



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2023
OF THE CONDITION AND AFFAIRS OF THE
CCA HEALTH MICHIGAN, INC

NAIC Group Code 4999 4999 NAIC Company Code 16542 Employer's ID Number 81-4977640
(Current) (Prior)

Organized under the Laws of MI State of Domicile or Port of Entry MI
Country of Domicile US
Licensed as business type: HEALTH MAINTENANCE ORGANIZATION Is HMO Federally Qualified? YES
Incorporated/Organized 01/13/2017 Commenced Business 03/10/2019
Statutory Home Office 23900 ORCHARD LAKE RD FARMINGTON HILLS, MI, US 48336-2512
Main Administrative Office 23900 ORCHARD LAKE RD FARMINGTON HILLS, MI, US 48336-2512 248-715-5400
(Farmington Hills, MI, US 48336-2512) (Telephone Number)
Mail Address 23900 ORCHARD LAKE RD FARMINGTON HILLS, MI, US 48336-2512
Primary Location of Books and Records 23900 ORCHARD LAKE RD FARMINGTON HILLS, MI, US 48336-2512 248-715-5400
(Farmington Hills, MI, US 48336-2512) (Telephone Number)
Internet Website Address HTTP://RELIANCEMEDICAREADVANTAGE.ORG/...
Statutory Statement Contact Gayatri Natarajan 764-570-0390
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(Farmington Hills, MI, US 48336-2512) (E-Mail Address) (Fax Number)

OFFICERS

Donald Stiffler#, President Elizabeth Cahn Goodman, Secretary
Frank Scalise#, Treasurer

DIRECTORS OR TRUSTEES

Christopher Palmieri Daniel Hamilton#
Donald Stiffler

State of
County of SS

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

x Donald Stiffler x Frank Scalise x Elizabeth Cahn Goodman
President Treasurer Secretary

Subscribed and sworn to before me
this \_\_\_\_\_ day of
\_\_\_\_\_

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

x

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	3,301,054		3,301,054	3,318,331
2. Stocks:				
2.1 Preferred stocks.....				
2.2 Common stocks.....				
3. Mortgage loans on real estate:				
3.1 First liens.....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances).....				
4.2 Properties held for the production of income (less \$ encumbrances).....				
4.3 Properties held for sale (less \$ encumbrances).....				
5. Cash (\$ 16,768,748), cash equivalents (\$ 1,248,940) and short-term investments (\$ 99,392).....	18,117,081		18,117,081	3,933,407
6. Contract loans (including \$ premium notes).....				
7. Derivatives.....				
8. Other invested assets.....				
9. Receivables for securities.....	50,816		50,816	
10. Securities lending reinvested collateral assets.....				
11. Aggregate write-ins for invested assets.....				
12. Subtotals, cash and invested assets (Lines 1 to 11).....	21,468,951		21,468,951	7,251,738
13. Title plants less \$ charged off (for Title insurers only).....				
14. Investment income due and accrued.....	34,786		34,786	18,091
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	7,680	7,680		3,209
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....				
15.3 Accrued retrospective premiums (\$ 422,678) and contracts subject to redetermination (\$ ).....	422,678		422,678	296,623
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	90,892		90,892	
16.2 Funds held by or deposited with reinsured companies.....				
16.3 Other amounts receivable under reinsurance contracts.....				
17. Amounts receivable relating to uninsured plans.....	271,933		271,933	510,241
18.1 Current federal and foreign income tax recoverable and interest thereon.....				
18.2 Net deferred tax asset.....				
19. Guaranty funds receivable or on deposit.....				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$ ).....	65,406	65,406		
22. Net adjustment in assets and liabilities due to foreign exchange rates.....				
23. Receivables from parent, subsidiaries and affiliates.....	487,405		487,405	6,752,472
24. Health care (\$ 275,863) and other amounts receivable.....	275,863	86,385	189,478	216,011
25. Aggregate write-ins for other-than-invested assets.....	1,575,156	1,575,156		4,687
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	24,700,751	1,734,628	22,966,123	15,053,072
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27).....	24,700,751	1,734,628	22,966,123	15,053,072
<b>Details of Write-Ins</b>				
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....				
2501. Prepaid Expenses.....	1,575,156	1,575,156		4,687
2502.....				
2503.....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	1,575,156	1,575,156		4,687

