

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan NAIC Company Code _ __ Employer's ID Number NAIC Group Code 95844 1311 1311 38-2242827 (Current Period) Organized under the Laws of Michigan , State of Domicile or Port of Entry Country of Domicile **United States** Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other [] Is HMO, Federally Qualified? Yes [X] No [] Incorporated/Organized 06/27/1978 Commenced Business 02/08/1979 Statutory Home Office 3031 W. Grand Blvd., Ste. 110 Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) Main Administrative Office 3031 W. Grand Blvd., Ste. 110 Detroit, MI, US 48202 313-872-8100 Mail Address 1414 E. Maple Rd. (Street and Number or P.O. Box) Troy, MI, US 48083 (City or Town, State, Country and Zip Code) Primary Location of Books and Records 3031 W. Grand Blvd., Ste. 110 (Street and Number) Detroit, MI, US 48202 248-443-1093 (Area Code) (Telephone Number) (Extension) Internet Web Site Address www.hap.org Statutory Statement Contact Dianna L. Ronan CPA 248-443-1093 (Area Code) (Telephone Number) (Extension) (Name) 248-443-8610 dronan@hap.org (Fax Number) **OFFICERS** Name Title Name Title Michael Allen Genord M.D. President and CEO Robin S. Damschroder Treasurer Secretary Marjorie Ann Staten J.D. # Archana Rajendra Assistant Secretary **OTHER OFFICERS** Merrill J. Hausenfluck # Assistant Treasurer **DIRECTORS OR TRUSTEES** Charles R. Browning # Jeffrey Alan Chaffkin Mamatha Chamarthi Joni Marja-Thrower Davis Caleb DesRosiers J.D. Denise Gaida Essenberg Michael Allen Genord M.D. Jacalyn Sue Goforth Raymond Carmelo Lope John Kevin Gorman Gregory Jackson Margaret Kennedy # Adnan Radwan Munkarah M.D. Meerah Rajavel Robert G. Rinev Felix Mario Valbuena, Jr. M.D.Michigan. 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 filling with the NAIC, when required that is an exact conv. (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be requested by various 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. Archana Rajendra Michael Allen Genord M D Merrill J. Hausenfluck President and CEO **Assistant Treasurer** Assistant Secretary Yes [X] No [] a. Is this an original filing? Subscribed and sworn to before me this b. If no: day of 1. State the amendment number

2. Date filed

3. Number of pages attached

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 | | | | | | |
| Group subscribers: | | | | | | |
| Federal Employees Health Benefit Program | 6,105,995 | | | | | 6,105,995 |
| Group subscribers: Federal Employees Health Benefit Program | 1,887,238 | 9,022 | 35,535 | | | 1,931,794 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 7 000 000 | | 05 505 | | | |
| 0299997 Group subscriber subtotal | 7,993,233 | 9,022 | 35,535 | 0 | J0 | 8,037,789 3,306,506 |
| 0299998 Premiums due and unpaid not individually listed | 3,281,366 | 19,122 | 6,019 | | ļ | 3,306,506 |
| 0299999 Total group | 11,274,598 | 28 , 144 | 41,554 | 0 | J | 11,344,296 |
| 0399999 Premiums due and unpaid from Medicare entities | · | | | | | ····· |
| 0499999 Premiums due and unpaid from Medicaid entities | 44 074 500 | 00.444 | 44.554 | | | 44 044 000 |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 11,274,598 | 28,144 | 41,554 | 0 | 0 | 11,344,296 |

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 11 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|-------------|--------------|----------------|---|--------------|------------|
| Name of Debtor | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Admitted |
| 0199998 - Aggregate of amounts not individually listed above. 0199999 - Pharmaceutical Rebate Receivables | 28,302,990 | | | | | 28,302,990 |
| 0199999 - Pharmaceutical Rebate Receivables | 28,302,990 | 0 | 0 | 0 | 0 | 28,302,990 |
| 0499998 - Aggregate of amounts not individually listed above. 0499999 - Capitation Arrangement Receivables 0599998 - Aggregate of amounts not individually listed above. 0599999 - Risk sharing Receivables | 8,930,293 | | | | | 8,930,293 |
| 0499999 - Capitation Arrangement Receivables | 8,930,293 | 0 | 0 | 0 | 0 | 8,930,293 |
| 0599998 - Aggregate of amounts not individually listed above. | 573,025 | | | | | 573,025 |
| 0599999 - Risk sharing Receivables | 573,025 | 0 | 0 | 0 | 0 | 573,025 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | + | | | |
| | | | | • | · | |
| | | † | † | | † | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | ļ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | + | | | |
| | | | | | · | |
| | | | · | | † | |
| | | | · | | T | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | ļ | | | ļ | |
| | | ļ | | | ļ | |
| | | | | | | |
| | | | + | | ļ | |
| 770000 A | 07.000.000 | | | | | 07.000.000 |
| 0799999 Gross Health Care Receivables | 37,806,308 | 0 | 0 | 0 | 0 | 37,806,308 |

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

| | | eivables Collected ring the Year | | eivables 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 | 24,815,941 | 83,576,419 | | 28,302,990 | 24,815,941 | 24,326,598 |
| Claim overpayment receivables | | | | | 0 | |
| Loans and advances to providers | | | | | 0 | |
| Capitation arrangement receivables | 1,359,031 | | | 8,930,293 | 1,359,031 | 1,359,031 |
| 5. Risk sharing receivables | 2,797,076 | | | 573,025 | 2,797,076 | 2,797,076 |
| 6. Other health care receivables | | | | | 0 | |
| 7. Totals (Lines 1 through 6) | 28,972,048 | 83,576,419 | 0 | 37,806,308 | 28,972,048 | 28,482,705 |

