								
		2	3	4	5	6	7	8	9	10
States, Etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1. Alabama AL									0	
2. Alaska AK									0	
3. Arizona AZ									0	
4. Arkansas AR									0	
5. California CA									0	
6. Colorado CO									0	
7. Connecticut CT									0	
8. Delaware DE									0	
9. Dist. Columbia DC									0	
10. Florida FL									0	
11. Georgia GA									0	
12. Hawaii HI									0	
13. Idaho ID									0	
14. Illinois IL									0	
15. Indiana IN									0	
16. Iowa IA									0	
17. Kansas KS									0	
18. Kentucky KY									0	
19. Louisiana LA									0	
20. Maine ME									0	
21. Maryland MD									0	
22. Massachusetts MA									0	
23. Michigan MI	L		63,375,108	78,130,513					141,505,621	
24. Minnesota MN									0	
25. Mississippi MS									0	
26. Missouri MO									0	
27. Montana MT									0	
28. Nebraska NE									0	
29. Nevada NV									0	
30. New Hampshire NH									0	
31. New Jersey NJ									0	
32. New Mexico NM									0	
33. New York NY									0	
34. North Carolina NC									0	
35. North Dakota ND									0	
36. Ohio OH									0	
37. Oklahoma OK									0	
38. Oregon OR									0	
39. Pennsylvania PA									0	
40. Rhode Island RI									0	
41. South Carolina SC									0	
42. South Dakota SD									0	
43. Tennessee TN									0	
44. Texas TX									0	
45. Utah UT									0	
46. Vermont VT									0	
47. Virginia VA									0	
48. Washington WA									0	
49. West Virginia WV									0	
50. Wisconsin WI									0	
51. Wyoming WY									0	
52. American Samoa AS									0	
53. Guam GU									0	
54. Puerto Rico PR									0	
55. U.S. Virgin Islands VI									0	
56. Northern Mariana Islands MP									0	
57. Canada CAN									0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	63,375,108	78,130,513	0	0	0	0	141,505,621	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX	0	63,375,108	78,130,513	0	0	0	0	141,505,621	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

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

STATEMENT AS OF JUNE 30, 2023 OF THE HAP CareSource
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



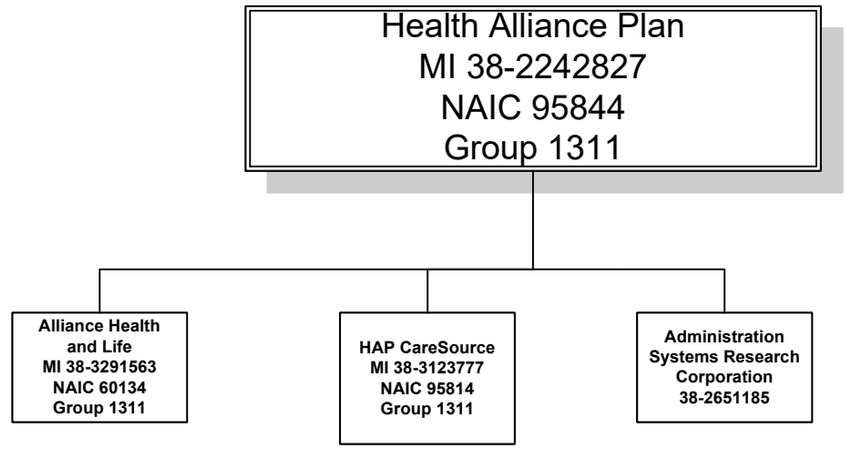
Legend:

(1) Represents a business unit under Henry Ford Health System's Tax ID #

(2) Henry Ford Allegiance Health Group became part of Henry Ford Health System effective April 1, 2016 and includes multiple entities including W. A. Foote Memorial Hospital d/b/a Henry Ford Allegiance Health. A separate organizational chart is attached for Henry Ford Allegiance Health Group.

(3) See separate organizational chart for Health Alliance Plan of Michigan.