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	2,471,104		2,471,104	1,911,356
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	40,245		40,245	31,595
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	1,353,210		1,353,210	5,412,841
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	1,255,750		1,255,750	
9. General expenses due or accrued	529,211		529,211	711,545
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	32,770		32,770	86,081
13. Remittances and items not allocated				
14. Borrowed money (including \$ current ) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates	7,388,010		7,388,010	3,188,412
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified ( \$ ) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ current)	201		201	
24. Total liabilities (Lines 1 to 23)	13,070,500		13,070,500	11,341,829
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX	12,380,000	12,380,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	22,721,328	17,135,594
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(25,205,706)	(25,804,350)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$ )	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$ )	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	9,895,622	3,711,244
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	22,966,123	15,053,073
<b>Details of Write-Ins</b>				
2301. Miscellaneous Payable	201		201	
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	201		201	
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year to Date		Prior Year To Date	Prior Year Ended December 31
	1	2	3	4
	Uncovered	Total	Total	Total
1. Member Months	XXX	8,655	5,674	7,530
2. Net premium income (including \$ non-health premium income)	XXX	11,696,227	7,843,954	10,104,686
3. Change in unearned premium reserves and reserve for rate credits	XXX			
4. Fee-for-service (net of \$ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	11,696,227	7,843,954	10,104,686
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits		5,816,009	4,683,055	6,010,643
10. Other professional services		237,092	203,990	273,419
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		3,540,999	1,904,782	3,067,376
14. Aggregate write-ins for other hospital and medical		470,228		385,067
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		10,064,329	6,791,827	9,736,505
<b>Less:</b>				
17. Net reinsurance recoveries		90,892		
18. Total hospital and medical (Lines 16 minus 17)		9,973,437	6,791,827	9,736,505
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses		1,237,329	1,434,636	1,973,123
21. General administrative expenses		3,619,610	4,123,639	7,121,996
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(4,059,631)	(2,700,000)	1,812,841
23. Total underwriting deductions (Lines 18 through 22)		10,770,744	9,650,101	20,644,465
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	925,483	(1,806,147)	(10,539,779)
25. Net investment income earned		132,575	60,096	73,877
26. Net realized capital gains (losses) less capital gains tax of \$			77	(19,306)
27. Net investment gains (losses) (Lines 25 plus 26)		132,575	60,174	54,571
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )]				
29. Aggregate write-ins for other income or expenses		125,011		
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	1,183,069	(1,745,973)	(10,485,208)
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	1,183,069	(1,745,973)	(10,485,208)
<b>Details of Write-Ins</b>				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401. DME and Supplies		40,614		1,274
1402. Other Medical Expenses		429,615		376,831
1403. Transportation-Emergency/Non-Emergency				6,962
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		470,228		385,067
2901. Other Income		125,011		
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		125,011		

**STATEMENT OF REVENUE AND EXPENSES (CONTINUED)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	3,711,244	2,143,663	2,143,663
34. Net income or (loss) from Line 32.....	1,183,069	(1,745,973)	(10,485,208)
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	(584,425)	(762,701)	(1,150,203)
40. Change in unauthorized and certified reinsurance.....			
41. Change in treasury stock.....			
42. Change in surplus notes.....			
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....		(4,000,000)	(4,000,000)
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	5,585,734	9,573,515	17,135,594
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			
47. Aggregate write-ins for gains or (losses) in surplus.....		67,398	67,398
48. Net change in capital and surplus (Lines 34 to 47).....	6,184,378	3,132,238	1,567,581
49. Capital and surplus end of reporting period (Line 33 plus 48).....	9,895,621	5,275,901	3,711,244
<b>Details of Write-Ins</b>			
4701. Prior Period Adjustment.....		67,398	67,398
4702.....			
4703.....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above).....		67,398	67,398

**CASH FLOW**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	8,761,820	8,689,549	10,311,554
2. Net investment income.....	102,044	27,929	47,560
3. Miscellaneous income.....			
4. Total (Lines 1 to 3).....	8,863,864	8,717,478	10,359,113
5. Benefit and loss related payments.....	5,501,695	6,905,517	9,603,244
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	4,667,303	5,991,368	9,006,738
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	10,168,998	12,896,885	18,609,982
11. Net cash from operations (Line 4 minus Line 10).....	(1,305,134)	(4,179,407)	(8,250,869)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	83,416		554,915
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			(510)
12.7 Miscellaneous proceeds.....		77	
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	83,416	77	554,405
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	52,302	3,570,471	3,883,814
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....	50,816		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	103,119	3,570,471	3,883,814
14. Net increase (or decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(19,703)	(3,570,394)	(3,329,409)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....	5,585,734	9,573,515	17,135,594
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	9,922,775	(728,213)	(4,803,203)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	15,508,509	8,845,302	12,332,391
<b>Reconciliation of Cash, Cash Equivalents and Short-Term Investments</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	14,183,672	1,095,501	752,113
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	3,933,408	3,181,295	3,181,295
19.2 End of period (Line 18 plus Line 19.1).....	18,117,081	4,276,796	3,933,408

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

20.0001. ....			
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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.....	618							618						
2. First Quarter.....	902							902						
3. Second Quarter.....	875							875						
4. Third Quarter.....	904							904						
5. Current Year.....														
6. Current Year Member Months.....	8,655							8,655						
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician.....	14,305							14,305						
8. Non-Physician.....	2,084							2,084						
9. Total.....	16,389							16,389						
10. Hospital Patient Days Incurred.....	1,356							1,356						
11. Number of Inpatient Admissions.....	157							157						
12. Health Premiums Written (a).....	11,825,470							11,825,470						
13. Life Premiums Direct.....														
14. Property/Casualty Premiums Written.....														
15. Health Premiums Earned.....	11,825,470							11,825,470						
16. Property/Casualty Premiums Earned.....														
17. Amount Paid for Provision of Health Care Services.....	9,561,326							9,561,326						
18. Amount Incurred for Provision of Health Care Services.....	10,064,329							10,064,329						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,825,470

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (REPORTED AND UNREPORTED)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Claims Unpaid (Reported)</b>						
0399999 – Aggregate accounts not individually listed-covered.....	1,031,892	586				1,032,478
0499999 – Subtotals.....	1,031,892	586				1,032,478
0599999 – Unreported claims and other claim reserves.....						1,438,626
0799999 – Total claims unpaid.....						2,471,104
0899999 – Accrued medical incentive pool and bonus amounts.....						



**UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	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.....						
2. Comprehensive (hospital and medical) group.....						
3. Medicare Supplement.....						
4. Dental only.....						
5. Vision only.....						
6. Federal Employees Health Benefits Plan.....						
7. Title XVIII – Medicare.....	1,481,596	7,988,838	229,234	2,241,870	1,710,830	1,911,356
8. Title XIX – Medicaid.....						
9. Credit A&H.....						
10. Disability income.....						
11. Long-term care.....						
12. Other health.....						
13. Health subtotal (Lines 1 to 12).....	1,481,596	7,988,838	229,234	2,241,870	1,710,830	1,911,356
14. Health care receivables (a).....		275,863				219,118
15. Other non-health.....						
16. Medical incentive pools and bonus amounts.....						
17. Totals (Lines 13-14+15+16).....	1,481,596	7,712,975	229,234	2,241,870	1,710,830	1,692,238

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

**Notes to the Financial Statements**

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

**A. Accounting Practices**

The accompanying financial statements of Commonwealth Care Alliance Health Michigan, Inc. (the "Company") have been prepared in conformity with accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Michigan Insurance law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Michigan.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Michigan is shown below:

	SSAP #	F/S Page	F/S Line #	09/30/2023	12/31/2022
Net Income					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 1,183,069	\$ (10,485,208)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 1,183,069	\$ (10,485,208)
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 9,895,622	\$ 3,711,244
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 9,895,622	\$ 3,711,244

**B. Use of Estimates in the Preparation of the Financial Statements - No Significant Changes**

**C. Accounting Policy**

Health capitation premiums are recognized in the period members are entitled to related health care services. Health care service costs and the related liabilities for claims payable are recorded when medical services are authorized, as well as when services are provided without authorization to the extent such services are expected to be ultimately authorized. Expenses are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments - No Significant Changes
- (2) Bonds are stated at amortized cost using the scientific interest method. The Company does not own any mandatory convertible securities. The company does not own any SVO-Identified bond ETFs.
- (3) Common stocks - No Significant Changes
- (4) Preferred stocks - No Significant Changes
- (5) Mortgage loans - No Significant Changes
- (6) The Company does not own any Loan-back securities.
- (7) Investments in subsidiaries, controlled and affiliated entities - No Significant Changes
- (8) Investments in joint ventures, partnerships and limited liability companies - No Significant Changes
- (9) Derivatives - No Significant Changes
- (10) Investment income as a factor in the premium deficiency calculation - No Significant Changes
- (11) Liabilities for losses and loss/claim adjustment expenses - No Significant Changes
- (12) Changes in capitalization policy - No Significant Changes
- (13) Pharmaceutical rebate receivables - No Significant Changes

**D. Going Concern**

Management has evaluated the Company's ability to continue as a going concern. There is no substantial doubt in its ability to continue as a going concern.

**2. Accounting Changes and Corrections of Errors - None**

**3. Business Combinations and Goodwill**

- A. Statutory Purchase Method - No Significant Changes
- B. Statutory Merger - No Significant Changes
- C. Assumption Reinsurance - No Significant Changes
- D. Impairment Loss - No Significant Changes
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill - No Significant Changes

**4. Discontinued Operations**

- A. Discontinued Operation Disposed of or Classified as Held for Sale - No Significant Changes

## Notes to the Financial Statements

### 4. Discontinued Operations (Continued)

- B. Change in Plan of Sale of Discontinued Operation - No Significant Changes
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal - No Significant Changes
- D. Equity Interest Retained in the Discontinued Operation After Disposal - No Significant Changes

### 5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - No Significant Changes
- B. Debt Restructuring - No Significant Changes
- C. Reverse Mortgages - No Significant Changes
- D. Loan-Backed Securities - None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate - No Significant Changes
- K. Low-Income Housing Tax Credits (LIHTC) - No Significant Changes
- L. Restricted Assets - No Significant Changes
- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. 5GI Securities - No Significant Changes
- P. Short Sales - No Significant Changes
- Q. Prepayment Penalty and Acceleration Fees - No Significant Changes
- R. Reporting Entity's Share of Cash Pool by Asset type - None

### 6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that Exceed 10% of Admitted Assets - No Significant Changes
- B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies - No Significant Changes

### 7. Investment Income

- A. Due and Accrued Income Excluded from Surplus - No Significant Changes
- B. Total Amount Excluded - No Significant Changes

### 8. Derivative Instruments

- A. Derivatives under SSAP No. 86 - Derivatives - None
- B. Derivatives under SSAP No. 108 - Derivative Hedging Variable Annuity Guarantees (Life/Fraternal Only) - None

### 9. Income Taxes

- A. Components of the Net Deferred Tax Asset/(Liability) - No Significant Changes
- B. Regarding Deferred Tax Liabilities That Are Not Recognized - No Significant Changes
- C. Major Components of Current Income Taxes Incurred - No Significant Changes
- D. Among the More Significant Book to Tax Adjustments - No Significant Changes
- E. Operating Loss and Tax Credit Carryforwards - No Significant Changes
- F. Consolidated Federal Income Tax Return - No Significant Changes
- G. Federal or Foreign Income Tax Loss Contingencies - No Significant Changes
- H. Repatriation Transition Tax (RTT) - No Significant Changes
- I. Alternative Minimum Tax (AMT) Credit - No Significant Changes

### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. Nature of Relationships - No Significant Changes
- B. The Company received a \$6,752,472 capital contribution from the parent on February 22, 2023 as a receivable reported as an admitted asset in the December 31, 2022 annual statement resulting in a Type 1 subsequent event. The event was approved by the Michigan Department of Insurance and Financial Services (DIFS) on February 27, 2023. The Company received a cash contribution of \$2,000,000 and a capital contribution of \$3,585,734 for forgiveness of debt from the parent as of September 30, 2023.
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - No Significant Changes

## Notes to the Financial Statements

### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

D. Amounts Due to or From Related Parties

The Company reported amounts due from the parent of \$487,405 and \$6,752,472 as of September 30, 2023 and December 31, 2022, respectively. The Company reported amounts due to the parent of \$7,388,010 and \$3,188,412 as of September 30, 2023 and December 31, 2022, respectively. This represents the amount of claim payments that were paid by the parent.

E. Management Service Contracts and Cost Sharing Arrangements - No Significant Changes

F. Guarantees or Contingencies - No Significant Changes

G. Nature of Relationships that Could Affect Operations - No Significant Changes

H. Amount Deducted for Investment in Upstream Company - No Significant Changes

I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - No Significant Changes

J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - No Significant Changes

K. Foreign Subsidiary Value Using CARVM - No Significant Changes

L. Downstream Holding Company Value Using Look-Through Method - No Significant Changes

M. All SCA Investments - No Significant Changes

N. Investment in Insurance SCAs - No Significant Changes

O. SCA and SSAP No. 48 Entity Loss Tracking - No Significant Changes

### 11. Debt

A. Debt, Including Capital Notes - No Significant Changes

B. FHLB (Federal Home Loan Bank) Agreements - None

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan - None

B. Investment Policies and Strategies of Plan Assets - No Significant Changes

C. Fair Value of Each Class of Plan Assets - No Significant Changes

D. Expected Long-Term Rate of Return for the Plan Assets - No Significant Changes

E. Defined Contribution Plans - No Significant Changes

F. Multiemployer Plans - No Significant Changes

G. Consolidated/Holding Company Plans - No Significant Changes

H. Postemployment Benefits and Compensated Absences - No Significant Changes

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - No Significant Changes

### 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. The Company has 1,238 shares of stock issued at a par value of \$10,000 per share.

B. Dividend Rate of Preferred Stock - No Significant Changes

C. Dividend Restrictions - No Significant Changes

D. Ordinary Dividends - No Significant Changes

E. Company Profits Paid as Ordinary Dividends - No Significant Changes

F. Surplus Restrictions - No Significant Changes

G. Surplus Advances - No Significant Changes

H. Stock Held for Special Purposes - No Significant Changes

I. Changes in Special Surplus Funds - No Significant Changes

J. Unassigned Funds (Surplus) - No Significant Changes

K. Company-Issued Surplus Debentures or Similar Obligations - No Significant Changes

L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - No Significant Changes

M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - No Significant Changes

### 14. Liabilities, Contingencies and Assessments

A. Contingent Commitments - No Significant Changes

B. Assessments - No Significant Changes

C. Gain Contingencies - No Significant Changes

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - No Significant Changes

E. Joint and Several Liabilities - No Significant Changes

**Notes to the Financial Statements**

**14. Liabilities, Contingencies and Assessments (Continued)**

F. All Other Contingencies - No Significant Changes

**15. Leases**

A. Lessee Operating Lease

(1) Leasing arrangements

The Company entered into a lease agreement for office space January 1, 2022.

(a) Rental expense incurred for the lease was \$61,415.

(2) For leases having initial or remaining noncancelable lease terms in excess of one year

(a) Minimum aggregate rental commitments at period end

	Year Ending December 31	Operating Leases
1. 2023	\$	19,296
2. 2024		83,093
3. 2025		
4. 2026		
5. 2027		
6. Thereafter		
7. Total (sum of 1 through 6)	\$	<u>102,389</u>

(3) For sale-leaseback transactions - None

B. Lessor Leases - No Significant Changes

**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - No Significant Changes**

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

A. Transfers of Receivables Reported as Sales - No Significant Changes

B. Transfer and Servicing of Financial Assets - None

C. Wash Sales - None

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

A. ASO Plans - No Significant Changes

B. ASC Plans - No Significant Changes

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Plan received reimbursement from Medicare Part D for Low Income Subsidy (LICS) for certain members, and Reinsurance for certain Part D drug expenditures over a catastrophic level.
- (2) As of September 30, 2023, the Company had a receivable from CMS for Medicare Part D Low-income Subsidy of \$152,470 and a receivable for Medicare Part D Reinsurance Subsidy of \$25,225.
- (3) In connection with the Company's Medicare Part D (or similarly structured cost based reimbursement contract) contract, the Company did not record allowances and reserves for adjustment of recorded revenues for the Medicare Part D Low-income Subsidy and Reinsurance Subsidy.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - No Significant Changes**

**20. Fair Value Measurements**

A. Fair Value Measurement

The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset's or liability's classification is determined based on the lowest level input that is significant to its measurement.