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 | 2 | 3 | 4 | 5 | 6 | 7 |
| Account | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Total |
| Claims Unpaid (Reported) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 0199999 Individually listed claims unpaid | n | 0 | 0 | 0 | Λ | |
| 0299999 Aggregate accounts not individually listed-uncovered | 1,200,173 | (91,350) | 38,346 | 3.134 | 11,405 | 1,161,708 |
| 0399999 Aggregate accounts not individually listed-covered | 27,862,731 | 1,817,722 | 1,243,631 | (411,652) | (1,753,362) | 28,759,070 |
| 0499999 Subtotals | 29,062,904 | 1,726,372 | 1,281,977 | (408,518) | (1,741,957) | 29,920,778 |
| 0599999 Unreported claims and other claim reserves | | | • | , , , , , , | , | 123,507,261 |
| 0699999 Total amounts withheld | | | | | | 1,076,803 |
| 0799999 Total claims unpaid | | | | | | 154,504,842 |
| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | 5,344,100 |

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | Adm | itted |
|--|-------------|--------------|--------------|--------------|-------------|-----------|-------------|
| | | | | | | 7 | 8 |
| Name of Affiliate | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Current | Non-Current |
| Alliance Health and Life Insurance Compa | 6,555,682 | | | | | 6,555,682 | |
| HAP CareSource | 1,425,038 | | | | | 1,425,038 | |
| Alliance Health and Life Insurance Compa. HAP CareSource Administration Systems Research Corp | 315,822 | | | | | 315,822 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 0199999 Individually listed receivables | 8,296,542 | 0 |] 0 | 0 | 0 | 8,296,542 | |
| 0199999 Individually listed receivables | | | | | | | |
| 0399999 Total gross amounts receivable | 8,296,542 | 0 | 0 | 0 | 0 | 8,296,542 | 0 |

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1 | 2 | 3 | 4 | 5 |
|--|---|-------------------------|-------------|-------------|
| Affiliate | Description | Amount | Current | Non-Current |
| Alliance Health and Life Insurance Compa. | Management Fees and Reimbursements. | 10,761,750 7,540,287 | 10,761,750 | |
| Henry Ford Health System | Management Fees and Reimbursements | 7,540,287 | 7 ,540 ,287 | |
| Alliance Health and Life Insurance Compa. Henry Ford Health System | Management Fees and Reimbursements. Management Fees and Reimbursements. Management Fees and Reimbursements. | 2,823,732 | 2,823,732 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 0199999 Individually listed payables | | 21,125,769 | 21,125,769 | 0 |
| 0199999 Individually listed payables | | , , , , , | , , , , , | |
| 0399999 Total gross payables | | 21,125,769 | 21,125,769 | 0 |

| 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 | 152,247,969 | 10.3 | 77,689 | 46.8 | 37,225,878 | 115,022,091 |
| Intermediaries | | 0.0 | | 0.0 | | |
| 3. All other providers | 2,515,498 | 0.2 | 88,365 | 53.2 | | 2,515,498 |
| 4. Total capitation payments | | 10.5 | 166,054 | 100.0 | 37 , 225 , 878 | 117 , 537 , 589 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 9,103,917 | 0.6 | xxx | XXX | 28,303 | 9,075,614 |
| Contractual fee payments | 1,300,672,069 | 88.2 | xxx | XXX | 321,514,897 | 979, 157, 172 |
| Bonus/withhold arrangements - fee-for-service | | 0.0 | XXX | XXX | | |
| Bonus/withhold arrangements - contractual fee payments | 9,334,370 | 0.6 | XXX | XXX | 1,459,341 | 7 ,875 ,029 |
| 9. Non-contingent salaries | | 0.0 | xxx | XXX | | |
| 10. Aggregate cost arrangements | | 0.0 | xxx | XXX | | |
| 11. All other payments | | | xxx | XXX | | <u> </u> |
| 12. Total other payments | 1,319,110,356 | 89.5 | xxx | XXX | 323,002,541 | 996,107,815 |
| 13. Total (Line 4 plus Line 12) | 1,473,873,823 | 100 % | XXX | XXX | 360,228,419 | 1,113,645,404 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1 | 2 | 3 | 4 Average Monthly | 5 Intermediary's Total Adjusted Capital | 6 Intermediary's Authorized |
|---------------|----------------------|-----------------|-------------------------|---|-----------------------------------|
| NAIC Code | Name of Intermediary | Capitation Paid | Capitation | Total Adjusted Capital | Control Level RBC |
| | | | | | |
| | | | | ł | |
| | | | | | |
| | | | | 1 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 999999 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 | 6,700,608 | | 4,538,939 | 2,161,669 | 2,161,669 | |
| Medical furniture, equipment and fixtures | | | | | | |
| Pharmaceuticals and surgical supplies | | | | | | |
| Durable medical equipment | | | | | | |
| Other property and equipment | | | | | | |
| 6. Total | 6,700,608 | 0 | 4,538,939 | 2,161,669 | 2,161,669 | 0 |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. Detroit, Michigan

