



HEALTH ANNUAL STATEMENT

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

TOTAL HEALTH CARE, INC.

NAIC Group Code 3383 1238 NAIC Company Code 95644 Employer's ID Number 38-2018957
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized 07/01/1973 Commenced Business 05/01/1976

Statutory Home Office 27777 Franklin Rd. Suite 1300, Southfield, MI, US 48034-2337
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1231 East Beltline Ave NE
(Street and Number)
Grand Rapids, MI, US 49525-4501, 313-871-7878
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 27777 Franklin Rd. Suite 1300
(Street and Number)
Southfield, MI, US 48034-2337, 313-871-7878
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address priorityhealth.com

Statutory Statement Contact SARA JANE MCGLYNN, 313-293-6466
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OFFICERS

PRESIDENT PRAVEEN GOPE THADANI SECRETARY KIMBERLY LYNN THOMAS
TREASURER NICHOLAS PATRICK GATES

OTHER

DIRECTORS OR TRUSTEES

PRAVEEN GOPE THADANI NICHOLAS PATRICK GATES MICHAEL ADAM JASPERSON
KIMBERLY LYNN THOMAS JOYCE CHAN RUSSELL JAMES DWIGHT FORSHEE

State of Michigan SS
County of _____

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

PRAVEEN GOPE THADANI
PRESIDENT

NICHOLAS PATRICK GATES
TREASURER

KIMBERLY LYNN THOMAS
SECRETARY

Subscribed and sworn to before me this _____ day of _____

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

ASSETS

| | Current Year | | | Prior Year |
|---|--------------|-------------------------|---|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D) | | | 0 | 248,970 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | 3,952,885 | | 3,952,885 | 3,744,533 |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$ 7,920,753 , Schedule E - Part 1), cash equivalents (\$ 1,146,482 , Schedule E - Part 2) and short-term investments (\$ 0 , Schedule DA) | 9,067,235 | | 9,067,235 | 6,856,469 |
| 6. Contract loans, (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives (Schedule DB) | | | 0 | 0 |
| 8. Other invested assets (Schedule BA) | | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL) | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 13,020,120 | 0 | 13,020,120 | 10,849,972 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 5,111 | | 5,111 | 6,169 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | 0 | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | | | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | | | 0 | 1,443,433 |
| 24. Health care (\$ 0) and other amounts receivable | | | 0 | 0 |
| 25. Aggregate write-ins for other than invested assets | 0 | 0 | 0 | 74,710 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 13,025,231 | 0 | 13,025,231 | 12,374,284 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 13,025,231 | 0 | 13,025,231 | 12,374,284 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. A/R Other | | | 0 | 74,710 |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | 0 | 0 | 0 | 74,710 |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

