

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2023 OF THE CONDITION AND AFFAIRS OF THE

HAP	CareSource
	(Name)

·	01311 ,	01311(Prior Period)	NAIC Comp	pany Code	95814	Employer's I	D 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:	•	t & Health [] ce Corporation []	Vision S	y/Casualty [] Service Corpora D, Federally Qu	ation []	•		vice or Indemnity []	
Incorporated/Organized		01/01/1994		_ Commenced			01/01/19	94	
Statutory Home Office		3031 West Grand (Street and Nu					t, MI, US 482 tate, Country and		
Main Administrative Office					st Grand B				
De	etroit, MI, US 4	8202		(Str	eet and Numb	er) 313-872-81	00		
	wn, State, Country					(Area Code) (Telephor			
Mail Address		est Grand Boulevard	t	,		Detroit, MI,	US 48202		
Primary Location of Books a	,	and Number or P.O. Box)				(City or Town, State, C	Country and Zip C	Code)	
Da	yton, OH, US 4	15402			(Stree	et and Number) 937-224-33	00		
	wn, State, Country				(Are	ea Code) (Telephone Nur)	
Internet Web Site Address			htt	ps://www.care	source.com	n/mi/plans/		_	
Statutory Statement Contac	t	Andrea Watr	oba				224-3300		
Andrea.V	Vatroba@care	(Name) source.com				(Area Code) (Telepl 937-487-17		extension)	
	(E-Mail Address					(Fax Number			
Name		Title	OFF	ICERS	Name	•		Title	
Michael Allen Genord I		President and	CEO	Me	rrill J Hause	enfluck #, _		Treasurer	
Michelle Denise Johnson Esq	11djani ,	Secretary		Arc	hana Raje	ndra J.D,	Assis	stant Secretary	
Marjorie Ann Staten J	l.D,	Assistant Secr		OFFICER	S				
Margaret M Andersor Scott Markovich #		DIRE Stephanie A Willi		OR TRUS		enord M.D.	Merrill	J Hausenfluck #	
State of	Michigan								
County of	Wayne								
The officers of this reporting er above, all of the herein describ that this statement, together w liabilities and of the condition a and have been completed in acmay differ; or, (2) that state rulk knowledge and belief, respective when required, that is an exac regulators in lieu of or in additional to the control of t	ed assets were to the related exhibition affairs of the accordance with the sor regulations rely. Furthermore to copy (except for the c	the absolute property of tits, schedules and exp said reporting entity as e NAIC Annual Stateme require differences in it, the scope of this atte or formatting differences	f the said repo- lanations there of the reportine ent Instructions reporting not re station by the	rting entity, free ein contained, ar ig period stated a and Accounting elated to accoun described officer	and clear from the connexed or readove, and control of the control	om any liens or claims eferred to, is a full an of its income and dedu nd <i>Procedures</i> manua s and procedures, ace des the related corres	s thereon, exce d true statement actions therefor I except to the cording to the ponding electron	ept as herein stated, and ent of all the assets and om for the period ended, extent that: (1) state law best of their information, onic filing with the NAIC,	
Michael Allen (President a				Hausenfluck easurer		Archana Rajendra Assistant Secretary			
Subscribed and sworn to b	pefore me this				b. If 1. 2.	this an original filin no: State the amendme Date filed	ent number	Yes [X] No []	

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals			1	,		
Group subscribers:						
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			<u> </u>			<u> </u>
			†			†
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	0	0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities	4,864,004		ļ			4,864,004 151,830
0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0499999 Premiums due and unpaid from Medicaid entities	1,990,966			(1,839,136)		151,830
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	6,854,971	0	0	(1,839,136)	0	5,015,834

EXHIBIT 3 - HEALTH CARE RECEIVABLES

EXIIIBIT 0	HEALIH VAN	C IVE OF IVE	·DLLO			
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 - Aggregate of amounts not individually listed above.	891,928	891,928	891,928	0.10. 00 20,00	. Tonia annitio a	2,675,785
0199999 - Pharmaceutical Rebate Receivables	891.928	891.928	891.928	0	0	2,675,785
0299998 - Aggregate of amounts not individually listed above.	001,020	301,020	551,625	628,521	628,521	2,0:0,:00
029999 - Claim Overpayment Receivables	0	0	0	628,521	628,521	- 0
0599998 - Aggregate of amounts not individually listed above.	3,833,277	Ü	- v	020,021	020,021	3,833,277
0599999 - Risk sharing Receivables	3,833,277	0	0	0	0	3,833,277
0699998 - Aggregate of amounts not individually listed above	44,226	3,649	1,550	3,101	3,101	49 425
0699998 - Aggregate of amounts not individually listed above. 0699999 - Other Health Care Receivables	44,226	3,649	1,550	3,101	3,101	49,425 49,425
0000000 Other hearth out o necessaries	77,220	0,040	1,000	0,101	0,101	70,720
0799999 Gross Health Care Receivables	4,769,431	895,578	893,479	631,622	631,622	6,558,488
	.,100,101	550,010	550, 110	551,0EE	33.,0EE	5,005,100