| | | | | | | | | | | | (LOCATI | | | |
|---|---------------|--------------|-----------------------|------------|--------|-------------|---|---------------|-----------|------------|------------|-------------|--------|-----------|
| AIC Group Code 1311 BUSINESS IN THE STATI | E OF Michigan | r | | 1 | DURING | THE YEAR 20 | 23 | ı | • | Γ | | NAIC Compan | y Code | 95844 |
| | 1 | Compre | hensive & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | | 2 Hospital 8 | 3 | Medicare | Vision | Dental | Federal Employees Health Benefits | Title XVIII | Title XIX | | Disability | Long-Term | Other | Other Non |
| | Total | Individual | Group | Supplement | Only | Only | Plan | Medicare | Medicaid | Credit A&H | Income | Care | Health | Health |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | 170,615 | 2,281 | 87,906 | | | | 10 , 102 | 70,326 | | | | | | |
| 2 First Quarter | 169,337 | 2,247 | 86,656 | | | | 9,669 | 70,765 | | | | | | |
| 3 Second Quarter | 167 ,705 | 2,170 | 85,473 | | | | 9,613 | 70,449 | | | | | | |
| 4. Third Quarter | 166,782 | 2,114 | 84,685 | | | | 9,540 | 70,443 | | | | | | |
| 5. Current Year | 166,054 | 2,026 | 84,270 | | | | 9,457 | 70,301 | | | | | | |
| 6 Current Year Member Months | 2,014,061 | 25,996 | 1,026,391 | | | | 115,206 | 846,468 | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | · | | | | | | | |
| 7. Physician | 1,396,024 | 10,565 | 504,735 | | | | 71,981 | 808,743 | | | | | | |
| 8. Non-Physician | 1,689,366 | 12,025 | 561,513 | | | | 86,539 | 1,029,289 | | | | | | |
| 9. Total | 3,085,390 | 22,590 | 1,066,248 | 0 | 0 | 0 | 158,520 | 1,838,032 | 0 | 0 | 0 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 119,163 | 327 | 16,628 | | | | 1.764 | 100,444 | | | | | | |
| 11. Number of Inpatient Admissions | 23,788 | 85 | 4.561 | | | | 473 | 18,669 | | | | | | |
| 12. Health Premiums Written (b) | 1,608,230,501 | 11,673,500 | 558,196,011 | | | | 90,691,148 | 947,669,842 | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | 917 ,000 ,012 | | | | | | |
| Property/Casualty Premiums Written | 0 | | | | • | | | | • | • | | | | |
| · · · · · · · · · · · · · · · · · · · | 1,608,230,501 | 11,673,500 | 558,196,011 | | | | 00 601 149 | 947,669,842 | | | | | | · |
| | | 11,073,300 | | | | | 90,081,140 | 941 ,009 ,042 | | | | | | - |
| 16. Property/Casualty Premiums Earned | , · | 0.000.555 | 505 000 511 | | | | 05 544 655 | 050 070 000 | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 1,467,883,712 | 8,369,833 | 505,028,044 | | | | 95,514,955 | 858,970,880 | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 1,460,690,095 | 8,949,333 | 500,076,041 | | | | 93,960,602 | 857,704,119 | | | | | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$947,669,842



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. Detroit, Michigan 2. Detroit, Michigan 2. Detroit, Michigan 3. Detroit,

| | | | | | | | | | | | (LOCATION) | | | |
|---|----------------|----------------------|-------------|------------------------|----------------|----------------|---|-------------------------|-----------------------|------------|----------------------|-------------------|-----------------|----------------------|
| NAIC Group Code 1311 BUSINESS IN THE STATE | OF Consolidate | d | | ı | DURING | THE YEAR 20 |)23 | | | | 1 | NAIC Company | Code | 95844 |
| | 1 | Compre Hospital 8 | | 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 |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. Prior Year | 170,615 | 2,281 | 87,906 | 0 | 0 | 0 | 10,102 | 70,326 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 First Quarter | 169,337 | 2,247 | 86,656 | 0 | 0 | 0 | 9,669 | 70,765 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Second Quarter | 167 , 705 | 2,170 | 85,473 | 0 | 0 | 0 | 9,613 | 70,449 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 166 , 782 | 2,114 | 84,685 | 0 | 0 | 0 | 9,540 | 70,443 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 166,054 | 2,026 | 84,270 | 0 | 0 | 0 | 9,457 | 70,301 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Current Year Member Months | 2,014,061 | 25,996 | 1,026,391 | 0 | 0 | 0 | 115,206 | 846,468 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | |
| 7. Physician | 1,396,024 | 10,565 | 504,735 | 0 | 0 | 0 | 71,981 | 808,743 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 1,689,366 | 12,025 | 561,513 | 0 | 0 | 0 | 86,539 | 1,029,289 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 3,085,390 | 22,590 | 1,066,248 | 0 | 0 | 0 | 158,520 | 1,838,032 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 119,163 | 327 | 16,628 | 0 | 0 | 0 | 1,764 | 100,444 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 23,788 | 85 | 4,561 | 0 | 0 | 0 | 473 | 18,669 | 0 | 0 | 0 | 0 | 0 | C |
| 12. Health Premiums Written (b) | | 11,673,500 | 558,196,011 | 0 | 0 | 0 | 90,691,148 | 947 , 669 , 842 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 1,608,230,501 | 11,673,500 | 558,196,011 | 0 | 0 | 0 | 90,691,148 | 947 ,669 ,842 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Amount Paid for Provision of Health Care Services | 1,467,883,712 | 8,369,833 | 505,028,044 | 0 | 0 | 0 | 95,514,955 | 858,970,880 | 0 | 0 | 0 | 0 | 0 | C |
| 18. Amount Incurred for Provision of Health Care Services | 1,460,690,095 | 8,949,333 | 500,076,041 | 0 | 0 | 0 | 93,960,602 | 857,704,119 | 0 | 0 | 0 | 0 | 0 | 0 |

⁽a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$947,669,842

| Sch | edule S - Part 1 - Section 2 NONE Schedule S - Part 2 |
|-----|---|
| | NONE |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Ç