LIABILITIES, CAPITAL AND SURPLUS

| | Current Year | | | Prior Year |
|--|--------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$0 reinsurance ceded) | | | 0 | 61,978 |
| 2. Accrued medical incentive pool and bonus amounts | | | 0 | 0 |
| 3. Unpaid claims adjustment expenses..... | | | 0 | 1,033 |
| 4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act | | | 0 | 0 |
| 5. Aggregate life policy reserves..... | | | 0 | 0 |
| 6. Property/casualty unearned premium reserves..... | | | 0 | 0 |
| 7. Aggregate health claim reserves..... | | | 0 | 0 |
| 8. Premiums received in advance..... | | | 0 | 0 |
| 9. General expenses due or accrued..... | | | 0 | 4,760 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)) | | | 0 | 0 |
| 10.2 Net deferred tax liability..... | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable..... | | | 0 | 0 |
| 12. Amounts withheld or retained for the account of others..... | | | 0 | 0 |
| 13. Remittances and items not allocated..... | 136,787 | | 136,787 | 0 |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)..... | | | 0 | 0 |
| 15. Amounts due to parent, subsidiaries and affiliates..... | 130,346 | | 130,346 | 0 |
| 16. Derivatives..... | | | 0 | 0 |
| 17. Payable for securities..... | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers)..... | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans..... | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ current)..... | 1,521,422 | 0 | 1,521,422 | 2,554,186 |
| 24. Total liabilities (Lines 1 to 23)..... | 1,788,555 | 0 | 1,788,555 | 2,621,957 |
| 25. Aggregate write-ins for special surplus funds..... | XXX | XXX | 0 | 0 |
| 26. Common capital stock..... | XXX | XXX | | |
| 27. Preferred capital stock..... | XXX | XXX | | |
| 28. Gross paid in and contributed surplus..... | XXX | XXX | | |
| 29. Surplus notes..... | XXX | XXX | 0 | |
| 30. Aggregate write-ins for other than special surplus funds..... | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus)..... | XXX | XXX | 11,236,676 | 9,752,327 |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$)..... | XXX | XXX | | |
| 32.2 shares preferred (value included in Line 27 \$)..... | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32)..... | XXX | XXX | 11,236,676 | 9,752,327 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 13,025,231 | 12,374,284 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Medicaid Death Audit Recoupment | 1,382,854 | | 1,382,854 | 2,537,223 |
| 2302. Escheats | 138,568 | | 138,568 | 16,963 |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above) | 1,521,422 | 0 | 1,521,422 | 2,554,186 |
| 2501. | XXX | XXX | | 0 |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | XXX | XXX | 0 | 0 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year | | Prior Year |
|--|----------------|----------------|------------------|
| | 1 Uncovered | 2 Total | 3 Total |
| 1. Member Months..... | XXX..... | 0..... | ..... |
| 2. Net premium income (including \$ non-health premium income) | XXX..... | 1,017,583..... | 245,820..... |
| 3. Change in unearned premium reserves and reserve for rate credits | XXX..... | 0..... | ..... |
| 4. Fee-for-service (net of \$ medical expenses) | XXX..... | 0..... | ..... |
| 5. Risk revenue | XXX..... | 0..... | ..... |
| 6. Aggregate write-ins for other health care related revenues | XXX..... | 0..... | 1,062..... |
| 7. Aggregate write-ins for other non-health revenues | XXX..... | 0..... | 0..... |
| 8. Total revenues (Lines 2 to 7) | XXX..... | 1,017,583..... | 246,882..... |
| Hospital and Medical: | | | |
| 9. Hospital/medical benefits ..... | ..... | (738,488)..... | (644,746)..... |
| 10. Other professional services ..... | ..... | (180,371)..... | 121,735..... |
| 11. Outside referrals ..... | ..... | 0..... | ..... |
| 12. Emergency room and out-of-area ..... | ..... | 0..... | 315,695..... |
| 13. Prescription drugs ..... | ..... | 1,500..... | (34,446)..... |
| 14. Aggregate write-ins for other hospital and medical..... | 0..... | 0..... | 0..... |
| 15. Incentive pool, withhold adjustments and bonus amounts ..... | ..... | (552)..... | (763,649)..... |
| 16. Subtotal (Lines 9 to 15) | 0..... | (917,911)..... | (1,005,411)..... |
| Less: | | | |
| 17. Net reinsurance recoveries ..... | ..... | 0..... | ..... |
| 18. Total hospital and medical (Lines 16 minus 17) | 0..... | (917,911)..... | (1,005,411)..... |
| 19. Non-health claims (net) ..... | ..... | ..... | ..... |
| 20. Claims adjustment expenses, including \$0 cost containment expenses .... | ..... | 18,352..... | 42,212..... |
| 21. General administrative expenses ..... | ..... | 901,588..... | 2,313,984..... |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) ..... | ..... | 0..... | 0..... |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0..... | 2,029..... | 1,350,785..... |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX..... | 1,015,554..... | (1,103,903)..... |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17) ..... | ..... | 259,413..... | 29,709,202..... |
| 26. Net realized capital gains (losses) less capital gains tax of \$ ..... | ..... | 1,030..... | (310)..... |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0..... | 260,443..... | 29,708,892..... |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ ..... )] ..... | ..... | ..... | ..... |
| 29. Aggregate write-ins for other income or expenses | 0..... | 0..... | 0..... |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | XXX..... | 1,275,997..... | 28,604,989..... |
| 31. Federal and foreign income taxes incurred | XXX..... | ..... | ..... |
| 32. Net income (loss) (Lines 30 minus 31) | XXX..... | 1,275,997..... | 28,604,989..... |
| DETAILS OF WRITE-INS | | | |
| 0601. Escheats write-offs | XXX..... | 0..... | 1,062..... |
| 0602. | XXX..... | ..... | 0..... |
| 0603. | XXX..... | ..... | 0..... |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX..... | 0..... | 0..... |
| 0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) | XXX..... | 0..... | 1,062..... |
| 0701. | XXX..... | ..... | ..... |
| 0702. | XXX..... | ..... | ..... |
| 0703. | XXX..... | ..... | ..... |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX..... | 0..... | 0..... |
| 0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) | XXX..... | 0..... | 0..... |
| 1401. .... | ..... | ..... | 0..... |
| 1402. .... | ..... | ..... | 0..... |
| 1403. .... | ..... | ..... | 0..... |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0..... | 0..... | 0..... |
| 1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) | 0..... | 0..... | 0..... |
| 2901. .... | ..... | ..... | ..... |
| 2902. .... | ..... | ..... | ..... |
| 2903. .... | ..... | ..... | ..... |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0..... | 0..... | 0..... |
| 2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) | 0..... | 0..... | 0..... |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| CAPITAL AND SURPLUS ACCOUNT | | |
| 33. Capital and surplus prior reporting year..... | 9,752,327 | 66,056,297 |
| 34. Net income or (loss) from Line 32 | 1,275,997 | 28,604,989 |
| 35. Change in valuation basis of aggregate policy and claim reserves | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | 208,352 | (27,708,959) |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | |
| 38. Change in net deferred income tax | | |
| 39. Change in nonadmitted assets | 0 | 0 |
| 40. Change in unauthorized and certified reinsurance | 0 | 0 |
| 41. Change in treasury stock | 0 | 0 |
| 42. Change in surplus notes | 0 | 0 |
| 43. Cumulative effect of changes in accounting principles..... | | |
| 44. Capital Changes: | | |
| 44.1 Paid in | 0 | 0 |
| 44.2 Transferred from surplus (Stock Dividend)..... | 0 | 0 |
| 44.3 Transferred to surplus..... | | |
| 45. Surplus adjustments: | | |
| 45.1 Paid in | 0 | 0 |
| 45.2 Transferred to capital (Stock Dividend) | | |
| 45.3 Transferred from capital | | |
| 46. Dividends to stockholders | | (57,200,000) |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 |
| 48. Net change in capital and surplus (Lines 34 to 47) | 1,484,349 | (56,303,970) |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 11,236,676 | 9,752,327 |
| DETAILS OF WRITE-INS | | |
| 4701. | | 0 |
| 4702. | | 0 |
| 4703. | | 0 |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 |
| 4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above) | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

CASH FLOW

| | 1 | 2 |
|---|--------------|--------------|
| | Current Year | Prior Year |
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | 1,017,583 | 1,485,297 |
| 2. Net investment income | 260,471 | 29,703,703 |
| 3. Miscellaneous income | 0 | 1,062 |
| 4. Total (Lines 1 through 3) | 1,278,054 | 31,190,062 |
| 5. Benefit and loss related payments | (855,933) | 2,876,304 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 925,734 | 2,395,383 |
| 8. Dividends paid to policyholders | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 0 | 0 |
| 10. Total (Lines 5 through 9) | 69,801 | 5,271,687 |
| 11. Net cash from operations (Line 4 minus Line 10) | 1,208,253 | 25,918,375 |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds | 250,000 | 1,000,000 |
| 12.2 Stocks | 0 | 0 |
| 12.3 Mortgage loans | 0 | 0 |
| 12.4 Real estate | 0 | 0 |
| 12.5 Other invested assets | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | 0 |
| 12.7 Miscellaneous proceeds | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 250,000 | 1,000,000 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds | 0 | 250,000 |
| 13.2 Stocks | 0 | 0 |
| 13.3 Mortgage loans | 0 | 0 |
| 13.4 Real estate | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 250,000 |
| 14. Net increase/(decrease) in contract loans and premium notes | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | 250,000 | 750,000 |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | 0 |
| 16.3 Borrowed funds | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | 0 |
| 16.5 Dividends to stockholders | 0 | 57,200,000 |
| 16.6 Other cash provided (applied) | 752,512 | (8,094,396) |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) | 752,512 | (65,294,396) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 2,210,765 | (38,626,021) |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year | 6,856,469 | 45,482,490 |
| 19.2 End of year (Line 18 plus Line 19.1) | 9,067,234 | 6,856,469 |