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected ring the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	2,648,411	8,268,100	0	2,675,785	2,648,411	2,656,434
Claim overpayment receivables				628,521	0	256 , 487
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables				3,833,277	0	
6. Other health care receivables	9,612	125 , 138		52,527	9,612	21,875
7. Totals (Lines 1 through 6)	2,658,023	8,393,238	0	7,190,110	2,658,023	2,934,796

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

EXHIBIT 4 – 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.						0
0399999 Aggregate accounts not individually listed-covered	4,427,452	54,535			1,385,175	5,867,162
0499999 Subtotals	4,427,452	54,535	0	0	1,385,175	5,867,162
0599999 Unreported claims and other claim reserves						32,645,047
0699999 Total amounts withheld 0799999 Total claims unpaid						38,512,209
0899999 Accrued medical incentive pool and bonus amounts						3,013,569
Dogagas Accrued medical incentive pool and bonus amounts						3,013,309

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	Δ	5	6	Adm	itted
'	2	l	Ţ	Ĭ	ľ	7	ρ
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Health Alliance Plan	1,398,694	01 00 Bayo	01 00 Bayo	Over so Baye	Horidamittod	1,398,694	11011 Carron
Tiodattii Attrance Fran	1,000,004					1,000,004	
				<u> </u>			
				<u> </u>		<u> </u>	
0100000 Individually listed receivables	1,398,694	Λ	0	1	Λ	1,398,694	<u> </u>
0199999 Individually listed receivables	1,000,004					1,350,054	
020000 Tetal research to individually listed	1,398,694	_	_	<u> </u>		1,398,694	
0399999 Total gross amounts receivable	1,390,094	l 0	l 0	l 0	l 0	1,390,094	l 0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
CareSource Management Services, Inc	Management fee and other admin fees due	9,639,241	9,639,241	
		†		
		 		
0100000 Individually listed payables		9,639,241	9,639,241	Λ
0199999 Individually listed payables		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
0399999 Total gross payables		9,639,241	9,639,241	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	0	0.0		0.0		
3. All other providers		13.7	83,750	218.2		32,474,389
4. Total capitation payments		13.7	83,750	218.2	0	32,474,389
Other Payments:						
5. Fee-for-service	6,992,939	3.0	xxx	XXX		6,992,939
6. Contractual fee payments	198,694,292	84.0	xxx	XXX	50,376,381	148,317,911
7. Bonus/withhold arrangements - fee-for-service	0	0.0	xxx	XXX		
8. Bonus/withhold arrangements - contractual fee payments	(1,750,684)	(0.7)	xxx	XXX	(3,437,452)	1,686,768
9. Non-contingent salaries	0		xxx	XXX		
10. Aggregate cost arrangements	0	0.0	xxx	XXX		
11. All other payments	0	0.0	xxx	xxx		<u> </u>
12. Total other payments	203,936,547	86.3	XXX	XXX	46,938,928	156,997,619
13. Total (Line 4 plus Line 12)	236,410,936	100 %	XXX	XXX	46,938,928	189,472,007

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 1 - PART 2 - SUMMART OF TRANSACTIONS		VIAIT DIVILIT	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
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	NIONE				
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			ļ		ļ
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

											(LOCATI			
AIC Group Code 01311 BUSINESS IN THE STATI	E OF Michigan			1		G THE YEAR 20 T		1				NAIC Compan	ĺ	95814
	1	Compre Hospital 8		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement		Dental Only		s Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Nor Health
Total Members at end of:														
1. Prior Year	42,391							4,832	37 , 559					
2 First Quarter	43,690							4,593	39,097					
3 Second Quarter	44,207							4,694	39,513					
4. Third Quarter	41,514							4,422	37,092					
5. Current Year	38,383							4,241	34,142					
6 Current Year Member Months	509,440							54,701	454,739					
Total Member Ambulatory Encounters for Year:														
7. Physician	594,802							311,433	283,369					
8. Non-Physician	125 , 137							33,701	91,436					
9. Total	719,939	0	0	0	0	0	0	345,134	374,805	0	0	0	0	
10. Hospital Patient Days Incurred	24,639							8,186	16,453					
11. Number of Inpatient Admissions	4,979							1,197	3,782					
12. Health Premiums Written (b)	280,955,522							125 , 655 , 136	155 , 300 , 386					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	280,955,522							125 , 655 , 136	155,300,386					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	236,410,935							100,966,636	135 , 444 , 299					
18. Amount Incurred for Provision of Health Care Services	241,593,739							106,054,041	135,539,697					