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level3). The levels of the fair value hierarchy are as follows:

- Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
- Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.
- Level 3: Inputs are unobservable and reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactively traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

**Notes to the Financial Statements**

**20. Fair Value Measurements (Continued)**

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash Equivalent (E-2)	\$ 1,248,940	\$	\$	\$	\$ 1,248,940
Total assets at fair value/NAV	\$ 1,248,940	\$	\$	\$	\$ 1,248,940
b. Liabilities at fair value					
Total liabilities at fair value	\$	\$	\$	\$	\$

(2) Fair value measurements in Level 3 of the fair value hierarchy - None

(3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

(4) The Company has not valued any securities at a Level 2 or 3.

(5) Derivatives - None

B. Other Fair Value Disclosures - None

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 3,176,166	\$ 3,301,054	\$ 2,707,470	\$ 468,696	\$	\$	\$
Short-term Inv.	99,381	99,392	99,381				
Cash Equivalents	1,248,940	1,248,940	1,248,940				

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV - None

**21. Other Items**

A. Unusual or Infrequent Items - No Significant Changes

B. Troubled Debt Restructuring - No Significant Changes

C. Other Disclosures - No Significant Changes

D. Business Interruption Insurance Recoveries - No Significant Changes

E. State Transferable and Non-Transferable Tax Credits - No Significant Changes

F. Subprime-Mortgage-Related Risk Exposure - No Significant Changes

G. Retained Assets - No Significant Changes

H. Insurance-Linked Securities (ILS) Contracts - No Significant Changes

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - No Significant Changes

**22. Events Subsequent** - No Significant Changes

**23. Reinsurance**

A. Ceded Reinsurance Report - No Significant Changes

B. Uncollectible Reinsurance - No Significant Changes

C. Commutation of Reinsurance Reflected in Income and Expenses - No Significant Changes

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - No Significant Changes

E. Reinsurance Credit - No Significant Changes

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

A. Method Used to Estimate

The Company estimates accrued retrospective premium adjustments for its Medicare Part D Risk Corridor adjustment based on the contract with CMS and actuarial estimates.

B. Method Used to Record

The Company records accrued records retrospective premium as an adjustment to earned premium.

C. Amount and Percent of Net Retrospective Premiums

The amount of net premiums written by the Company as of September 30, 2023 that are subject to retrospective rating features was \$422,678 that represented 3.61% of total net premiums written for Medicare. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - No Significant Changes

**Notes to the Financial Statements**

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)**

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

- (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? **NO**

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - None
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - None
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year - None
- (5) ACA risk corridors receivable as of reporting date - None

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

A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years

Reserves as of December 31, 2022 were \$1,942,951. As of September 30, 2023, \$1,513,191 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$229,235 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$200,525 favorable prior-year development since December 31, 2022 to September 30, 2023. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses

The Company did not have any significant changes in methodologies or assumptions used in the calculation the liability for unpaid losses or loss adjustment expenses.

**26. Intercompany Pooling Arrangements - No Significant Changes**

**27. Structured Settlements - No Significant Changes**

**28. Health Care Receivables - No Significant Changes**

**29. Participating Policies - No Significant Changes**

**30. Premium Deficiency Reserves**

- 1. Liability carried for premium deficiency reserves: \$1,353,210
- 2. Date of the most recent evaluation of this liability: 09/30/2023
- 3. Was anticipated investment income utilized in the calculation? NO

**31. Anticipated Salvage and Subrogation - No Significant Changes**

**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?..... NO
- 1.2 If yes, has the report been filed with the domiciliary state?.....
- 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?..... NO
- 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  
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?..... NO
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?..... NO
- 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?..... NO
- 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?..... NO  
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..... 12/31/2020
- 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..... 12/31/2020
- 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)..... 10/27/2021
- 6.4 By what department or departments?  
Michigan Department of Insurance and Financial Services.....
- 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
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?..... YES
- 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?..... NO
- 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?..... NO
- 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?..... NO
- 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 affiliates 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
  - (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?..... NO
- 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?..... NO
- 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
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$ 487,405



**GENERAL INTERROGATORIES**  
PART 1 - COMMON 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.) ..... NO

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: ..... \$

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... NO

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book / Adjusted Carrying Value	Current Quarter Book / Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
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)		
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? ..... NO

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... N/A  
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 ..... \$

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$

16.3 Total payable for securities lending reported on the liability page ..... \$

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

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

1	2
Name of Custodian(s)	Custodian Address
Wilmington Bank	280 Congress Street Suite 1300 Boston, MA 02210
Huntington National Bank	33205 Grand River Ave Farmington, MI 48336

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	2	3
Name(s)	Location(s)	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? ..... NO

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

1	2	3	4
Old Custodian	New Custodian	Date of Change	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	2
Name of Firm or Individual	Affiliation
Conning	U
Huntington National Bank	U

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

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

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.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
120387	Conning	549300TWMG6KQGHEOR94	SEC	NO
N/A	Huntington National Bank	2WHM8VNJH63UN14OL754		NO

**GENERAL INTERROGATORIES**  
PART 1 - COMMON INTERROGATORIES

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? .....YES.....
- 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?.....NO.....
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?.....NO.....
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?.....NO.....