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

| | | |
|--|--|--|
| | | |
|--|--|--|

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health | 14 Other Non-Health |
|---|------------|---------------------------------------|------------|-----------------------------|------------------|------------------|---|------------------------------|----------------------------|------------------|----------------------------|-------------------------|--------------------|---------------------------|
| | | 2 Individual | 3 Group | | | | | | | | | | | |
| 1. Net premium income | 1,017,583 | | | | | | | | 1,017,583 | | | | | |
| 2. Change in unearned premium reserves and reserve for rate credit | 0 | | | | | | | | | | | | | |
| 3. Fee-for-service (net of \$ medical expenses) | 0 | | | | | | | | | | | | | XXX |
| 4. Risk revenue | 0 | | | | | | | | | | | | | XXX |
| 5. Aggregate write-ins for other health care related revenues | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 6. Aggregate write-ins for other non-health care related revenues | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 7. Total revenues (Lines 1 to 6) | 1,017,583 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,017,583 | 0 | 0 | 0 | 0 | 0 |
| 8. Hospital/medical benefits | (738,488) | | | | | | | | (738,488) | | | | | XXX |
| 9. Other professional services | (180,371) | | | | | | | | (180,371) | | | | | XXX |
| 10. Outside referrals | 0 | | | | | | | | | | | | | XXX |
| 11. Emergency room and out-of-area | 0 | | | | | | | | | | | | | XXX |
| 12. Prescription drugs | 1,500 | | | | | | | | 1,500 | | | | | XXX |
| 13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts | (552) | | | | | | | | (552) | | | | | XXX |
| 15. Subtotal (Lines 8 to 14) | (917,911) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (917,911) | 0 | 0 | 0 | 0 | XXX |
| 16. Net reinsurance recoveries | 0 | | | | | | | | | | | | | XXX |
| 17. Total medical and hospital (Lines 15 minus 16) | (917,911) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (917,911) | 0 | 0 | 0 | 0 | XXX |
| 18. Non-health claims (net) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 19. Claims adjustment expenses including \$ cost containment expenses | 18,352 | | | | | | | | 18,352 | | | | | |
| 20. General administrative expenses | 901,588 | | | | | | | | 901,588 | | | | | |
| 21. Increase in reserves for accident and health contracts | 0 | | | | | | | | | | | | | XXX |
| 22. Increase in reserves for life contracts | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 23. Total underwriting deductions (Lines 17 to 22) | 2,029 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,029 | 0 | 0 | 0 | 0 | 0 |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) | 1,015,554 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,015,554 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | |
| 0501. | | | | | | | | | | | | | | XXX |
| 0502. | | | | | | | | | | | | | | XXX |
| 0503. | | | | | | | | | | | | | | XXX |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 0601. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0602. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0603. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) | 0 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 0 |
| 1301. | | | | | | | | | | | | | | XXX |
| 1302. | | | | | | | | | | | | | | XXX |
| 1303. | | | | | | | | | | | | | | XXX |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

| Line of Business | 1 Direct Business | 2 Reinsurance Assumed | 3 Reinsurance Ceded | 4 Net Premium Income (Cols. 1 + 2 - 3) |
|--|-------------------------|-----------------------------|---------------------------|---|
| 1. Comprehensive (hospital and medical) individual | 0 | | | 0 |
| 2. Comprehensive (hospital and medical) group | | | | 0 |
| 3. Medicare Supplement | | | | 0 |
| 4. Vision only | | | | 0 |
| 5. Dental only | | | | 0 |
| 6. Federal Employees Health Benefits Plan | 0 | | | 0 |
| 7. Title XVIII - Medicare | 0 | | | 0 |
| 8. Title XIX - Medicaid | 1,017,583 | | | 1,017,583 |
| 9. Credit A&H | | | | 0 |
| 10. Disability Income | | | | 0 |
| 11. Long-Term Care | | | | 0 |
| 12. Other health | | | | 0 |
| 13. Health subtotal (Lines 1 through 12) | 1,017,583 | 0 | 0 | 1,017,583 |
| 14. Life | 0 | | | 0 |
| 15. Property/casualty | 0 | | | 0 |
| 16. Totals (Lines 13 to 15) | 1,017,583 | 0 | 0 | 1,017,583 |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health | 14 Other Non-Health |
|---|------------|---------------------------------------|------------|-----------------------------|------------------|------------------|--|------------------------------|----------------------------|------------------|----------------------------|-------------------------|--------------------|---------------------------|
| | | 2 Individual | 3 Group | | | | | | | | | | | |
| 1. Payments during the year: | | | | | | | | | | | | | | |
| 1.1 Direct | (855,381) | | | | | | | | (855,381) | | | | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 1.3 Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 1.4 Net | (855,381) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (855,381) | 0 | 0 | 0 | 0 | 0 |
| 2. Paid medical incentive pools and bonuses | (552) | | | | | | | | (552) | | | | | |
| 3. Claim liability December 31, current year from Part 2A: | | | | | | | | | | | | | | |
| 3.1 Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Claim reserve December 31, current year from Part 2D: | | | | | | | | | | | | | | |
| 4.1 Direct | 0 | | | | | | | | 0 | | | | | |
| 4.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 4.3 Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 4.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Accrued medical incentive pools and bonuses, current year | 0 | | | | | | | | 0 | | | | | |
| 6. Net health care receivables (a) | 0 | | | | | | | | | | | | | |
| 7. Amounts recoverable from reinsurers December 31, current year | 0 | | | | | | | | | | | | | |
| 8. Claim liability December 31, prior year from Part 2A: | | | | | | | | | | | | | | |
| 8.1 Direct | 61,978 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 61,978 | 0 | 0 | 0 | 0 | 0 |
| 8.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8.4 Net | 61,978 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 61,978 | 0 | 0 | 0 | 0 | 0 |
| 9. Claim reserve December 31, prior year from Part 2D: | | | | | | | | | | | | | | |
| 9.1 Direct | 0 | | | | | | | | | | | | | |
| 9.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 9.3 Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 9.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Accrued medical incentive pools and bonuses, prior year | 0 | | | | | | | | | | | | | |
| 11. Amounts recoverable from reinsurers December 31, prior year | 0 | | | | | | | 0 | 0 | | | | | |
| 12. Incurred Benefits: | | | | | | | | | | | | | | |
| 12.1 Direct | (917,359) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (917,359) | 0 | 0 | 0 | 0 | 0 |
| 12.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12.4 Net | (917,359) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (917,359) | 0 | 0 | 0 | 0 | 0 |
| 13. Incurred medical incentive pools and bonuses | (552) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (552) | 0 | 0 | 0 | 0 | 0 |