(a) For health business: number of persons insured under PPO managed care products $$	and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIC Group Code 01311 BUSINESS IN THE STATE	OF Consolidate	d			DURING	G THE YEAR 20	023				(LOCATIO	NAIC Company	Code	95814
	1	Comprel Hospital &		4	5	6	7	8	9	10	11	12	13	14
	Total	2	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
Total Members at end of:			,			,								
1. Prior Year	42,391	0	0	0	0	0	0	4,832	37 , 559	0	0	0	0	
2 First Quarter	43,690	0	0	0	0	0	0	4 , 593	39,097	0	0	0	0	
3 Second Quarter	44,207	0	0	0	0	0	0	4,694	39,513	0	0	0	0	
4. Third Quarter	41,514	0	0	0	0	0	0	4 , 422	37,092	0	0	0	0	
5. Current Year	38,383	0	0	0	0	0	0	4,241	34,142	0	0	0	0	
6 Current Year Member Months	509,440	0	0	0	0	0	0	54,701	454,739	0	0	0	0	
Total Member Ambulatory Encounters for Year:														
7. Physician	594,802	0	0	0	0	0	0	311,433	283,369	0	0	0	0	
8. Non-Physician	125 , 137	0	0	0	0	0	0	33,701	91,436	0	0	0	0	
9. Total	719,939	0	0	0	0	0	0	345,134	374,805	0	0	0	0	
10. Hospital Patient Days Incurred	24,639	0	0	0	0	0	0	8,186	16,453	0	0	0	0	
11. Number of Inpatient Admissions	4,979	0	0	0	0	0	0	1,197	3,782	0	0	0	0	
12. Health Premiums Written (b)	280,955,522	0	0	0	0	0	0	125 , 655 , 136	155 , 300 , 386	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	280,955,522	0	0	0	0	0	0	125 , 655 , 136	155,300,386	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	236,410,935	0	0	0	0	0	0	100,966,636	135,444,299	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	241,593,739	0	0	0	0	0	0	106,054,041	135,539,697	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products	0 and number of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	_6	7	8	9	10	11	12	13
NAIC Company	ID			Domiciliary	Type Of Reinsurance	Type Of Business		Unearned	Reserve Liability Other Than For Unearned	Reinsurance Pavable on Paid	Modified Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	Payable on Paid and Unpaid Losses	Reserve	Under Coinsurance
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9999999	Totals						U	0	U	U	U	

SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

	2	3	able on Paid and Unpaid Losses Listed by Rei 4	1 5	6	7
	_	Ü	·			
1 NAIC			Name			
Company	ID	Effective	of	Domiciliary	Paid	Unpaid
Code	Number	Date ates - Non-U.S. Non	Company	Jurisdiction	Losses	Losses
16535	36-4233459	01/01/2023	ZURICH AMER INS CO	NY	7 ,353	0
2099999 - Acci	dent and Health	- Non-Affiliates - I	Non-U.S. Non-Affiliates	•	7,353	0
2199999 - Acci	dent and Health	<u>- Non-Affiliates -</u> - Total Accident and	Total Non-Affiliates		7,353 7,353	0
2499999 - Tota	al Non-U.S. (Sum o	of 0699999, 0999999	, 1799999 and 2099999)		7,353	0
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SCHEDULE S - PART 3 - SECTION 2

Dainassanaa Cadad Aasidant and Usalti	h luarreanna Liatad by Daimarrian (Company as of December 31 Current Year

		Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year												
1	2	3	4	5	6	7	8	9	10	Outstanding	Surplus Relief	13	14	
NAIC			Name	-	Type of	Type of		Unearned	Reserve Credit	11	12	Modified		
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for		12	Coinsurance	Funds Withheld	
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year		Under Coinsurance	
Code	Number			Jurisalction	Ceded	Ceded	Premiums	(Estimated)	Jonearned Premiums	Current rear	Prior Year	Reserve	Under Coinsurance	
General Acc	ount - Authorize	d - Non-Attillate	es - U.S. Non-Affiliates	1 10/	001./1	ND.	070 740							
16535 16535	36-4233459	01/01/2023	ZURICH AMER INS CO.	NY	SSL/1 SSL/1	MR	279,716							
16535	36-4233459		ZURICH AMER INS CO.	NY	SSL/1	MC	609,715							
			Non-Affiliates - U.S. Non-Affiliates				889,432	0	Ů	0	0	0	0	
			lon-Affiliates – Total Authorized Non-Affiliates				889,432	0	0	0	0	0	0	
1199999 -	General Account	- Authorized - T	otal General Account Authorized				889,432	0	0	0	0	0	0	
4599999 -	General Account	- Total General	Account Authorized, Unauthorized, Reciprocal Jur	isdiction and Certif	ied		889,432	0	0	0	0	0	0	
9199999 -	Total U.S. (Sum	of 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 3699999	. 4199999 . 4899999	5399999 5999999 649	99999 . 70999999 .	,							
7599999	8199999 and 8699	999)		,,,	,,	,	889,432	0	0	0	0	0	0	
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9999999	Totals						889,432	0	1 0 1	0	1 0	1 0	I 0	

Schedule S - Part 4

NONE

Schedule S - Part 5

SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1	Omitted)	3	4	5
A. OPERATIONS ITEMS	2023	2022	2021	2020	2019
, a G. E. G. I. G. I. E. II. G. I. E. II. G. I. E. II. G. I. E. II. G. I					
1. Premiums	0	0	0	0	0
2. Title XVIII-Medicare	280	277	240	399	631
3. Title XIX-Medicaid	610	477	366	715	316
Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	7	212,394	178,324	1,251	1,488,721
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	7	0	352	1,113	3,098
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)			0		0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	74,114,030		74,114,030
2.	Accident and health premiums due and unpaid (Line 15)	6,055,178		6,055,178
3.	Amounts recoverable from reinsurers (Line 16.1)	7 ,353 .	(7,353)	0
4.	Net credit for ceded reinsurance	xxx	7 ,353	7,353
5.	All other admitted assets (Balance)	23,236,535		23,236,535
6.	Total assets (Line 28)	103,413,096	0	103,413,096
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	38,512,209	0	38,512,209
8.	Accrued medical incentive pool and bonus payments (Line 2)	3,013,569		3,013,569
9.	Premiums received in advance (Line 8)	816,676		816,676
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.				
12.				
13.				
14.				27,845,276
15.	Total liabilities (Line 24)		0	70 , 187 , 731
16.			xxx	33,225,364
17.	Total liabilities, capital and surplus (Line 34)	103,413,096	0	103,413,096
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	7 ,353		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	7,353		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	7,353		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Tarritories

	L				isiness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado							
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. lowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana							
20. Maine	ME						
21. Maryland							
22. Massachusetts							
23. Michigan	MI						
•	MN						
25. Mississippi							
• •							
26. Missouri							
27. Montana							
28. Nebraska	NE						
29. Nevada							
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York	NY						
	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI					ļ	ļ
41. South Carolina	sc						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia	l l						
48. Washington							
49. West Virginia							
50. Wisconsin						<u> </u>	
						<u> </u>	
51. Wyoming							
52. American Samoa							
53. Guam						·	
54. Puerto Rico						<u> </u>	····
55. U.S. Virgin Islands						·	
56. Northern Mariana Islands			-				
57. Canada							
58. Aggregate Other Alien	OT I		1		1	1	1