**GENERAL INTERROGATORIES**

**PART 2 – HEALTH**

- 1. Operating Percentages:
  - 1.1 A&H loss percent ..... 50.562 %
  - 1.2 A&H cost containment percent ..... %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 41.526 %
- 2.1 Do you act as a custodian for health savings accounts? ..... NO .....
- 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? ..... NO .....
- 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? ..... NO .....
- 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? ..... NO .....

**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
<b>Accident &amp; Health - Non-Affiliates</b>									
60739	74-0484030	01/01/2023	American National Insurance Company	TX	SSL/I	MR	Authorized		

**SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

		Direct Business Only									
		1	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	N								
2.	Alaska	AK	N								
3.	Arizona	AZ	N								
4.	Arkansas	AR	N								
5.	California	CA	N								
6.	Colorado	CO	N								
7.	Connecticut	CT	N								
8.	Delaware	DE	N								
9.	District of Columbia	DC	N								
10.	Florida	FL	N								
11.	Georgia	GA	N								
12.	Hawaii	HI	N								
13.	Idaho	ID	N								
14.	Illinois	IL	N								
15.	Indiana	IN	N								
16.	Iowa	IA	N								
17.	Kansas	KS	N								
18.	Kentucky	KY	N								
19.	Louisiana	LA	N								
20.	Maine	ME	N								
21.	Maryland	MD	N								
22.	Massachusetts	MA	N								
23.	Michigan	MI	L	11,825,470						11,825,470	
24.	Minnesota	MN	N								
25.	Mississippi	MS	N								
26.	Missouri	MO	N								
27.	Montana	MT	N								
28.	Nebraska	NE	N								
29.	Nevada	NV	N								
30.	New Hampshire	NH	N								
31.	New Jersey	NJ	N								
32.	New Mexico	NM	N								
33.	New York	NY	N								
34.	North Carolina	NC	N								
35.	North Dakota	ND	N								
36.	Ohio	OH	N								
37.	Oklahoma	OK	N								
38.	Oregon	OR	N								
39.	Pennsylvania	PA	N								
40.	Rhode Island	RI	N								
41.	South Carolina	SC	N								
42.	South Dakota	SD	N								
43.	Tennessee	TN	N								
44.	Texas	TX	N								
45.	Utah	UT	N								
46.	Vermont	VT	N								
47.	Virginia	VA	N								
48.	Washington	WA	N								
49.	West Virginia	WV	N								
50.	Wisconsin	WI	N								
51.	Wyoming	WY	N								
52.	American Samoa	AS	N								
53.	Guam	GU	N								
54.	Puerto Rico	PR	N								
55.	US Virgin Islands	VI	N								
56.	Northern Mariana Islands	MP	N								
57.	Canada	CAN	N								
58.	Aggregate Other Alien	OT	XXX								
59.	Subtotal	XXX		11,825,470						11,825,470	
60.	Reporting entity contributions for employee benefits plans	XXX									
61.	Total (Direct Business)	XXX		11,825,470						11,825,470	
<b>Details of Write-Ins</b>											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts

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

- Non-profit entities
- For-profit, wholly-owned subsidiaries
- For-profit, majority ownership stake
- For-profit, 35% ownership stake

**CCA Board of Directors**

**Commonwealth Care Alliance, Inc.**  
*Parent corporation providing integrated care delivery and health plan operations for medically and behaviorally complex populations*

**InstED™, LLC**  
*Subsidiary to operate CCA's Mobile Integrated Health (MIH) business*

**Winter Street Ventures, LLC**  
*Subsidiary accountable for innovation activities*

15 **CCA Housing Solutions, LLC**

**CCA Home, LLC**

**Voice Care Tech Holdings, LLC**

**Southcoast CCA Holding Company, LLC \***  
*Disregarded pass-through holding company for Southcoast initiative*

**Southcoast CCA, LLC \***  
*Joint Venture between CCA and SouthCoast to operate a health maintenance organization*

**Commonwealth Clinical Alliance, Inc.**  
*Clinical subsidiary offering care management and "wrap" services*

**Boston's Community Medical Group, Inc. d/b/a CCA Primary Care**  
*Specialized Clinical Practice*

**The Center to Advance Consumer Partnership, Inc.**  
*National innovation hub for consumer-centered quality*

**Uncommon Good Foundation, Inc.**

**Community Intensive Care, Inc.**

**747 Cambridge St., LLC**  
*Marie's Place (Crisis Stabilization Unit)*

**Commonwealth Care Alliance Massachusetts, LLC**  
*MA-domiciled, state-licensed provider of Medicare Advantage products*

**Commonwealth Care Alliance Rhode Island, LLC**  
*RI-domiciled, state-licensed provider of Medicare Advantage products*

**Commonwealth Care Alliance Michigan, LLC**  
*Disregarded pass-through holding company for CCA's regional business in MI*

**CCA Health Michigan, Inc. (70% ownership)** MI-licensed provider of Medicare Advantage products

**CCA ACO, LLC -**  
*Accountable Care Organization operating in SE Michigan*

**CCA PO, Inc.**  
*Organization of 600 independent doctors practicing in SE Michigan*

**Reliance Next Gen ACO LLC \***  
*Inoperative; former Next Gen ACO*

**Commonwealth Care Alliance Indiana, LLC \***  
*IN-domiciled, state-licensed provider of Medicare Advantage products*

**Commonwealth Care Alliance California, LLC**  
*Disregarded pass-through holding company for CCA's regional business in CA*