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|--|-------|---------------------------------------|------------|------------------------|-------------|-------------|---|-------------------------|-----------------------|------------|----------------------|-------------------|--------------|---------------------|
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health | Other Non-Health |
| 1. Reported in Process of Adjustment: | | | | | | | | | | | | | | |
| 1.1 Direct | 0 | | | | | | | | | | | | | |
| 1.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 1.3 Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 1.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Incurred but Unreported: | | | | | | | | | | | | | | |
| 2.1 Direct | 0 | | | | | | | | | | | | | |
| 2.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 2.3 Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 2.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | | | | | |
| 3.1 Direct | 0 | | | | | | | | | | | | | |
| 3.2 Reinsurance assumed | 0 | | | | | | | | | | | | | |
| 3.3 Reinsurance ceded | 0 | | | | | | | | | | | | | |
| 3.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. TOTALS: | | | | | | | | | | | | | | |
| 4.1 Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.2 Reinsurance assumed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.3 Reinsurance ceded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4.4 Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid During the Year | | Claim Reserve and Claim Liability December 31 of Current Year | | 5 Claims Incurred In Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|--|---|---------------------------------------|--|---------------------------------------|---|--|
| | 1 | 2 | 3 | 4 | | |
| | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid December 31 of Prior Year | On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) individual | | | | | 0 | 0 |
| 2. Comprehensive (hospital and medical) group | | | | | 0 | 0 |
| 3. Medicare Supplement | | | | | 0 | 0 |
| 4. Vision Only | | | | | 0 | 0 |
| 5. Dental Only | | | | | 0 | 0 |
| 6. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 7. Title XVIII - Medicare | | | | | 0 | 0 |
| 8. Title XIX - Medicaid | (855,381) | | | | (855,381) | 61,978 |
| 9. Credit A&H | | | | | 0 | 0 |
| 10. Disability Income | | | | | 0 | 0 |
| 11. Long-Term Care | | | | | 0 | 0 |
| 12. Other health | | | | | 0 | 0 |
| 13. Health subtotal (Lines 1 to 12) | (855,381) | 0 | 0 | 0 | (855,381) | 61,978 |
| 14. Health care receivables (a) | | | | | 0 | 0 |
| 15. Other non-health | | | | | 0 | 0 |
| 16. Medical incentive pools and bonus amounts | (552) | | | | (552) | 0 |
| 17. Totals (Lines 13 - 14 + 15 + 16) | (855,933) | 0 | 0 | 0 | (855,933) | 61,978 |

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Title XIX

| Year in Which Losses Were Incurred | | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-------------|-----------------------------|-----------|-----------|-----------|-----------|
| | | 1 2019 | 2 2020 | 3 2021 | 4 2022 | 5 2023 |
| 1. | Prior | 19,640 | 18,053 | (10,729) | (11,617) | (11,617) |
| 2. | 2019 | 141,421 | 160,755 | 160,584 | 160,409 | 160,409 |
| 3. | 2020 | XXX | 151,306 | 174,698 | 174,380 | 174,380 |
| 4. | 2021 | XXX | XXX | 147,096 | 165,154 | 164,236 |
| 5. | 2022 | XXX | XXX | XXX | 0 | 0 |
| 6. | 2023 | XXX | XXX | XXX | XXX | 0 |

Section B - Incurred Health Claims - Title XIX

| Year in Which Losses Were Incurred | | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|-------------|--|-----------|-----------|-----------|-----------|
| | | 1 2019 | 2 2020 | 3 2021 | 4 2022 | 5 2023 |
| 1. | Prior | 19,640 | 18,046 | (10,729) | (11,623) | (11,617) |
| 2. | 2019 | 141,421 | 160,844 | 160,584 | 160,405 | 160,409 |
| 3. | 2020 | XXX | 174,476 | 174,689 | 174,372 | 174,380 |
| 4. | 2021 | XXX | XXX | 151,785 | 165,154 | 164,236 |
| 5. | 2022 | XXX | XXX | XXX | 0 | 0 |
| 6. | 2023 | XXX | XXX | XXX | XXX | 0 |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payment | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|---------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2019 | 183,786 | 160,409 | 30 | 0.0 | 160,439 | 87.3 | 0 | 0 | 160,439 | 87.3 |
| 2. 2020 | 189,630 | 174,380 | 33 | 0.0 | 174,413 | 92.0 | 0 | 0 | 174,413 | 92.0 |
| 3. 2021 | 180,310 | 164,236 | 70 | 0.0 | 164,306 | 91.1 | 0 | 0 | 164,306 | 91.1 |
| 4. 2022 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 | 0 | 0.0 |
| 5. 2023 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 | 0 | 0.0 |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

Section A - Paid Health Claims - Grand Total

| Year in Which Losses Were Incurred | | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-------------|-----------------------------|-----------|-----------|-----------|-----------|
| | | 1 2019 | 2 2020 | 3 2021 | 4 2022 | 5 2023 |
| 1. | Prior | 19,640 | 18,053 | (10,729) | (11,617) | (11,617) |
| 2. | 2019 | 141,421 | 160,755 | 160,584 | 160,409 | 160,409 |
| 3. | 2020 | XXX | 151,306 | 174,698 | 174,380 | 174,380 |
| 4. | 2021 | XXX | XXX | 147,096 | 165,154 | 164,236 |
| 5. | 2022 | XXX | XXX | XXX | 0 | 0 |
| 6. | 2023 | XXX | XXX | XXX | XXX | 0 |

Section B - Incurred Health Claims - Grand Total

| Year in Which Losses Were Incurred | | Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year | | | | |
|------------------------------------|-------------|--|-----------|-----------|-----------|-----------|
| | | 1 2019 | 2 2020 | 3 2021 | 4 2022 | 5 2023 |
| 1. | Prior | 19,640 | 18,046 | (10,729) | (11,623) | (11,617) |
| 2. | 2019 | 141,421 | 160,844 | 160,584 | 160,405 | 160,409 |
| 3. | 2020 | XXX | 174,476 | 174,689 | 174,372 | 174,380 |
| 4. | 2021 | XXX | XXX | 151,785 | 165,154 | 164,236 |
| 5. | 2022 | XXX | XXX | XXX | 0 | 0 |
| 6. | 2023 | XXX | XXX | XXX | XXX | 0 |

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payment | 3 Claim Adjustment Expense Payments | 4 (Col. 3/2) Percent | 5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3) | 6 (Col. 5/1) Percent | 7 Claims Unpaid | 8 Unpaid Claims Adjustment Expenses | 9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8) | 10 (Col. 9/1) Percent |
|--|----------------------|---------------------|--|----------------------------|---|----------------------------|--------------------|--|---|-----------------------------|
| 1. 2019 | 183,786 | 160,409 | 30 | 0.0 | 160,439 | 87.3 | 0 | 0 | 160,439 | 87.3 |
| 2. 2020 | 189,630 | 174,380 | 33 | 0.0 | 174,413 | 92.0 | 0 | 0 | 174,413 | 92.0 |
| 3. 2021 | 180,310 | 164,236 | 70 | 0.0 | 164,306 | 91.1 | 0 | 0 | 164,306 | 91.1 |
| 4. 2022 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 | 0 | 0.0 |
| 5. 2023 | 0 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0 | 0 | 0.0 |