41

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

Name		_								1	T		1	T		
Group Name Corporation Name	1	2	3	4	5	6	7 Name of	8	9	10	11	12	13	14	15	16
Comparison Com																
Codg Company										Polationship			If Control is		le an SCA	
Coops			NAIC				9	Names of			1		-			
Code Group Name Code Number PSSD CIK International PASSD CIK International PASSD	Group			ID	Federal				Domicilian		Directly Controlled by			Liltimate Controlling		
Second Second Report		Group Name				CIK			,							*
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Harry Ford Health Systems Gross Septimized Septim	01311		95844	38-2242827					MI	UIP	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	0
		Henry Ford Health Systems						Alliance Health and Life			Health Alliance Plan of			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
Group Grou	01311		60134	38-3291563					MI	I A		Ownership	100.0	Henry Ford Health	YES	0
Nearly Ford Health Systems Seption Septi		Henry Ford Health Systems						Administration System Research			Health Alliance Plan of	,				
10311 107ctj 10	00000		00000	38 - 2651185				Corporation		N I A	Michigan	. Ownership	100.0	Henry Ford Health	NO	0
Henry Ford Health Systems 0000 02-3877012 HAP Espovered Holding, LLC LDP Hast in All James Plan" of Wichgam 0000 Henry Ford Health ND 00000 Composition 000000 Composition 00000 Composition 000000 Composition																
Group	01311		95814	38-3123777				HAP CareSource	MI	RE		0wnership	100.0	Henry Ford Health	YES	0
Henry Ford Health Systems 100.0 38-1357020 Henry Ford Health Systems 100.0 Henry Ford Heal	00000		00000	00 0077040						LIDD			00.0		NO	
Composition	00000		00000	92-38//012				HAP Empowered Holding, LLC		JUDP	Michigan	. Ownership		Henry Ford Health	NO	
Henry Ford Health Systems 00000 93 4079536 Henry Ford Health Systems 00000 93 4079536 Henry Ford Health Systems 00000 38 2791823 000000 38 2791823 000000 38 2791823 000000 38 2791823 000000 38 2791823 000	00000	1. '	00000	20 1257020				Honey Ford Hoolth		LILD			100.0		N/O	
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Henry Ford Health Systems	00000		00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	0
Doops											1					
	00000		00000	38-2947657				LLC		NIA	Henry Ford Health	.Ownership	100.0	Henry Ford Health	NO	0
Henry Ford Health Systems O0000 Sar-1210726 Neighborhood Development LLC NIA Henry Ford Health Ownership A6.0 Henry Ford Health No Henry Ford Health Systems O0000 Sar-1210726 Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Health Ownership A6.0 Henry Ford Health Nia Henry Ford Heal		Henry Ford Health Systems										, i				
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Henry Ford Health Systems 00000 Group. 00000	00000	Group.	00000	32-0306774				Henry Ford Physician Network	<u> </u>	NIA	Henry Ford Health	Ownership	56.3	Henry Ford Health	N0	0
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Henry Ford Health Systems 00000. Group	00000	1. '	00000	90-0659735				Pace Southeast Michigan		NIA	Henry Ford Health	Ownershin	100.0	Henry Ford Health	NO	n
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Henry Ford Health Systems	00000		00000	26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health	Ownership	100 0	Henry Ford Health	NO	ا ۱
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00000 Group 00000 38-3322462 P Cor, LLC (d/b/a Optimeyes) NIA Henry Ford Health 0000 Ownership 100.0 Henry Ford Health NO	00000		00000	38-3322462	.			P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	0