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring 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 | | | | | | | | | | | | | |
|---|----------------------------|-------------------|---|---------------------|----------------------|-----------------|-----------|-------------|----------------------|--------------|------------|---|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | _ ′ | 8 | 9 | 10 | | | 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 | | , | Coinsurance | Funds Withheld |
| Code | Number | Date | Company | Jurisdiction | Ceded | Ceded | Premiums | (Estimated) | Unearned Premiums | Current Year | Prior Year | Reserve | Under Coinsurance |
| | | d - Non-Affiliate | s - U.S. Non-Affiliates | I 10/ I | 001.11 | Out I | 40 574 1 | | | | 1 | | |
| 16535 | 36-4233459 | 01/01/2023 | ZURICH AMER INS CO | NY | \$\$L/I \$\$L/G | CMM | 19,574 | | | | | | |
| 16535 | 36-4233459 | 01/01/2023 | ZURICH AMER INS CO | NY | SSL/6 | CMM | 753,518 | | | | ļ | | |
| 16535 | 36-4233459 | 01/01/2023 | ZURICH AMER INS CO | NY NY | SSL/I | MR | 121,278 | | - | | ļ | | |
| 16535 16535 16535 16535 | 36 -4233459 36 -4233459 | 01/01/2023 | ZURICH AMER INS CO. | NY NY | SSL/G SSL/G | MRFEHBP | | | | | | | |
| 0900000 | | U1/U1/ZUZ3 | on-Affiliates - U.S. Non-Affiliates | JN1 | ರು./ ರ | ГЕПОГ | 1.054.190 | Λ | | Λ | Λ | Λ | Λ |
| | | | on-Affiliates - Total Authorized Non-Affiliates | | | | 1,054,190 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | 0 | - | 0 | 0 | 0 | 0 |
| | | | otal General Account Authorized | . 1. 1. 10 1.0 | | | 1,054,190 | 0 | | 0 | 0 | 0 | 0 |
| | | | Account Authorized, Unauthorized, Reciprocal Jur | | | 20000 | 1,054,190 | 0 | 0 | U | 0 | 0 | U |
| 9199999 | - lotal U.S. (Sum | of 0399999, 0899 | 999, 1499999, 1999999, 2599999, 3099999, 3699999 | , 4199999, 4899999, | 5399999, 5999999, 64 | 99999, 7099999, | 4 054 400 | 0 | | 0 | | ^ | |
| 7599999, | 8199999 and 86999 | 199) | | 1 | | | 1,054,190 | 0 | 0 | U | 0 | U | U |
| | | | | | | | | | | | | | |
| | | • | | ····· | ······ | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | • | | ····· | ······ | ······ | | | | | | | |
| | | • | | ····· | ····· | ······ | | | | | | • | |
| | | | | | | | | | | | | | |
| | | | | | •••••• | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | • | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | ļ | | |
| | | | | | | | | | - | | ļ | | |
| | | | | | | | | | | | ···· | | |
| | | | | | | | | | | | ···· | | |
| | | | | | | | | | | | ···· | | |
| | | • | | ····· | ······ | ····· | | | | | | | |
| | | • | | ····· | ····· | | | | | | | | |
| | | | | | | | | | | | | | |
| 9999999 | | | | | | | 1,054,190 | 0 | 0 | 0 | Λ | Λ | Λ |
| 999999 | ı ı utais | | | | | | 1,004,190 | 0 | 0 | U | 1 | 0 | 1 0 1 |

| Schedule S - Part 4 NONE Schedule S - Part 5 NONE | |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

| | (\$000 | Omitted) 2 | 3 | 4 | 5 |
|---|--------|------------|-------|-------|------|
| | 2023 | 2022 | 2021 | 2020 | 2019 |
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums | 859 | 857 | 898 | 856 | 916 |
| 2. Title XVIII-Medicare | 195 | 194 | 237 | 181 | 125 |
| 3. Title XIX-Medicaid | 0 | 0 | 0 | 0 | 0 |
| 4. Commissions and reinsurance expense allowance | | 0 | 0 | 0 | 0 |
| Total hospital and medical expenses | 7,552 | 1,266 | 1,819 | 2,037 | 0 |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | | 0 | 0 | 0 | 0 |
| 7. Claims payable | | 0 | 0 | 0 | 0 |
| Reinsurance recoverable on paid losses | 0 | 15 | 2,520 | 1,350 | 0 |
| 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 | 0 | 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) | 465 , 437 , 601 | | 465 , 437 , 601 |
| 2. | Accident and health premiums due and unpaid (Line 15) | 23,172,788 | | 23 , 172 , 788 |
| 3. | Amounts recoverable from reinsurers (Line 16.1) | 0 | | 0 |
| 4. | Net credit for ceded reinsurance | xxx | 0 | 0 |
| 5. | All other admitted assets (Balance) | 58,081,534 | | 58,081,534 |
| 6. | Total assets (Line 28) | 546,691,924 | 0 | 546,691,924 |
| | LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. | Claims unpaid (Line 1) | 154,504,840 | 0 | 154,504,840 |
| 8. | Accrued medical incentive pool and bonus payments (Line 2) | 5,344,100 | | 5,344,100 |
| 9. | Premiums received in advance (Line 8) | 14,563,052 | | 14,563,052 |
| 10. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount). | 0 | | 0 |
| 11. | Reinsurance in unauthorized companies (Line 20 minus inset amount) | 0 | | 0 |
| 12. | Reinsurance with Certified Reinsurers (Line 20 inset amount) | 0 | | 0 |
| 13. | Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) | 0 | | 0 |
| 14. | All other liabilities (Balance) | 83,746,233 | | 83,746,233 |
| 15. | Total liabilities (Line 24) | 258 , 158 , 226 | 0 | 258 , 158 , 226 |
| 16. | Total capital and surplus (Line 33) | 288,533,698 | XXX | 288,533,698 |
| 17. | Total liabilities, capital and surplus (Line 34) | 546,691,924 | 0 | 546,691,924 |
| | 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 | 0 | | |
| 22. | Other ceded reinsurance recoverables | 0 | | |
| 23. | Total ceded reinsurance recoverables | 0 | | |
| 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 | 0 | | |