12.GT

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other |
|---|------------|---------------------------------------|------------|-----------------------------|------------------|------------------|--|------------------------------|----------------------------|------------------|----------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | | | | |
| 1. Unearned premium reserves | | | | | | | | | | | | | |
| 2. Additional policy reserves (a) | | | | | | | | | | | | | |
| 3. Reserve for future contingent benefits | | | | | | | | | | | | | |
| 4. Reserve for rate credits or experience rating refunds (including \$ for investment income) .. | | | | | | | | | | | | | |
| 5. Aggregate write-ins for other policy reserves | | | | | | | | | | | | | |
| 6. Totals (gross) | | | | | | | | | | | | | |
| 7. Reinsurance ceded | | | | | | | | | | | | | |
| 8. Totals (Net)(Page 3, Line 4) | | | | | | | | | | | | | |
| 9. Present value of amounts not yet due on claims | | | | | | | | | | | | | |
| 10. Reserve for future contingent benefits | | | | | | | | | | | | | |
| 11. Aggregate write-ins for other claim reserves | | | | | | | | | | | | | |
| 12. Totals (gross) | | | | | | | | | | | | | |
| 13. Reinsurance ceded | | | | | | | | | | | | | |
| 14. Totals (Net)(Page 3, Line 7) | | | | | | | | | | | | | |
| NONE | | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 0501. | | | | | | | | | | | | | |
| 0502. | | | | | | | | | | | | | |
| 0503. | | | | | | | | | | | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | | | | | | | | | | | |
| 0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) | | | | | | | | | | | | | |
| 1101. | | | | | | | | | | | | | |
| 1102. | | | | | | | | | | | | | |
| 1103. | | | | | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | | | | | | | | | | |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) | | | | | | | | | | | | | |

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

| | Claim Adjustment Expenses | | 3 General Administrative Expenses | 4 Investment Expenses | 5 Total |
|--|--------------------------------------|--|--|-----------------------------|-------------|
| | 1 Cost Containment Expenses | 2 Other Claim Adjustment Expenses | | | |
| 1. Rent (\$ for occupancy of own building) | | 263 | 12,919 | | 13,182 |
| 2. Salary, wages and other benefits | | 1,906 | 93,614 | | 95,520 |
| 3. Commissions (less \$ ceded plus \$ assumed) | | | | | 0 |
| 4. Legal fees and expenses | | | | | 0 |
| 5. Certifications and accreditation fees | | | | | 0 |
| 6. Auditing, actuarial and other consulting services | | 768 | 37,746 | | 38,514 |
| 7. Traveling expenses | | | | | 0 |
| 8. Marketing and advertising | | | | | 0 |
| 9. Postage, express and telephone | | 7 | 365 | | 372 |
| 10. Printing and office supplies | | 280 | 13,772 | | 14,052 |
| 11. Occupancy, depreciation and amortization | | | | | 0 |
| 12. Equipment | | | | | 0 |
| 13. Cost or depreciation of EDP equipment and software | | | | | 0 |
| 14. Outsourced services including EDP, claims, and other services | | 15,128 | 743,172 | | 758,300 |
| 15. Boards, bureaus and association fees | | | | | 0 |
| 16. Insurance, except on real estate | | | | | 0 |
| 17. Collection and bank service charges | | | | | 0 |
| 18. Group service and administration fees | | | | | 0 |
| 19. Reimbursements by uninsured plans | | | | | 0 |
| 20. Reimbursements from fiscal intermediaries | | | | | 0 |
| 21. Real estate expenses | | | | | 0 |
| 22. Real estate taxes | | | | | 0 |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes | | | | | 0 |
| 23.2 State premium taxes | | | | | 0 |
| 23.3 Regulatory authority licenses and fees | | | | | 0 |
| 23.4 Payroll taxes | | | | | 0 |
| 23.5 Other (excluding federal income and real estate taxes) | | | | | 0 |
| 24. Investment expenses not included elsewhere | | | | | 0 |
| 25. Aggregate write-ins for expenses | 0 | 0 | 0 | 0 | 0 |
| 26. Total expenses incurred (Lines 1 to 25) | 0 | 18,352 | 901,588 | 0 | (a) 919,940 |
| 27. Less expenses unpaid December 31, current year | | 0 | 0 | | 0 |
| 28. Add expenses unpaid December 31, prior year | | 1,033 | 4,760 | | 5,793 |
| 29. Amounts receivable relating to uninsured plans, prior year | | | | | 0 |
| 30. Amounts receivable relating to uninsured plans, current year | | | | | 0 |
| 31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) | 0 | 19,385 | 906,348 | 0 | 925,733 |
| DETAILS OF WRITE-INS | | | | | |
| 2501. | | | | | |
| 2502. | | | | | |
| 2503. | | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | 0 | 0 | 0 | 0 | 0 |

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

EXHIBIT OF NET INVESTMENT INCOME

| | 1 | 2 |
|---|-----------------------|--------------------|
| | Collected During Year | Earned During Year |
| 1. U.S. government bonds | (a) | |
| 1.1 Bonds exempt from U.S. tax | (a) | |
| 1.2 Other bonds (unaffiliated) | (a) | |
| 1.3 Bonds of affiliates | (a) | |
| 2.1 Preferred stocks (unaffiliated) | (b) | |
| 2.11 Preferred stocks of affiliates | (b) | |
| 2.2 Common stocks (unaffiliated) | | |
| 2.21 Common stocks of affiliates | | |
| 3. Mortgage loans | (c) | |
| 4. Real estate | (d) | |
| 5. Contract Loans | | |
| 6. Cash, cash equivalents and short-term investments | (e) 259,438 | 259,413 |
| 7. Derivative instruments | (f) | |
| 8. Other invested assets | | |
| 9. Aggregate write-ins for investment income | 0 | 0 |
| 10. Total gross investment income | 259,438 | 259,413 |
| 11. Investment expenses | | (g) 0 |
| 12. Investment taxes, licenses and fees, excluding federal income taxes | | (g) 0 |
| 13. Interest expense | | (h) |
| 14. Depreciation on real estate and other invested assets | | (i) |
| 15. Aggregate write-ins for deductions from investment income | | 0 |
| 16. Total deductions (Lines 11 through 15) | | 0 |
| 17. Net investment income (Line 10 minus Line 16) | | 259,413 |
| DETAILS OF WRITE-INS | | |
| 0901. | | |
| 0902. | | |
| 0903. | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | 0 | 0 |
| 0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) | 0 | 0 |
| 1501. | | |
| 1502. | | |
| 1503. | | |
| 1598. Summary of remaining write-ins for Line 15 from overflow page | | 0 |
| 1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) | | 0 |