41.1

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
						Name of Securities					Type of Control				
						Exchange if			Relationship		(Ownership, Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)		*
	Henry Ford Health Systems														
00000	Group	00000	41-2223561				Henry Ford Pathology		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO .	0
	Harris Fard Harlah Oristana						Henry Ford Physicians								
00000	Henry Ford Health Systems	00000	46-5746225				Accountable Care Organization,		NIA	Henry Ford Health	Ownershin	100.0	Henry Ford Health	NO.	0
00000	Group Henry Ford Health Systems	00000	40-3740223				Center for Complementary and	· · · · · · · · · · · · · · · · · · ·	N I A	nenry rord nearth	Ownership	100.0	nenry rord nearth	NU	
00000	Group	00000	30-0092342				Integrative Medicine		NIA	Henry Ford Health	Ownership	100 0	Henry Ford Health	NO	0
00000	Henry Ford Health Systems	00000	00 00020 12				Henry Ford Health System						1.0		
00000	Group.	00000	46-4064067				Government Affairs Services		NIA	Henry Ford Health	Ownership	66.7	Henry Ford Health	NO .	0
	Henry Ford Health Systems						Henry Ford Elijah McCoy								
00000	Group	00000					Condominium Association		NIA	Henry Ford Health	.Ownership	51.0	Henry Ford Health	NO .	0
00000	Henry Ford Health Systems	00000	46-5291602				UFUE CCA Holdings II.C		NII A	Hanry Ford Haalth	Ownershin	20.0	Hanry Ford Haalth	NO	0
00000	Group Henry Ford Health Systems	00000	40-3291002				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health	Ownership	∠U.U	Henry Ford Health	INU	
00000	Group	00000	47 - 1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health	Ownership.	44 9	Henry Ford Health	NO.	0
00000	Henry Ford Health Systems	00000	11 1100000				limitoringan motro branyoto, 220			l l l l l l l l l l l l l l l l l l l	- 0 11101 O111 P		Thom y Tora hoarth		
00000	Group	00000	98-0128041				Caymich Insurance Company, LTD		IA	Henry Ford Health	Ownership	32.1	Henry Ford Health	NO .	0
	Henry Ford Health Systems														
00000	Group	00000	41-2176000				IRB Medical Equipment, LLC		N I A	Henry Ford Health	.Ownership	33.0	Henry Ford Health	NO .	0
00000	Henry Ford Health Systems	00000	20 2000022				Mad Ctar Ambulance		NII A	Harry Fand Haalth	O	22.0	Hanny Fand Hanlik	NO	0
00000	Group Henry Ford Health Systems	00000	38-2666933				Med Star Ambulance Macomb County EMS Medical	·····	NIA	Henry Ford Health	.Ownership	33.0	Henry Ford Health	NU	
00000	Group.	00000	26-3421732				Control Authority		NIA	Henry Ford Health	Ownership	100 0	Henry Ford Health	NO.	0
00000	Henry Ford Health Systems	00000	20 0 12 11 02				Community Health Technology			l l l l l l l l l l l l l l l l l l l			'		
00000	Group	00000	37 - 1502443				Network		NIA	Henry Ford Health	Ownership	17 . 4	Henry Ford Health	NO .	0
	Henry Ford Health Systems						<u>.</u>			l <u>-</u>			l <u>-</u>		_
00000	Group	00000	87 -2121325				HFHS-Acadia Joint Venture, LLC	·	NIA	Henry Ford Health	.Ownership	5.0	Henry Ford Health	NO	0
00000	Henry Ford Health Systems Group	00000					G3 Pharmaceuticals		NIA	Henry Ford Health	Ownership.	33 0	Henry Ford Health	NO	0
00000	Henry Ford Health Systems	00000					Filatillaceut (cars	······	N 1 A	l	. Owner Sirip		lienty rold hearth	INO	
00000	Group	00000		l			Cottage Condominium Association		NIA	Henry Ford Health	Ownership.	5.0	Henry Ford Health	NO .	0
	Henry Ford Health Systems						_				· ·				
00000		00000					KARETech Medical Devices		NIA	Henry Ford Health	Ownership	33.0	Henry Ford Health	NO .	0
00000	Henry Ford Health Systems	00000					DDAM Haldings II C		NII A	Harry Fand Haalth	O		Hanny Fond Hanlah	NO	0
00000	Group Henry Ford Health Systems	00000					PRAM Holdings, LLC		NIA	Henry Ford Health	0wnership	0. G	Henry Ford Health	NU	
00000	Group	00000					Truveta, Inc		NIA	Henry Ford Health	Ownership	4.6	Henry Ford Health	NO	0
00000	Henry Ford Health Systems	00000					,			l l l l l l l l l l l l l l l l l l l	0 #1101 5111 p		lioniy rord nodren		
00000	Group	00000					Henry Ford Physician Partners		NIA	Henry Ford Health	Ownership	14.7	Henry Ford Health	NO	0
1	Henry Ford Health Systems						Henry Ford Home Recovery Care,			<u> </u>	<u> </u>				
00000		00000	87 - 1165650				LLC		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health		0
00000	Henry Ford Health Systems	00000					HFHS - MSU Health Sciences		NIA	Henry Ford Health	Ownership	40.0	Henry Ford Health	NO	0
00000	Group Henry Ford Health Systems	00000							N I A	Inciny Polu Health	. ownersinp	49.0	Inchi y rotu neatti	IN∪ .	
00000	Group	00000]			CarePath Rx Holdings, LLC		NIA	Henry Ford Health	Ownership.	50.0	Henry Ford Health	NO NO	0
	Henry Ford Health Systems						Henry Ford GoHealth Urgent Care						'		
00000	Group.	00000	87 - 1466014				Mgmt, LLC		NIA	Henry Ford Health	Ownership	1.0	Henry Ford Health	NO .	0