STATEMENT AS OF JUNE 30, 2023 OF THE HAP CareSource
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



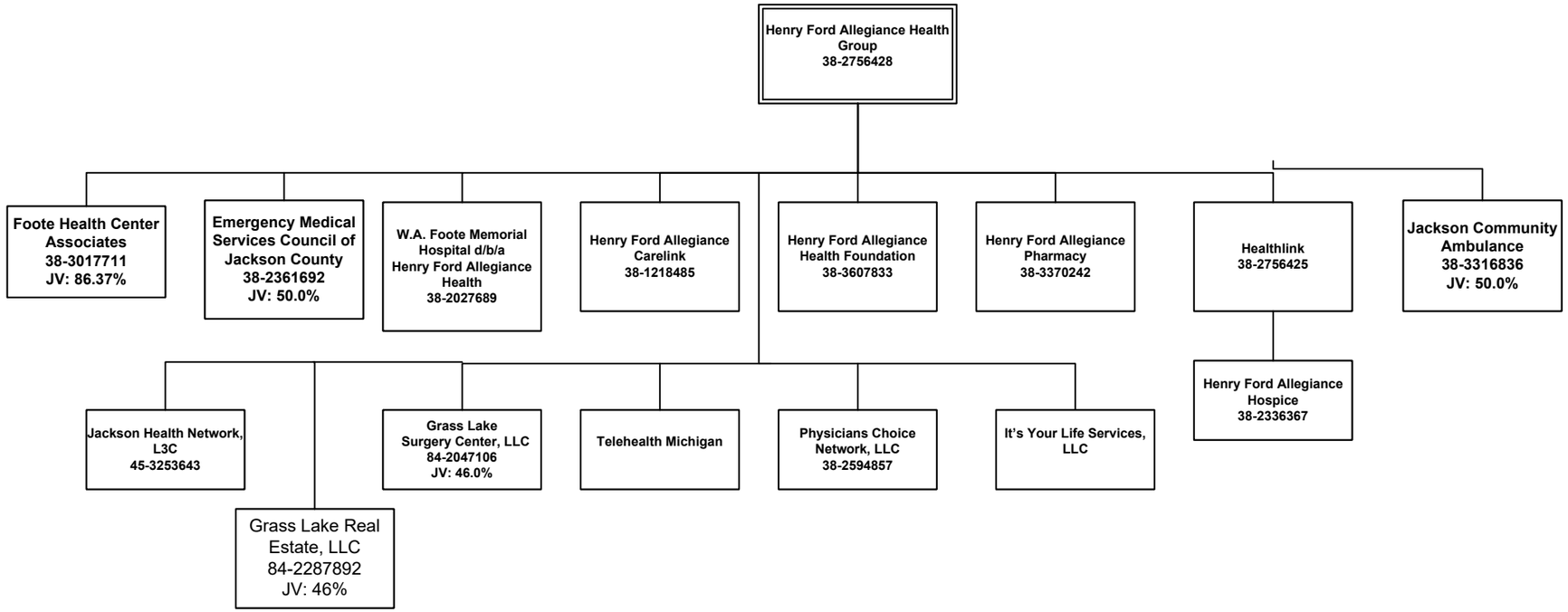
15.1

Legend:

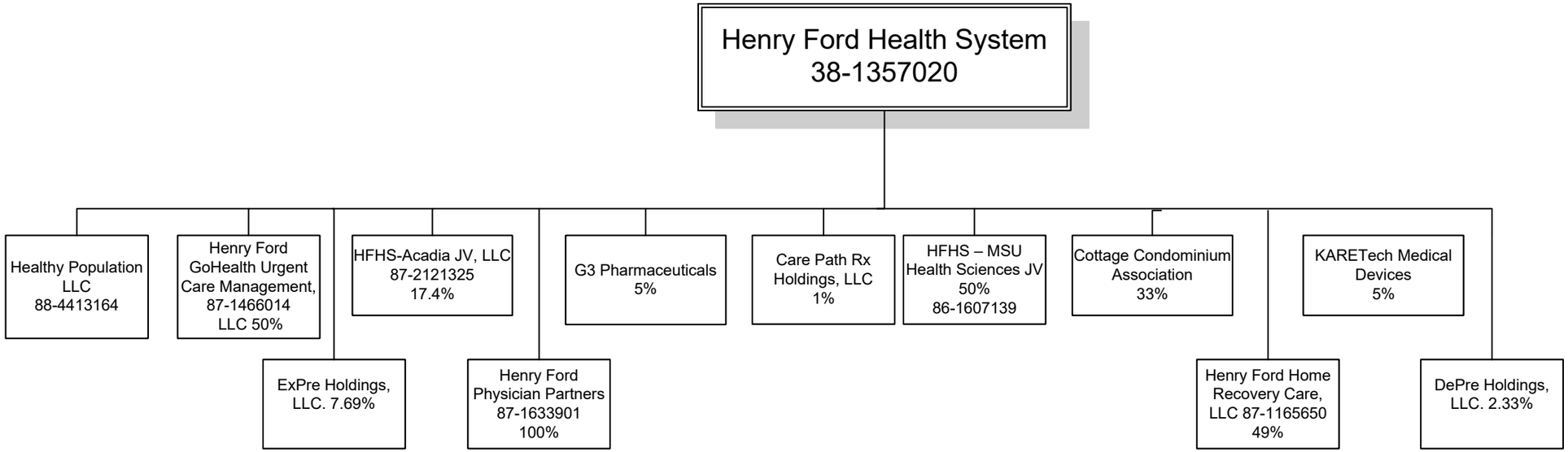
(1) Represents a business unit under Henry Ford Health System's Tax ID #