- (a) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 | 2 | 3 | 4 | 5 |
|--|--|-------------------------------|--|--|---|
| | Realized Gain (Loss) On Sales or Maturity | Other Realized Adjustments | Total Realized Capital Gain (Loss) (Columns 1 + 2) | Change in Unrealized Capital Gain (Loss) | Change in Unrealized Foreign Exchange Capital Gain (Loss) |
| 1. U.S. Government bonds | 0 | 0 | 0 | 0 | 0 |
| 1.1 Bonds exempt from U.S. tax | | | | | |
| 1.2 Other bonds (unaffiliated) | 1,030 | 0 | 1,030 | 0 | 0 |
| 1.3 Bonds of affiliates | 0 | 0 | 0 | 0 | 0 |
| 2.1 Preferred stocks (unaffiliated) | 0 | 0 | 0 | 0 | 0 |
| 2.11 Preferred stocks of affiliates | 0 | 0 | 0 | 0 | 0 |
| 2.2 Common stocks (unaffiliated) | 0 | 0 | 0 | 0 | 0 |
| 2.21 Common stocks of affiliates | 0 | 0 | 0 | 208,352 | 0 |
| 3. Mortgage loans | 0 | 0 | 0 | 0 | 0 |
| 4. Real estate | 0 | 0 | 0 | 0 | 0 |
| 5. Contract loans | 0 | 0 | 0 | 0 | 0 |
| 6. Cash, cash equivalents and short-term investments | 0 | 0 | 0 | 0 | 0 |
| 7. Derivative instruments | 0 | 0 | 0 | 0 | 0 |
| 8. Other invested assets | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-ins for capital gains (losses) | 0 | 0 | 0 | 0 | 0 |
| 10. Total capital gains (losses) | 1,030 | 0 | 1,030 | 208,352 | 0 |
| DETAILS OF WRITE-INS | | | | | |
| 0901. | | | | | |
| 0902. | | | | | |
| 0903. | | | | | |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) | 0 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

EXHIBIT OF NON-ADMITTED ASSETS

| | 1 | 2 | 3 |
|---|--|--|--|
| | Current Year Total Nonadmitted Assets | Prior Year Total Nonadmitted Assets | Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
| 1. Bonds (Schedule D) | | | 0 |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks | | | 0 |
| 2.2 Common stocks | | | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens | | | 0 |
| 3.2 Other than first liens..... | | | 0 |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company | | | 0 |
| 4.2 Properties held for the production of income..... | | | 0 |
| 4.3 Properties held for sale | | | 0 |
| 5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) | | | 0 |
| 6. Contract loans | | | 0 |
| 7. Derivatives (Schedule DB) | | | 0 |
| 8. Other invested assets (Schedule BA) | | | 0 |
| 9. Receivables for securities | | | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL) | | | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 0 | 0 | 0 |
| 13. Title plants (for Title insurers only) | | | 0 |
| 14. Investment income due and accrued | | | 0 |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | | | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .. | | | 0 |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination | | | 0 |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 |
| 18.2 Net deferred tax asset | | | 0 |
| 19. Guaranty funds receivable or on deposit | | | 0 |
| 20. Electronic data processing equipment and software | | | 0 |
| 21. Furniture and equipment, including health care delivery assets | | | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 |
| 23. Receivable from parent, subsidiaries and affiliates | | | 0 |
| 24. Health care and other amounts receivable | | | 0 |
| 25. Aggregate write-ins for other than invested assets | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 0 | 0 | 0 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 |
| 28. Total (Lines 26 and 27) | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | |
| 1101. | | | |
| 1102. | | | |
| 1103. | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 |
| 2501. Prepaid Expense | | 0 | 0 |
| 2502. | | | |
| 2503. | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) | 0 | 0 | 0 |

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

| Source of Enrollment | Total Members at End of | | | | | 6 Current Year Member Months |
|--|-------------------------|--------------------|---------------------|--------------------|-------------------|------------------------------------|
| | 1 Prior Year | 2 First Quarter | 3 Second Quarter | 4 Third Quarter | 5 Current Year | |
| 1. Health Maintenance Organizations | 0 | | | | | |
| 2. Provider Service Organizations | | | | | | |
| 3. Preferred Provider Organizations | | | | | | |
| 4. Point of Service | | | | | | |
| 5. Indemnity Only | | | | | | |
| 6. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | |
| 0601. | | | | | | |
| 0602. | | | | | | |
| 0603. | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) | 0 | 0 | 0 | 0 | 0 | 0 |

Notes to Financial Statement

1. Nature of Business and Summary of Significant Accounting Policies

Total Health Care, Inc. (the "Company"), a not-for-profit corporation, operates as a state-licensed health maintenance organization (HMO). The Company provides health insurance coverage to persons primarily in southeastern Michigan who subscribe as recipients of federal and state health benefits or as individuals.

Total Health Care, Inc. is a wholly owned subsidiary of Priority Health.

Total Health Care, Inc and its wholly owned subsidiary, Total Health Care USA, Inc., have common officers on their respective governing boards.

a. Accounting Practices

The accompanying financial statements of Total Health Care, Inc. (the "Company" or "THC") have been prepared in conformity with statutory accounting practices prescribed or permitted by Section 1007 of the Michigan statutes of the state of Michigan for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Michigan Insurance law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Michigan.

Statutory accounting principles differ from generally accepted accounting principles (GAAP) in their definition of assets and liabilities. Specifically, certain assets (such as intangible assets and receivables greater than 90 days) are excluded from the statutory-basis balance sheet. GAAP net assets exceed statutory net assets by \$0 at December 31, 2023, and December 31, 2022. There are no significant differences between statutory accounting principles prescribed by NAIC and the State of Michigan accounting requirements that are applicable to the Company.