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

| | | | | | 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 | ľ | | | | | | |
| 7. Connecticut | | | | | | | |
| 8. Delaware | DE | | | | | | |
| 9. District of Columbia | | | | | | - | |
| 10. Florida | FL | | | | | - | |
| 11. Georgia | | | | | | | |
| 12. Hawaii | HI | | | | | | |
| 13. Idaho | ID | | | | | | |
| 14. Illinois | IL | | | | | ļ | |
| 15. Indiana | IN | | | | | ļ | ļ |
| 16. lowa | ľ | | | | | | ļ |
| 17. Kansas | KS | | | | | | |
| 18. Kentucky | KY | | | | | | |
| 19. Louisiana | | | | | | ļ | ļ |
| 20. Maine | ME | | | | | | |
| 21. Maryland | | | | | | | |
| 22. Massachusetts | MA | | | | | | |
| 23. Michigan | MI | | | | | | |
| 24. Minnesota | MN | | | | | | |
| 25. Mississippi | MS | | | | | | |
| 26. Missouri | MO | | | | | | |
| 27. Montana | MT | | | | | | |
| 28. Nebraska | NE | | NUINE | | | | |
| 29. Nevada | NV | | | | | | |
| 30. New Hampshire | NH | | | | | | |
| 31. New Jersey | NJ | | | | | | |
| 32. New Mexico | NM | | | | | | |
| 33. New York | NY | | | | | | |
| 34. North Carolina | NC | | | | | | |
| 35. North Dakota | ND | | | | | | |
| 36. Ohio | OH | | | | | | |
| 37. Oklahoma | OK | | | | | | |
| 38. Oregon | OR | | | | | | |
| 39. Pennsylvania | PA | | | | | | |
| 40. Rhode Island | | | | | | | |
| 41. South Carolina | | | | | | | |
| 42. South Dakota | SD | | | | | | |
| 43. Tennessee | TN | | | | | | |
| 44. Texas | TX | | | | | | |
| 45. Utah | UT | | | | | | |
| 46. Vermont | VT | | | | | | |
| 47. Virginia | ľ | | | | | | |
| 48. Washington | | | | | | | |
| 49. West Virginia | | | | | | | |
| 50. Wisconsin | | | | | | | |
| 51. Wyoming | | | | | | | |
| 52. American Samoa | | | | | | | |
| 53. Guam | | | | | | | |
| 54. Puerto Rico | | | | | | | |
| 55. U.S. Virgin Islands | | | | | | | |
| 56. Northern Mariana Islands | | | | | | | |
| 57. Canada | | | | | | | |
| 58. Aggregate Other Alien | | | | | | | |
| 59. Totals | | 0 | 0 | 0 | 0 | 0 | |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 Name of Securities Exchange if | 8 | 9 | 10 Relationship | 11 | 12 Type of Control (Ownership, Board, | 13 If Control is | 14 | 15 Is an SCA | 16 |
|-------|------------------------------------|---------|--------------|---------|-----|----------------------------------|---|-------------|--------------------|--|---------------------------------------|------------------|-----------------------|-----------------|----|
| | | 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) | Percentage | Entity(ies)/Person(s) | (Yes/No) | * |
| | Henry Ford Health Systems | | | | | | Health Alliance Plan of | | | l <u>-</u> | | | | | |
| 01311 | Group. | 95844 | 38-2242827 | | | | Michigan | . MI | RE | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health | | |
| 01311 | Henry Ford Health Systems Group | 60134 | 38-3291563 | | | | Alliance Health and Life Insurance Company | мі | DS | Health Alliance Plan of | Ownership. | 100.0 | Henry Ford Health | NO | |
| 01311 | Henry Ford Health Systems | 00134 | . 30-3291303 | | | | Administration System Research | JVI I | bo | Health Alliance Plan of | . Owner strip | 100.0 | neilly rolu nearth | | |
| | Group | | 38 - 2651185 | | | | Corporation | | DS | Michigan | .Ownership | 100 0 | Henry Ford Health | YES | |
| | Henry Ford Health Systems | | | | | | | | 1 | ŭ | | | lioniy rora noaren | 1 | |
| 01311 | Group. | 95814 | 38-3123777 | | | | HAP CareSource | MI | OTH | HAP Empowered Holding, LLC | Ownership | 100.0 | Henry Ford Health | N0 | |
| | Henry Ford Health Systems | | | | | | | | | Health Alliance Plan of | | | | | |
| | Group | | 92-3877012 | | | | HAP Empowered Holding, LLC | MI | OTH | Michigan | . Ownership | 60.0 | Henry Ford Health | YES | |
| | Henry Ford Health Systems Group | | 38 - 1357020 | | | | Henry Ford Health System | | JUDP | | | 0.0 | | | |
| | Henry Ford Health Systems | | | | | | line in y Toru nearth System | | | | | J | | 1 | |
| | Group | | 93-4079536 | | | | Henry Ford Health System Parent. | | NIA | Henry Ford Health System | Ownership. | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | Henry Ford Wyandotte Hospital | |] | , , | | | , | | |
| | Group. | | 38-2791823 | | | | Corp | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | | | 400.0 | | | |
| | Group | | 38-2947657 | | | | Henry Ford Macomb Hospital | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems Group | | 38-2947657 | | | | Henry Ford Macomb Real Estate, | | lNIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | LLO | | N1A | l | | 100.0 | lienty roru nearth | 1 | |
| | Group. | | 38-2565235 | | | | Fairlane Health Services Corp | | NIA | Henry Ford Health System | Ownership. | 100.0 | Henry Ford Health | l | |
| | Henry Ford Health Systems | | | | | | · ' | | | | ' | | | | |
| | Group. | | . 33-1210726 | | | | Neighborhood Development LLC | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | Metropolitan Detroit Area | | | | | 40.0 | | | |
| | Group | | 38-1958953 | | | | Hospital Services, Inc | · | NIA | Henry Ford Health System | . Ownership | 46.0 | Henry Ford Health | | |
| | Henry Ford Health Systems Group | | 90-0840304 | | | | Henry Ford Innovation Institute. | | NIA | Henry Ford Health System | | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | Henry Ford Health System | | 1 | l | | 100.0 | Thom y Toru hourth | | |
| | Group. | | 23-7383042 | | | | Foundation | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | , | · · | | | | |
| | Group | | 32-0306774 | | | | Henry Ford Physician Network | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | 38-3232668 | | | | Northwest Detroit Dialysis | | NILA | Honey Ford Hoolth Cyatam | Ownership | EG 2 | Hanry Ford Haalth | | |
| | Group Henry Ford Health Systems | | | | | | Centers | - | NIA | Henry Ford Health System | Ownership | | Henry Ford Health | | |
| | Group | | 45 - 5325853 | | | | Home Dialysis Specialty Center | | lNIA | Henry Ford Health System | | 30.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | Macomb Regional Dialysis | | 4 | The state of the s | | | , | | |
| | Group. | | 26-0423581 | | | | Centers LLC | | NIA | Henry Ford Health System | Ownership | 60.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | l | | | | | |
| | Group | | 38 - 1378121 | | | | Sha Realty Corp | ļ | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | 90-0659735 | | | | Pace Southeast Michigan | | NIA | Henry Ford Health System | Ownership | E0 0 | Henry Ford Health | | |
| | Group Henry Ford Health Systems | | 30 -00097 33 | | | | .race southeast Michigan | | IN I A | Inciny rota neatth system | | J | Inchiny rolu nearth | 1 | |
| | Group | | 26-3896897 | | | | Henry Ford West Bloomfield | | NIA | Henry Ford Health System | Ownership. | 100 0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | | | | , | | |
| | Group | | 38-3322462 | | | | P Cor, LLC (d/b/a Optimeyes) | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | l., | | | l | | 400 - | l | | |
| | Group | | 41-2223561 | | | | Henry Ford Pathology | . | NIA | Henry Ford Health System | Ownership | 1100.0 | Henry Ford Health | | |