(2) Henry Ford Allegiance Health Group became part of Henry Ford Health System effective April 1, 2016 and includes multiple entities including W.A. Foote Memorial Hospital d/b/a Henry Ford Allegiance Health. A separate organizational chart is attached.

STATEMENT AS OF JUNE 30, 2023 OF THE HAP CareSource
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



STATEMENT AS OF JUNE 30, 2023 OF THE HAP CareSource
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
01311	Henry Ford Health Systems Group	95844	38-2242827				Health Alliance Plan of Michigan	MI	UDP	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
01311	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	IA	Health Alliance Plan of Michigan	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-2651185				Administration System Research Corporation		NIA	Health Alliance Plan of Michigan	Ownership	1.0	Henry Ford Health System		0
01311	Henry Ford Health Systems Group	95814	38-3123777				HAP CareSource	MI	RE	Health Alliance Plan of Michigan	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-1357020				Henry Ford Health System		UIP			0.0			0
00000	Henry Ford Health Systems Group	00000	38-2791823				Henry Ford Wyandotte Hospital Corp.		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-2947657				Henry Ford Macomb Real Estate, LLC		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-2565235				Fairlane Health Services Corp.		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-1958953				Metropolitan Detroit Area Hospital Services, Inc.		NIA	Henry Ford Health System	Ownership	0.3	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-3232668				Northwest Detroit Dialysis Centers		NIA	Henry Ford Health System	Ownership	0.6	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	0.3	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	26-0423581				Macomb Regional Dialysis Centers LLC		NIA	Henry Ford Health System	Ownership	0.6	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-1378121				Sha Realty Corp.		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	90-0659735				Pace Southeast Michigan		NIA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	46-5746225				Henry Ford Physicians Accountable Care Organization, LLC		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0

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

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00000	Henry Ford Health Systems Group	00000	30-0092342				Center for Complementary and Integrative Medicine		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	46-4064067				Henry Ford Health System Government Affairs Services		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					Henry Ford Elijah McCoy Condominium Association		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	46-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	47-1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System	Ownership	0.2	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	98-0128041				Caymich Insurance Company, LTD		IA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	41-2176000				IRB Medical Equipment, LLC		NIA	Henry Ford Health System	Ownership	0.4	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-2666933				Med Star Ambulance		NIA	Henry Ford Health System	Ownership	0.3	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	26-3421732				Macomb County EMS Medical Control Authority		NIA	Henry Ford Health System	Ownership	0.3	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	37-1502443				Community Health Technology Network		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	87-2121325				HFHS-Acadia Joint Venture, LLC		NIA	Henry Ford Health System	Ownership	0.2	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					G3 Pharmaceuticals		NIA	Henry Ford Health System	Ownership	0.1	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					Cottage Condominium Association		NIA	Henry Ford Health System	Ownership	0.3	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					KARETech Medical Devices		NIA	Henry Ford Health System	Ownership	0.1	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					PRAM Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.1	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					Truveta, Inc.		NIA	Henry Ford Health System	Ownership	0.2	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					Henry Ford Physician Partners		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	87-1165650				Henry Ford Home Recovery Care, LLC		NIA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					HFHS - MSU Health Sciences		NIA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					CarePath Rx Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	87-1466014				Henry Ford GoHealth Urgent Care Mgmt, LLC		NIA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					DePre Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					ExPre Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.1	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	88-4413164				Healthy Population LLC		NIA	Henry Ford Health System	Ownership	0.0	Henry Ford Health System		0