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
	_	"			ŭ	Name of			10		Type of Control	10	''	"	
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC		1		Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		_
Code	Group Name Henry Ford Health Systems	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	•
00000	Group	00000					DePre Holdings, LLC		NIA	Henry Ford Health	Ownership.	50.0	Henry Ford Health	NO	0
00000	Henry Ford Health Systems						Derre nordrigs, ELC		N I A	l	. Owner Sirip		lienty rolu nearth	INO	
00000	Group	00000					ExPre Holdings, LLC		NIA	Henry Ford Health	Ownership.	2.3	Henry Ford Health	NO	0
00000	Henry Ford Health Systems												lioni y i or a rioar tite		
00000	Group	. 00000	88-4413164				Healthy Population LLC		NIA	Henry Ford Health	Ownership	7.7	Henry Ford Health	NO	0
	Henry Ford Health Systems						Henry Ford Allegiance Health								
00000	Group	00000	38-2756428				Group		NIA	Henry Ford Health	Ownership		Henry Ford Health	NO	0
1	Henry Ford Health Systems						l			Henry Ford Allegiance Health					
00000	Group	00000	38-2024689				Henry Ford Allegiance Health		NIA	Group	Ownership	100.0	Henry Ford Health	NO .	0
00000	Henry Ford Health Systems	00000	00 4040405				Harry Frank Allandary Organization		NII A	Henry Ford Allegiance Health	O	400.0	Harris Frank Harlah	NO	
00000	Group Henry Ford Health Systems	. 00000	38 - 1218485				Henry Ford Allegiance Carelink		NIA	Henry Ford Allegiance Health	Ownership	100.0	Henry Ford Health	N∪ .	0
00000	Group	00000	38-3607833				Henry Ford Allegiance Health Foundation		NIA	Group	Ownership	100.0	Henry Ford Health	NO	0
00000	Henry Ford Health Systems	. 00000	. 30-300/033				l ouridat ron	······		Henry Ford Allegiance Health	. Owner sirrp	100.0	lienty ford fleatth		
00000	Group	00000	38-3370242				Henry Ford Allegiance Pharmacy		NIA	Group	Ownership.	100.0	Henry Ford Health	NO	0
	Henry Ford Health Systems									Henry Ford Allegiance Health					
00000	Group.	. 00000	38-2756425				Healthlink		NIA	Group	Ownership	100.0	Henry Ford Health	NO .	0
	Henry Ford Health Systems									Henry Ford Allegiance Health					
00000	Group	. 00000	45-3253643				Jackson Health Network, L3C		NIA	Group	Ownership	100.0	Henry Ford Health	N0 .	0
00000	Henry Ford Health Systems	00000					T			Henry Ford Allegiance Health		400.0		l uo	
00000	GroupHenry Ford Health Systems	. 00000					Telehealth Michigan		NIA	Group	Ownership	100.0	Henry Ford Health	NU .	0
00000	Group	00000	38-2594857				Physicians Choice Network, LLC		NIA	Henry Ford Allegiance Health	Ownership.	100.0	Henry Ford Health	NO	0
00000	Henry Ford Health Systems	. 00000	30-2094001				Priysterans choice network, LLC		N I A	Henry Ford Allegiance Health	Ownership	100.0	neniy roru neartii	INU	
00000	Group	. 00000					It's Your Life Services, LLC		NIA	Group	Ownership	100 0	Henry Ford Health	NO	0
00000	Henry Ford Health Systems	00000					110 00101000, 220			Henry Ford Allegiance Health	0 "1101 0111 p		lioniy rora noartii		
00000	Group	. 00000	38-2336367				Henry Ford Allegiance Hospice		NIA	Group	Ownership	100.0	Henry Ford Health	NO	0
	Henry Ford Health Systems	İ								Henry Ford Allegiance Health	İ '		'	1	
00000	Group	. 00000	84-2047106				Grass Lake Surgery Center, LLC		NIA	Group	Ownership	46.0	Henry Ford Health	NO	0
1	Henry Ford Health Systems									Henry Ford Allegiance Health					
00000	Group	00000	38-3316836				Jackson Community Ambulance		NIA	Group	Ownership	50.0	Henry Ford Health	N0 .	0
00000	Henry Ford Health Systems	00000	38-3017711				Foote Health Center Associates		NIA	Henry Ford Allegiance Health	Ownership	06.4	Henry Ford Health	NO	
00000	Group Henry Ford Health Systems		30-301//11				Emergency Medical Services		N I A	Henry Ford Allegiance Health	ownership	00.4	Inemy rota neatth		
00000	Group	00000	38-2361692				Council of Jackson County		NIA	Group	Ownership	50.0	Henry Ford Health	NO	ا ۱
00000	Henry Ford Health Systems						Journal of June 19			Henry Ford Allegiance Health	0 milot off 1 p		Inomy rold hodith	no -	
00000	Group	00000	84-2287892				Grass Lake Real Estate, LLC		NIA	Group	Ownership	46.0	Henry Ford Health	NO	0