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 Code | Group Name | Company Code | ID November | Federal RSSD | CIK | Traded (U.S. or | Parent, Subsidiaries Or Affiliates | Domiciliary | | Directly Controlled by | Attorney-in-Fact, Influence, Other) | Provide | Ultimate Controlling Entity(ies)/Person(s) | | |
| Code | Henry Ford Health Systems | Code | Number | KSSD | CIK | International) | Henry Ford Physicians | Location | Entity | (Name of Entity/Person) | influence, Other) | Percentage | Entity(les)/Person(s) | (Yes/No) | |
| | Group | | 46-5746225 | | | | Accountable Care Org LLC | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | 00 0000040 | | | | Center for Complementary and | | | 5 111 111 0 1 | | 400.0 | | | |
| | Group Henry Ford Health Systems | | 30-0092342 | | | | Integrative Medicine Henry Ford Health Sys | | NIA | Henry Ford Health System | 0wnership | 100.0 | Henry Ford Health | - | |
| | Group | | 46-4064067 | | | | Government Affairs Services | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health | l | |
| | Henry Ford Health Systems | | | | | | Henry Ford Elijah McCoy | | | | · ' | | | | |
| | Group Henry Ford Health Systems | | | | | | Condominium Association | | NIA | Henry Ford Health System | Ownership | 66.7 | Henry Ford Health | | |
| | Group | | 46-5291602 | | | | HFHS-SCA Holdings, LLC | | NIA | Henry Ford Health System | Ownership. | 51.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | , , | · ' | | , | 1 | |
| | Group | | 47 - 1436663 | - | | | Michigan Metro Dialysis, LLC | | NIA | Henry Ford Health System | | 20.0 | Henry Ford Health | | |
| | Henry Ford Health Systems Group | | 98-0128041 | | | | Caymich Insurance Company, LTD | | I A | Henry Ford Health System | Ownership | 44 9 | Henry Ford Health | | |
| | Henry Ford Health Systems | 1 | | | | | ' | | | 1 | | | ĺ | | |
| | Group | | 41-2176000 | | | | IRB Medical Equipment, LLC | | NIA | Henry Ford Health System | . Ownership | 32.1 | Henry Ford Health | | |
| | Henry Ford Health Systems Group | | 38-2666933 | | | | Med Star Ambulance | | NIA | Henry Ford Health System | | 33 0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | - | | | Macomb County EMS Medical | | | Them's Ford Hearth by Stelle | | | lionity ford floartii | 1 | |
| | Group | | 26-3421732 | | | | Control Authority | | NIA | Henry Ford Health System | . Ownership | 33.0 | Henry Ford Health | | |
| | Henry Ford Health Systems Group | | 37 - 1502443 | | | | Community Health Technology Network | | NIA | Henry Ford Health System | Ownership | 100 0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | 37 - 1302443 | | | | INGT WOLK | | N I A | line in y Toru nearth System | | 100.0 | lienty ford hearth | | |
| | Group | | 87 - 2121325 | | | | HFHS-Acadia Joint Venture, LLC | | NIA | Henry Ford Health System | Ownership | 17 . 4 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | .G3 Pharmaceuticals | | NIA | Henry Ford Health System | | E 0 | Henry Ford Health | | |
| | Group Henry Ford Health Systems | | | - | | | . 65 Pharmaceut rears | | N I A | henry Ford hearth system | | J | neilly rold nearth | - | , |
| | Group. | | | | | | Cottage Condominium Association | | NIA | Henry Ford Health System | .Ownership | 33.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | KADETack Madical Davissa | | NIIA | Hanny Ford Hanlik Cyatan | O | | Hanny Fand Haalth | | |
| | Group Henry Ford Health Systems | | | | | | KARETech Medical Devices | | NIA | Henry Ford Health System | . Ownership | U.G | Henry Ford Health | | |
| | Group | | | | | | PRAM Holdings, LLC | | NIA | Henry Ford Health System | Ownership | 4.6 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | T | | ALL A | Harris Fred Harlth Oasten | 0 | 44.7 | Harris Frank Harlah | | |
| | Group Henry Ford Health Systems | - | | | | | Truveta, Inc. | | NIA | Henry Ford Health System | 0wnership | 14.7 | Henry Ford Health | - | |
| | Group | | 87 - 1633901 | | | | Henry Ford Physician Partners | | NIA | Henry Ford Health System | | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | Henry Ford Home Recovery Care, | | | | ļ | | | | |
| | Group Henry Ford Health Systems | - | 87 - 1165650 | - | | | LLC | | NIA | Henry Ford Health System | . Ownership | 49.0 | Henry Ford Health | - | |
| | Group | | 86 - 1607 139 | | | | HFHS - MSU Health Sciences | | NIA | Henry Ford Health System | Ownership | 50.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | 1 | · ' | | _ | | |
| | Group | - | | - | | | CarePath Rx Holdings, LLC Henry Ford GoHealth Urgent Care | | NIA | Henry Ford Health System | 0wnership | 1.0 | Henry Ford Health | | |