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

| NET INCOME | SSAP# | F/S Page | F/S Line # | 2023 | 2022 |
|--|-------|----------|------------|--------------|--------------|
| (1) Total Health Care state basis(Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | \$1,275,997 | \$28,604,989 |
| (2) State Prescribed Practices that increase (decrease) NAIC SAP: | N/A | N/A | N/A | - | - |
| (3) State Permitted Practices that increase (decrease) NAIC SAP: | N/A | N/A | N/A | - | - |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX | \$1,275,997 | \$28,604,989 |
| SURPLUS | | | | | |
| (5) Total Health Care state basis (Page3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | \$11,236,676 | \$9,752,327 |
| (6) State Prescribed Practices that increase (decrease) NAIC SAP: | N/A | N/A | N/A | - | - |
| (7) State Permitted Practices that increase (decrease) NAIC SAP: | N/A | N/A | N/A | - | - |
| (8) NAIC SAP (5-6-7=8) | XXX | XXX | XXX | \$11,236,676 | \$9,752,327 |

b. Use of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

Certain significant estimates exist relating to unpaid claims. It is at least reasonably possible that these estimates will be materially revised in the near term.

c. Accounting Policy

Notes to Financial Statement

Cash and Short-term Investments - The Company considers all highly liquid investments purchased with an original maturity of three months or less when purchased to be cash equivalents. Certificates of deposit in banks or other similar financial institutions with maturity dates of one year or less from the acquisition date are considered cash under statutory accounting principles. Short-term investments are stated at amortized cost.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments and long-term certificates of deposit are recorded at amortized cost, which approximates fair market value. Long-term certificates of deposit are classified as bonds on the balance sheet per statutory guidance. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in net investment income on the statement of operations. Changes in unrealized gains and losses on investments are included as a direct adjustment to capital and surplus.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) The Company had no common stocks except items noted in (7) below.
- (4) The Company had no preferred stocks.
- (5) The Company had no mortgage loans.
- (6) The Company had no loan-backed securities.
- (7) The Company had investments in health care subsidiaries which are reported at the statutory net worth value of the subsidiary under the equity method and are reported as common stocks on the balance sheet.
- (8) The Company had no joint ventures of limited partnerships.
- (9) The Company had no derivatives.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company's pharmaceutical rebate receivables are recorded when received, as amounts are not estimable.

Revenue Recognition and Accounts Receivable – Capitation revenue and subscriber premiums are recognized in the period that members are entitled to related health care services. A portion of the health care receivable is due from third-party payors for subscribers located within southeastern Michigan. No allowance for doubtful accounts is recorded at December 31, 2023, and December 31, 2022. Receivables greater than 90 days old are treated as non-admitted for statutory accounting purposes. Non-admitted receivables greater than 90 days old were \$0 at December 31, 2023, and December 31, 2022.

Recognition of Medical and Hospital Expenses - Medical and hospital expenses and the related liabilities are recorded when eligible medical and hospital services are authorized or performed. Claims unpaid represent management's estimate of the ultimate cost to settle all claims incurred prior to year-end.

Physician Group Contracts - The Company contracts with certain physician groups for the provision of medical care and compensates the groups on a capitation basis. These contracts have a pay-for-performance incentive. If the providers meet the incentives, they share in the savings and a payable is recorded. Health care payables to providers of \$0 have been recorded at December 31, 2023 and December 31, 2022.

Hospital and Other Group Contracts - The Company contracts with several hospitals and other groups. These contracts are paid under capitated fees or various other charge arrangements.

Notes to Financial Statement

Malpractice Claims - The Company has a claims-made policy for malpractice insurance. The Company's policy is to accrue for estimated costs of claims and incidents during the term of the claims-made policy.

Employee Staffing and Purchased Services Agreement – The parent company allocates an amount for administrative costs including employee staffing and purchased services. The allocated amount is paid to the parent company each month. Ultimate operational control rests with the board of directors of Total Health Care, Inc.

Income Taxes - Total Health Care, Inc. has received federal income tax exemption under Internal Revenue Code Section 501(c)(4). The Company is also exempt from state and local income taxes.

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

a. **Statutory Purchase Method**- None

b. **Statutory Merger** - None

c. **Assumption Reinsurance** – None

d. **Impairment Loss** – None

4. Discontinued Operations

None

5. Investments

a. Mortgage Loans, including Mezzanine Real Estate Loans – None

b. Debt Restructuring – None

c. Reverse Mortgages – None

d. Loan-Backed Securities – None

e. Dollar Repurchase Agreements and/or Securities Lending Transactions – None

f. Repurchase Agreements Transactions Accounted for as Secured Borrowing –None

g. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing –None

h. Repurchase Agreements Transactions Accounted for as a Sale – None

i. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None

j. Real Estate – None

k. Low-income housing tax credits (LIHTC) – None

l. Restricted Assets

Notes to Financial Statement

| Restricted Asset Category | 1 | 2 | 3 | 4 | 5 | 6 |
|---|--|--|---------------------------------|------------------------------------|---|---|
| | Total Gross Restricted from Current Year | Total Gross Restricted from Prior Year | Increase/(Decrease) (1 minus 2) | Total Current Year Admitted Assets | Percentage Gross Restricted to Total Assets | Percentage Admitted Restricted to Total Admitted Assets |
| Subject to contractual obligation for which liability is not shown | \$ | \$ | \$ | \$ | % | % |
| Collateral held under security lending agreements | | | | | | |
| Subject to repurchase agreements | | | | | | |
| Subject to reverse repurchase agreements | | | | | | |
| Subject to dollar repurchase agreements | | | | | | |
| Subject to dollar reverse repurchase agreements | | | | | | |
| Placed under option contracts | | | | | | |
| Letter stock or securities restricted as to sale | | | | | | |
| FHLB capital stock | | | | | | |
| On deposit with states | \$ 1,146,482 | \$ 1,094,987 | \$ 51,495 | \$ 13,025,231 | 8.80% | 8.80% |
| On deposit with other regulatory bodies | | | | | | |
| Pledged as collateral to FHLB (including assets backing funding agreements) | | | | | | |
| Pledged as collateral not captured in other categories | | | | | | |
| Other restricted assets | | | | | | |
| Total Restricted Assets | \$ 1,146,482 | \$ 1,094,987 | \$ 51,495 | \$ 13,025,231 | 8.80% | 8.80% |

(1) Restricted Assets (Including Pledged)

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

(3) Detail of Other Restricted Assets – None

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

- None

m. Working Capital Finance Investments - None

n. Offsetting and Netting of Assets and Liabilities - None

o. Structured Notes – None

p. 5* Securities – None

q. Short Sales –None

r. Prepayment Penalty and Acceleration Fees --None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company does not have any Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of the admitted assets.

B. The Company does not have any impaired investment in Joint Ventures, Partnerships or Limited Liability Companies.

Notes to Financial Statement

7. Investment Income

- a. All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.
- b. The Company had no investment income due and accrued excluded from surplus.

8. Derivative Instruments

None

9. Income Taxes

None

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

a, b, & c

Priority Health, a not-for-profit corporation, is the sole member of Total Health Care, Inc.