Asterisk	Explanation

SCHEDULE Y

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

1	2	3	4	5	6	7 ,	8	9	10	11	12	13
1					Purchases, Sales or	Income/ (Disbursements)						Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
NAIC Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95844	38-2242827	Health Alliance Plan of Michigan					(233, 144, 655)				(233, 144, 655)	
00000	38-2513504	HAP Preferred Inc.					0		ļ		0	
60134	38-3291563	Alliance Health and Life Insurance Co		45,000,000			(43,803,662)		ļ		1, 196, 338	
00000	38 - 1357020	Henry Ford Health System		(45,000,000)		ļ	266 , 296 , 179		ļ		221,296,179	
95814	38-3123777	HAP CareSource					(84,649,970)		ļ		(84,649,970)	
00000	38-3295207	Trusted Health Plan Michigan, Inc.					0		ļ		0	
00000	38-2791823	Henry Ford Wyandotte		ļ			31,489,799		ļ		31,489,799	
	38-2594841	First Optometry					0		ļ		0	
00000	38-1368330	Detroit Osteopathic Hospital		ļ			0		ļ		0	
00000	38-2947657	Henry Ford Macomb Hospital		ļ			48,026,322		ļ		48,026,322	
00000	26-3896897	Henry Ford West Bloomfield.		ļ			1, 129, 484				1, 129, 484	
00000	38-3193008	Downriver Cancer Center		ļ			0		 		0	
00000	38-2433285 38-3322462	HFH - Belmont Nursing.		 		 	0 364,398		 		0	
00000	38-3322462	P Cor, LLC			-				 		364,398	
00000	26-0423581	Macomb Regional Dialysis Centers LLC.		 			2,501,400 483,687		 		2,501,400	
00000	45-5325853	. Macomid Regional Dialysis Centers LLC					403,007		ł		403,007	
00000	47 - 1436663	Home Dialysis Specialty Center Michigan Metro Dialysis, LLC.		·····			41.712		 		41.712	
00000	41-2223561	Henry Ford Pathology.		†	+	·	817,632		 		817 .632	
00000	45-5325853	Home Dialysis Specialy Center		†	·	†			 	·	190	
00000	38-2433285	Henry Ford Continuing Care		†····			0		†		0	
00000	30-0092342	Center for Complimentary and Integrated.		†····		-	36,753		†		36,753	
00000	38-2027689	W A Foote Memorial Hospital		†			9,464,422		1		9,464,422	
00000	38-1218485	Henry Ford Allegiance Carelink		†			n l		1			
00000	38-2651185	Admin Sys Res Corp.		*			(3,322,177)		1		(3,322,177)	
00000	31-1703371	CareSource Management Services, Inc.		<u> </u>			4.268.486		1		4.268.486	
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9999999 C	ontrol Totals		1 0	1 0	1 0	0	0	0	XXX	0	0	0

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3 Ownership	4 Granted Disclaimer of Control\Affiliation	5	6	7 Ownership	8 Granted Disclaimer
		Percentage				Percentage	of Control\Affiliation of Column 5 Over
		Column 2 of			U.S. Insurance Groups or Entities	(Columns 5	Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
Health Alliance Plan of Michigan	Henry Ford Health System. Health Alliance Plan of Michigan HAP Empowered Holding LLC	100.000 %	NO	Henry Ford Health SystemHenry Ford Health System	Henry Ford Health System Group Henry Ford Health System Group	100.000 %	NO
Alliance Health and Life Insurance Company	Health Alliance Plan of Michigan		NO	Henry Ford Health System	Henry Ford Health System Group	100.000 %	NO
HAP CareSource	HAP Empowered Holding LLC		NO	Henry Ford Health System.	Henry Ford Health System Group	100.000 %	NO
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		%					

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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

MARCH FILING

10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.		N0
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	SEE EXPLANATION
17.		SEE EXPLANATION
18.		SEE EXPLANATION
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	

YES.

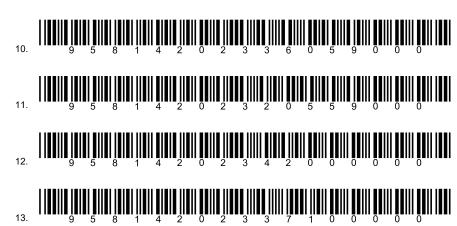
Explanation:

16. Not Applicable

17. Not Applicable

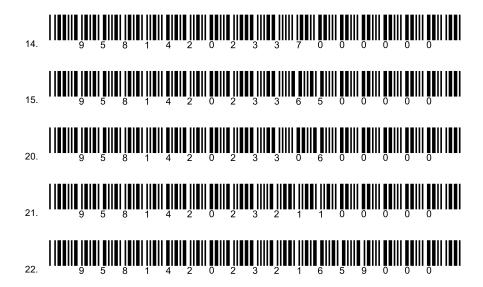
18. Not Applicable

Bar code:



Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT **FOR YEAR**

For The Year Ended December 31, 2023 (To Be Filed By March 1)

FOR THE STATE OF Michigan

NAIC Group Code 01311.....

NAIC Company Code 95814.....

	MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1.	Disability income.	NO
1	Health	NO
3.		NO
4.	Individual annuity	NO
5.	Individual life	NO
6.	Lender-placed home and auto	NO
7.	Long-term care	NO
8.	Other health	NO
9.	Private flood	N0
10.	Private passenger auto	N0
11.	Short-term limited duration health plans	N0
1	Travel	NO NO