**CCA Health Plans of California, Inc.**  
*CA-licensed health maintenance organization*

**Prosper Health Services, LLC**  
*Joint venture between CCA and SCAN Health Plan to operate PACE programs nationwide*

\* Entity is inactive; to be dissolved

**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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4999	COMMONWEALTH CARE ALLIANCE, INC.		04-3756900				COMMONWEALTH CARE ALLIANCE, INC.	MA	UDP				COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		26-0100022				BOSTONS COMMUNITY MEDICAL GROUP, INC. D/B/A CCC	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		56-2382058				COMMONWEALTH CLINICAL ALLIANCE, INC.	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.	16986	85-4228186				COMMONWEALTH CARE ALLIANCE MASSACHUSETTS, LLC	MA	RE	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.	16984	85-4310885				COMMONWEALTH CARE ALLIANCE RHODE ISLAND, LLC	RI	IA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		82-2810261				CENTER TO ADVANCE CONSUMER PARTNERSHIP, INC.	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		46-4325429				747 CAMBRIDGE STREET LLC	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		83-1983756				INSTED, LLC	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		81-2358124				WINTER STREET VENTURES, LLC	DE	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		88-2835914				VOICE CARE TECH HOLDINGS LLC	DE	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNER	53.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		87-2560730				COMMONWEALTH CARE ALLIANCE MICHIGAN, LLC	MI	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.	16542	81-4977640				CCA HEALTH MICHIGAN, INC	MI	IA	COMMONWEALTH CARE ALLIANCE MICHIGAN, LLC	OWNERSHIP	70.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		46-1262045				CCA ACO, LLC	MI	NIA	COMMONWEALTH CARE ALLIANCE MICHIGAN, LLC	OWNERSHIP	60.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		81-3685900				CCA PQ, INC	MI	NIA	COMMONWEALTH CARE ALLIANCE MICHIGAN, LLC	OWNERSHIP	60.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		81-2185714				RELIANCE NEXT GEN ACO LLC	MN	NIA	COMMONWEALTH CARE ALLIANCE MICHIGAN, LLC	OWNERSHIP	60.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.	17294	87-3317576				COMMONWEALTH CARE ALLIANCE INDIANA, LLC	IN	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		87-3361607				COMMONWEALTH CARE ALLIANCE CALIFORNIA, LLC	CA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		81-4822508				CCA HEALTH PLANS of CALIFORNIA, INC.	CA	NIA	COMMONWEALTH CARE ALLIANCE CALIFORNIA, LLC	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		87-2979343				PROSPER HEALTH SERVICES, LLC	CA	NIA	COMMONWEALTH CARE ALLIANCE CALIFORNIA, LLC	Ownership	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.						UNCOMMON GOOD FOUNDATION, INC	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		93-3780796				COMMUNITY INTENSIVE CARE, INC	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		93-2767552				CCA HOUSING SOLUTIONS, LLC	DE	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	

**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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
4999	COMMONWEALTH CARE ALLIANCE, INC.						CCA HOME, LLC	DE	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		92-1669563				SOUTHCOAST CCA HOLDING COMPANY, LLC	MA	NIA	COMMONWEALTH CARE ALLIANCE, INC.	OWNERSHIP	51.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
4999	COMMONWEALTH CARE ALLIANCE, INC.		92-1790674				SOUTHCOAST CCA, LLC	MA	NIA	Southcoast CCA Holding Company, LLC	OWNERSHIP	100.000	COMMONWEALTH CARE ALLIANCE, INC.	NO	
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.....	N/A .....
---	-----------

**EXPLANATION:**

1. NOT APPLICABLE TO HMO PLANS .....
2. ....

**BARCODES:**

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

2.

**OVERFLOW PAGE FOR WRITE-INS**

**SCHEDULE A – VERIFICATION**

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book / adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....		
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....		

NONE

**SCHEDULE B – VERIFICATION**

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and comm. interest fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....		
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....		

NONE

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book / adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....		
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....		

NONE

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	3,318,331	
2. Cost of bonds and stocks acquired.....	52,302	3,883,814
3. Accrual of discount.....	18,293	10,680
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		(18,796)
6. Deduct consideration for bonds and stocks disposed of.....	83,416	554,915
7. Deduct amortization of premium.....	4,457	2,452
8. Total foreign exchange change in book / adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	3,301,054	3,318,331
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	3,301,054	3,318,331

**SCHEDULE D – PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book / Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book / Adjusted Carrying Value End of First Quarter	6 Book / Adjusted Carrying Value End of Second Quarter	7 Book / Adjusted Carrying Value End of Third Quarter	8 Book / Adjusted Carrying Value December 31 Prior Year
<b>Bonds</b>								
1. NAIC 1 (a)	3,019,961		111,716	6,764	3,777,490	3,019,961	2,915,009	3,933,219
2. NAIC 2 (a)	484,228			1,209	483,031	484,228	485,437	481,846
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	3,504,189		111,716	7,973	4,260,521	3,504,189	3,400,446	4,415,065
<b>Preferred Stock</b>								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	3,504,189		111,716	7,973	4,260,521	3,504,189	3,400,446	4,415,065