| | Henry Ford Health Systems Group | | 87 - 1466014 | | | | Mamt. LLC | | NIA | Henry Ford Health System | | 50.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | | · ' | | | | |
| | Group. | - | | - | | | DePre Holdings, LLC | | NIA | Henry Ford Health System | Ownership | 2.3 | Henry Ford Health | - | |
| | Henry Ford Health Systems Group | | | | | | ExPre Holdings, LLC | | NΙΔ | Henry Ford Health System | | 7 7 | Henry Ford Health | | |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 Name of Securities Exchange if | 8 | 9 | 10 Relationship | 11 | 12 Type of Control (Ownership, Board. | 13 | 14 | 15 Is an SCA | 16 |
|-------|---------------------------|---------|--------------|---------|-----|---|--------------------------------|-------------|--------------------|---|---------------------------------------|-----------|-----------------------|-----------------|----|
| | | NAIC | | | | Publicly | Names of | | to | | Management. | Ownership | | Filing | |
| Group | | Company | ID | Federal | | Traded (U.S. or | Parent, Subsidiaries | Domiciliary | | 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) | | | Entity(ies)/Person(s) | | * |
| | Henry Ford Health Systems | | | | ÷ | , | | | | (************************************** | | g- | | (*********** | |
| | Group | | 88-4413164 | | | | Healthy Population LLC | | NIA | Henry Ford Health System | Ownership | 0.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | Henry Ford Allegiance Health | | | | | | | | |
| | Group. | | 38-2756428 | | | | Group | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | İ | | | | | | | | Henry Ford Allegiance Health | İ ' | | ' | | |
| | Group. | | 38-2024689 | | | | Henry Ford Allegiance Health | | NIA | Group | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | , , | | | Henry Ford Allegiance Health | | | ' | | |
| | Group | | 38-1218485 | | | | Henry Ford Allegiance Carelink | | NIA | Group. | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | Henry Ford Allegiance Health | | | Henry Ford Allegiance Health | | | ' | | |
| | Group. | | 38-3607833 | | | | Foundation | | NIA | Group. | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | Henry Ford Allegiance Health | | | | | |
| | Group | | 38-3370242 | | | | Henry Ford Allegiance Pharmacy | | .lN I A | Group | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | Henry Ford Allegiance Health | | | 1 | | |
| | Group | | 38-2756425 | | | | Healthlink | | NIA | Group | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | Henry Ford Allegiance Health | | | | | |
| | Group. | | 45-3253643 | | | | Jackson Health Network, L3C | | NIA | Group. | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | Henry Ford Allegiance Health | | | | | |
| | Group | | | | | | Telehealth Michigan | | NIA | Group | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | · · | | | Henry Ford Allegiance Health | ' | | ′ | | |
| | Group. | | 38 - 2594857 | | | | Physicians Choice Network, LLC | | NIA | Group | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | İ | | | | | , | | | Henry Ford Allegiance Health | İ ' | | , | i i | |
| | Group. | | | | | | It's Your Life Services, LLC | | NIA | Group | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | Henry Ford Allegiance Health | | | ' | | |
| | Group. | | 38-2336367 | | | | Henry Ford Allegiance Hospice | | NIA | Group | Ownership | 100.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | | | | Henry Ford Allegiance Health | | | ' | | |
| | Group | | 38-3316836 | | | | Jackson Community Ambulance | | .lN I A | Group | Ownership | 50.0 | Henry Ford Health | | |
| | Henry Ford Health Systems | | | | | | , | | | Henry Ford Allegiance Health | | | ' | | |
| | Group | | 38-3017711 | | | | Foote Health Center Associates | | NIA | Group | Ownership | 86.3 | Henry Ford Health | [| |
| j | Henry Ford Health Systems | | | 1 | j | | Emergency Med Services Council | | | Henry Ford Allegiance Health | ' | | ' | | |
| | Group | | 38-2361692 | | | | of Jackson County | | NIA | Group | Ownership | 50.0 | Henry Ford Health | | |
| j | Henry Ford Health Systems | | | 1 | j | | , | | | Henry Ford Allegiance Health | ' | | ' | | |
| | Group | | 84-2047106 | | | | Grass Lake Surgery Center, LLC | <u> </u> | NIA | Group | Ownership | 46.0 | Henry Ford Health | <u> </u> | |
| | Henry Ford Health Systems | | | | | | | | | Henry Ford Allegiance Health | | 1 | | | |
| | Group | | 84-2287892 | | | | Grass Lake Real Estate, LLC | l | NIA | Group. | Ownership | 46.0 | Henry Ford Health |] | |
| | , | | | | | | <u> </u> | | | , | , | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| Asterisk | Explanation |
|----------|-------------|
| | |