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

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00000	Henry Ford Health Systems Group	00000	38-2756428				Henry Ford Allegiance Health Group		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-2024689				Henry Ford Allegiance Health		NIA	Henry Ford Allegiance Health Group	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-1218485				Henry Ford Allegiance Carelink		NIA	Henry Ford Allegiance Health Group	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-3607833				Henry Ford Allegiance Health Foundation		NIA	Henry Ford Allegiance Health Group	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-3370242				Henry Ford Allegiance Pharmacy		NIA	Henry Ford Allegiance Health Group	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-2756425				Healthlink		NIA	Henry Ford Allegiance Health Group	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	45-3253643				Jackson Health Network, L3C		NIA	Henry Ford Allegiance Health Group	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					Telehealth Michigan		NIA	Henry Ford Allegiance Health Group	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-2594857				Physicians Choice Network, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000					It's Your Life Services, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-2336367				Henry Ford Allegiance Hospice		NIA	Henry Ford Allegiance Health Group	Ownership	1.0	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	84-2047106				Grass Lake Surgery Center, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	0.5	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-3316836				Jackson Community Ambulance		NIA	Henry Ford Allegiance Health Group	Ownership	0.5	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-3017711				Foote Health Center Associates		NIA	Henry Ford Allegiance Health Group	Ownership	0.6	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	38-2361692				Emergency Medical Services Council of Jackson County		NIA	Henry Ford Allegiance Health Group	Ownership	0.5	Henry Ford Health System		0
00000	Henry Ford Health Systems Group	00000	84-2287892				Grass Lake Real Estate, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	0.5	Henry Ford Health System		0
												0.0			0
												0.0			0

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
AUGUST FILING	
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	YES

Explanation:

Bar Code:

1. 9 5 8 1 4 2 0 2 3 3 6 5 0 0 0 0 2

OVERFLOW PAGE FOR WRITE-INS

Schedule A - Verification
NONE

Schedule B - Verification
NONE

Schedule BA - Verification
NONE

Schedule D - Verification
NONE

Schedule D - Part 1B
NONE

Schedule DA - Part 1
NONE

Schedule DA - Verification
NONE

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

SCHEDULE E – PART 2 – VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	59,742,470	60,096,606
2. Cost of cash equivalents acquired		0
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		(354,136)
6. Deduct consideration received on disposals	1,488,231	0
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	58,254,239	59,742,470
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	58,254,239	59,742,470

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 2
NONE

Schedule B - Part 3
NONE

Schedule BA - Part 2
NONE

Schedule BA - Part 3
NONE

Schedule D - Part 3
NONE

Schedule D - Part 4
NONE

Schedule DB - Part A - Section 1
NONE

Schedule DB - Part B - Section 1
NONE

Schedule DB - Part D - Section 1
NONE

Schedule DB - Part D - Section 2
NONE

Schedule DB - Part E
NONE

Schedule DL - Part 1
NONE

Schedule DL - Part 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Comerica Bank.....Detroit, Michigan.....			137,881	0	9,191,433	4,747,803	19,941,046	XXX
0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXX
0199999 Total Open Depositories	XXX	XXX	137,881	0	9,191,433	4,747,803	19,941,046	XXX
0399999 Total Cash on Deposit	XXX	XXX	137,881	0	9,191,433	4,747,803	19,941,046	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	137,881	0	9,191,433	4,747,803	19,941,046	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
Sweep Accounts								
XXX	JP Morgan US Governement MM Fund		12/31/2019			1,000,000		20,022
8109999999 - Sweep Accounts						1,000,000	0	20,022
Exempt Money Market Mutual Funds – as Identified by SVO								
09248U-55-1	Blackrock Liquidity Funds Treasury Trust		12/31/2018		XXX	20,256,804		447,687
261941-10-8	Dreyfus Treasury Securities Cash Managem		05/31/2022		XXX	5,182,556		112,872
38142B-50-0	Goldman Sachs Financial Square Funds		12/31/2018		XXX	17,449,634		448,014
4812A2-83-5	JP Morgan 100% US Treasury Securities		12/31/2018		XXX	14,365,244		312,255
8209999999 - Exempt Money Market Mutual Funds – as Identified by SVO						57,254,238	0	1,320,828
8609999999 Total Cash Equivalents						58,254,238	0	1,340,850