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ 99,392; NAIC 2 \$ ; NAIC 3 \$ ; NAIC 4 \$ ; NAIC 5 \$ ; NAIC 6 \$

**SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
	Book / Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
770999999 Total .....	99,392	XXX	97,470	10,902	

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	1,096,732	
2. Cost of short-term investments acquired .....	97,471	1,347,662
3. Accrual of discount .....	3,458	1,743
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		(510)
6. Deduct consideration received on disposals .....	1,098,000	251,456
7. Deduct amortization of premium .....	269	707
8. Total foreign exchange change in book / adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	99,392	1,096,732
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	99,392	1,096,732

Quarterly Statement as of September 30, 2023 of the CCA HEALTH MICHIGAN, INC

(SI-04) Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**NONE**

(SI-04) Schedule DB - Part B - Verification - Futures Contracts

**NONE**

(SI-05) Schedule DB - Part C - Section 1

**NONE**

(SI-06) Schedule DB - Part C - Section 2

**NONE**

(SI-07) Schedule DB - Verification

**NONE**

**SCHEDULE E – PART 2 – VERIFICATION**

(Cash Equivalents)

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	162,533	1,547,869
2. Cost of cash equivalents acquired.....	1,213,908	174,160
3. Accrual of discount.....	653	
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	128,154	1,559,496
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book / adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	1,248,940	162,533
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	1,248,940	162,533

(E-01) Schedule A - Part 2

**NONE**

(E-01) Schedule A - Part 3

**NONE**

(E-02) Schedule B - Part 2

**NONE**

(E-02) Schedule B - Part 3

**NONE**

(E-03) Schedule BA - Part 2

**NONE**

(E-03) Schedule BA - Part 3

**NONE**

(E-04) Schedule D - Part 3

**NONE**



**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book / Adjusted Carrying Value	Change in Book / Adjusted Carrying Value					16 Book / Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest / Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
										11 Unrealized Valuation Increase / (Decrease)	12 Current Year's (Amortization) / Accretion	13 Current Year's Other-Than- Temporary Impairment Recognized	14 Total Change in B. / A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
<b>Bonds: U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																					
31418E-E6-3	FNCL MA4656 4.500 07/01/52		09/01/2023	PAY DOWN	XXX	11,716	11,716	11,681	11,683		33		33		11,716				350	07/01/2052	1.A
0909999999 - Bonds: U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						11,716	11,716	11,681	11,683		33		33		11,716				350	XXX	XXX
2509999997 - Subtotals - Bonds - Part 4						11,716	11,716	11,681	11,683		33		33		11,716				350	XXX	XXX
2509999998 - Summary Item from Part 5 for Bonds (N/A to Quarterly)																					
2509999999 - Subtotals - Bonds						11,716	11,716	11,681	11,683		33		33		11,716				350	XXX	XXX
6009999999 - Totals						11,716	XXX	11,681	11,683		33		33		11,716				350	XXX	XXX

(E-06) Schedule DB - Part A - Section 1

**NONE**

(E-06) Schedule DB - Part A - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-06) Schedule DB - Part A - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

**NONE**

(E-07) Schedule DB - Part B - Section 1

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Broker Name

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Description of Hedged Risk(s)

**NONE**

(E-07) Schedule DB - Part B - Section 1 - Financial or Economic Impact of The Hedge at the End of the Reporting Period

**NONE**

(E-08) Schedule DB - Part D - Section 1

**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged By Reporting Entity

**NONE**

(E-09) Schedule DB - Part D - Section 2 - Collateral Pledged To Reporting Entity

**NONE**

(E-10) Schedule DB - Part E

**NONE**

(E-11) Schedule DL - Part 1

**NONE**

(E-12) Schedule DL - Part 2

**NONE**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Huntington National Bank – Troy, MI .....	SD .....				632,901	614,434	945,365	XXX
PNC Bank – Kalamazoo, MI .....					14,196,579	14,286,625	15,823,383	XXX
0199998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories .....								XXX
0199999 – Total Open Depositories .....					14,829,479	14,901,059	16,768,748	XXX
0299998 – Deposits in depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories .....								XXX
0299999 – Total Suspended Depositories .....								XXX
0399999 – Total Cash on Deposit .....					14,829,479	14,901,059	16,768,748	XXX
0499999 – Cash in Company's Office .....					XXX	XXX		XXX
0599999 – Total .....					14,829,479	14,901,059	16,768,748	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 and Accrued	9 Amount Received During Year
<b>Exempt Money Market Mutual Funds – as Identified by SVO</b>								
60934N-50-0	FEDERATED TREASURY OBLIGA-IS	SD	09/30/2023		XXX	265,430		6,119
8209999999 – Exempt Money Market Mutual Funds – as Identified by SVO						265,430		6,119
<b>All Other Money Market Mutual Funds</b>								
97181C-60-5	WILMINGTON US GOVT MONEY MKT CL INST		09/30/2023	0.420	XXX	983,510	4,131	17,391
8309999999 – All Other Money Market Mutual Funds						983,510	4,131	17,391
8609999999 – Total Cash Equivalents						1,248,940	4,131	23,510