4

SCHEDULE Y

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

| | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--------------|------------------------------|--|-------------|---------------|---------------------|----------------------|---------------------------------------|-----------------|--------------|---------------------|--|-------------------|
| 1 | | | | | | Income/ | | | | | | |
| | | | | | Purchases, Sales or | (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 | 20 22/2027 | Health Alliance Plan of Michigan | | | | 1(2) | (233 144 655) | Ĭ | | | (233,144,655) | |
| 60134 | 38-3291563 | Henry Ford Wast Bloomfield. Henry Ford Wash Hospital. Henry Ford Wash Hospital. Henry Ford Wash Hospital. | | 45,000,000 | | | (88,803,662) | | 1 | | (43, 803, 662) | |
| 00104 | 38 - 3291563 38 - 1357020 | Henry Ford Health System | | (45,000,000) | | | 311 206 170 | | 1 | | (266, 777, 666) (43, 803, 662) 266, 296, 179 | |
| | 38-2791823 | Honry Ford Wyandotto | | (43,000,000) | | | 31,489,799 | | ····· | | 31,489,799 | |
| | 38-2947657 | Honry Ford Macomb Hospital | † | | † | | 48,026,322 | | †···· | | 48,026,322 | |
| | 26-3896897 | Honry Ford West Pleanfield | | | † | | 1,129,484 | | † | | 1,129,484 | |
| | 38-3322462 | P Cor LLC | | | | | 1, 129,464 | | ····· | | 364,398 | |
| 05044 | 30-3322402 | HAP CareSource | | | ····· | | | | ł | | | |
| 95814 | 38-3123777 | THAP CareSource | | | | | (80,381,484) 2,501,400 | | ł | | (80,381,484) 2,501,400 | |
| | 38 - 3232668 | Northwest Detroit Dialysis Centers | | | ļ | | 2,501,400 | | ļ | | 2,501,400 [. | |
| | 26-0423581 | Macomb Regional Dialysis Centers LLC | | | | | 483,687 | | ļ | | 483,687 | |
| | 38-2651185 | Administration Sys Res Corp | | | | | (3,322,177) | | ļ | | (3,322,177) | |
| | 41-2223561 | Henry Ford Pathology | | | | | 817,632 | | ļ | | 817,632 | |
| | 30-0092342 | Northwest Detroit Dialysis Centers Macomb Regional Dialysis Centers LLC. Administration Sys Res Corp. Henry Ford Pathology. Center for Complimentary and Integrated. Home Dialysis Specialy Center | | | | | 36,753 | | ļ | | 36,753 | |
| | 45-5325853 | Home Dialysis Specialy Center | | | | | 190 | | ļ | | 190 | |
| | 147 - 1430003 | 1WIGHTUAH WELTO DIATVSTS. LLG | | | | | 41,712 | | ļ | | 41,712 | |
| | 38-2027689 | W.A. Foote Memorial Hospital. | | | | | 9,464,422 | | 1 | | 9,464,422 | |
| | İ | ' | | | | | , , , , , , , , , , , , , , , , , , , | | 1 | <u> </u> | 0 | |
| | | | | | | | | | | | 0 | |
| | | | | | | | | | 1 | | | |
| | | | | | | | | | 1 | | | |
| | | | | | †···· | | | | 1 | | | |
| | | | | | †···· | | | | 1 | | | |
| | | | | | † | | | | † | | | |
| | | | | | † | | | | † | | | |
| | | | | | † | | | | † | | | |
| | | | | | † | | | | † | | | |
| | | | | | | | | | + | | | |
| | | | | | | | | | + | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | + | | | |
| | | | | | | | | | ļ | | | |
| | | | | | | | | | ļ | | | |
| | | | | | | | | | ļ | | | |
| | | | | | | | | | ļ | | | |
| | | | | | ļ | | | | ļ | | | |
| | | | | | ļ | | | | | | | |
| | | | | ļ | ļ | | | | | | | |
| | | | | | <u> </u> | | | | ļ | | | |
| | | | | | | | | | 1 | | I | |
| | | | | | | | | | 1 | | | |
| I | | | | | | | | | I | | | |
| | 1 | | | | | | | | T | | | |
| 9999999 | ontrol Totals | | 0 | 0 | 0 | 0 | 0 | 0 | I 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 | 1 | T 5 | I 6 | 7 | Ι ο |
|--|---|-------------|--------------------|--|---|--------------|------------------------|
| l l | 2 | 3 | Granted Disclaimer | 3 | 0 | ' | Granted Disclaimer |
| | | Ownership | - | | | Ownership | of Control\Affiliation |
| | | Percentage | | | | Percentage | |
| | | Column 2 of | | | U.S. Insurance Groups or Entities | (Columns 5 | |
| Insurers in Holding Company | Owners with Greater than 10% Ownership | Column 1 | (Yes/No) | Ultimate Controlling Party | Controlled by Column 5 | of Column 6) | |
| Health Alliance Plan of Michigan | Henry Ford Health System | 100.000 % | | Henry Ford Health System | Henry Ford Health Systems Group | 100 . 000 % | NO NO |
| Health Alliance Plan of Michigan Alliance Health and Life Insurance Company | Henry Ford Health System. Health Alliance Plan of Michigan Health Alliance Plan of Michigan | 100.000 % | NO | Henry Ford Health SystemHenry Ford Health System | Henry Ford Health Systems Group Henry Ford Health Systems Group Henry Ford Health Systems Group | 100.000 % | NO. |
| HAP CareSource | Health Alliance Plan of Michigan | 60.000 % | NO | Henry Ford Health System. | Henry Ford Health Systems Group | 100.000 % | NO. |
| 0010000100 | I I I I I I I I I I I I I I I I I I I | | | l | I | 100.000 % | |
| | | 0/2 | | | | 0/2 | |
| | | 0/2 | | | | 0/2 | |
| | | 0/2 | | | | 0/2 | |
| | | 0/, | | | | 0/ | |
| | | 0/, | | | | 0/ | |
| | | 0/. | | | | 0/. | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | ····· | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 1 | | | | |

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? | NO | | | | | |
| 11. | Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | N0 | | | | | |
| 12. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | SEE EXPLANATION | | | | | |
| 13. | Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | 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? | SEE EXPLANATION | | | | | |
| 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. | Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? | 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? | SEE EXPLANATION | | | | | |
| 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? | YES | | | | | |
| 23. | Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | SEE EXPLANATION | | | | | |
| AUGUST FILING | | | | | | | |
| 24. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES | | | | | |

Explanation:

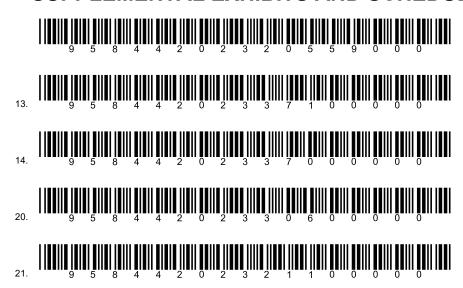
- 12. Not applicable.
- 15. Health Alliance Plan writes Medicare Part D through its Medicare Advantage Plan
- 16. Not applicable.
- 17. Not applicable.
- 18. Not applicable.
- 19. An extension has been granted to May 31.
- 23. Health Alliance Plan is not a member of the Michigan Life & Health Insurance Guaranty Association

Bar code:



11.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23. *LIAB - Liabilities

| | 1 | 2 | 3 | 4 |
|---|---------|-----------|---------|---------|
| | Covered | Uncovered | Total | Total |
| 2304. Retiree Health Benefits | 593,297 | | 593,297 | 614,835 |
| 2305. | | | 0 | 0 |
| 2306. | | | 0 | L0 |
| 2397. Summary of remaining write-ins for Line 23 from Page 03 | 593,297 | 0 | 593,297 | 614,835 |