The Company owns 100 percent of a subsidiary: Total Health Care USA, Inc., whose carrying value is equal to or exceeds 10% of the total admitted assets of the company. The Company carries Total Health Care USA, Inc. at the statutory net worth value of the subsidiary under the equity method and is reported as common stocks on the balance sheet.

Total Health Care USA, Inc. has a statutory statement value of \$3,952,885 and \$3,744,533 at December 31, 2023, and December 31, 2022, respectively. The value of investments in Total Health Care USA, Inc. has been reduced by non-admitted assets totaling \$0 at December 31, 2023, and December 31, 2022.

Total Health Care USA, Inc.'s (Total USA) net income was \$208,352 and \$1,752,561 at December 31, 2023 and December 31, 2022, respectively.

d. Amounts Due from Related Parties – At December 31, 2023 and December 31, 2022, the Company had amounts due from parent, subsidiaries and affiliates of \$0 and \$1,433,433, respectively, and amounts due to parent, subsidiaries and affiliates of \$130,346 and \$0, respectively, resulting from costs paid by the parent or subsidiary on behalf of the Company for operating expenses.

e. Guarantees – The Company has no guarantees with any companies within its holding company structure.

f. Material Employee, Office Space and Equipment Leasing Agreement –

Total Health Care, Inc. has an agreement with Priority Health Managed Benefits, Inc., a wholly owned subsidiary of Corewell Health System, to provide personnel, office space, and supplies necessary for the Company and Total Health Care, USA to carry out business operations. Priority Health Managed Benefits, Inc. facilitates payment of most management, operational, and administrative expenses on behalf of the Company and USA. During 2023 and 2022, the Company incurred expenses of \$899,257 and \$2,068,412 related to this agreement. At December 31, 2023 and December 31, 2022, the Company owed \$130,278 and \$228,060 to Priority Health Managed Benefits, Inc. related to this agreement including \$65,375 and \$114,030, which was due from USA to the Company and is included in the net amount due to parent, subsidiaries and affiliates.

g. Common Control - Total Health Care, Inc., and its wholly owned subsidiary, Total Health Care USA, Inc., have common officers on their respective governing boards. Total Health Care, Inc., the Parent Company, is domiciled in the State of Michigan.

h. Deductions in Value - There have been no deductions in value between affiliated companies.

i. SCA that exceed 10% of Admitted Assets - None

j. Impaired SCAs - The Company did not recognize any impairment write down for its investments in Subsidiary, Controlled, or Affiliated Companies during the statement period.

k. Foreign Subsidiary - None

l. Downstream Noninsurance Holding Company – None

Notes to Financial Statement

m. All SCA Investments – N/A, exception for 8bi entity

n. Investment in Insurance SCAs – There are no departures from the NAIC statutory accounting practices and procedures (e.g., permitted or prescribed practices) relative to our investment in the above-mentioned insurance SCA.

o. SCA Loss Tracking – None. The SCA is not in a loss position.

11. Debt

None

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and other Postretirement Benefit Plans.

a.- d. Defined Benefit Plan – None

e. Defined Contribution Plans – None.

f. Multi-Employer Plan – None

g. Consolidated/Holding Company Plans – None

h. Post-Employment Benefits and Compensated Absences – None

i. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

1) The Company has issued no capital stock.

2) The Company has no preferred stock outstanding.

(3) Dividends are paid as determined by the Board of Directors with the approval of the Commissioner of the Michigan Department of Insurance and Financial Services, as long as the Company meets or exceeds minimum surplus requirements.

(4) During 2023 and 2022 the Company paid dividends of \$0 and \$57,200,000, respectively.

(5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

(6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being paid.

(7) The Company has no advances to surplus not repaid.

(8) The Company held no stock.

(9) There were no changes to the balances of any special surplus funds from the prior year.

(10) The portion of unassigned surplus represented or increased (decreased) by unrealized gains (losses) is \$208,352 and (\$27,708,959) at December 31, 2023, and December 31, 2022, respectively.

Unassigned surplus has been increased (reduced) by the change in non-admitted assets totaling \$0 at December 31, 2023, and December 31, 2022.

(11) The Company did not issue any surplus debentures or similar obligations.

(12) and (13) There have been no quasi-reorganizations.

14. Liabilities, Contingencies and Assessments

Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation and other matters are not considered material in relation to the financial

Notes to Financial Statement

position of the Company. No amounts have been accrued for losses as no losses are deemed probable or estimable. Estimated losses for claims-related matters are accrued as claims unpaid.

Estimated losses for claims-related matters are accrued as claims unpaid.

a. Contingent Commitments – None

b. Assessments – None

c. Gain Contingencies – None

d. Claims related extra contractual obligations and bad faith losses stemming from lawsuits – None

e. Joint and Several Liabilities - None

f. All Other Contingencies – There are no balances of assets covered by SSAP No. 6, Uncollected Premium Balances, Bills Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47, Uninsured Plans, or SSAP No. 66, Retrospectively Rated Contracts.

15. Leases

A. Lessee Operating Lease

(1) The Company leased office space and computer software services under various non-cancelable operating lease agreements that expired through July 31, 2022. Rent payments were the responsibility of the Corewell Health in 2022 and were included in the monthly payment under the employee staffing and purchased services agreement. Rent expense was approximately \$81,000 in 2022.

There are no future minimum commitments under the operating lease agreements as of December 31, 2023.

Beginning on January 1, 2019, the Company has minimum annual commitments of \$780,000 related to a five-year contract for its claims processing vendor. This lease has been renegotiated and terminated in June 2023.

(3) The company is not involved in any material sales – leaseback transactions.

B. Lessor Leases

None

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations Of Credit Risk.

None

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

a. Transfers of Receivables reported as Sales – None

b. Transfer and Servicing of Financial Assets – None

c. Wash Sales – None

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

a. ASO Plans

Medicaid pass-through payments (GME, HRA, SNAF, etc.) received and paid on behalf of the Michigan Department of Health & Human Services (MDHHS) to the hospitals and health centers are being disclosed under ASO Plans as directed by the Michigan Department of Insurance & Financial Services.

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2023:

Notes to Financial Statement

| | ASO Uninsured Plans | Uninsured Portion of Partially Insured Plants | Total ASO |
|---|---------------------------|--|--------------|
| a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses | \$ - | \$ - | \$ - |
| b. Total net other income or expenses (including interest paid to or received from plans) | \$ - | \$ - | \$ - |
| c. Net gain or (loss) from operations | \$ - | \$ - | \$ - |
| d. Total claim payment volume | \$ - | \$ - | \$ - |

b. ASO Plans – None.

c. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.

None

20. Fair Value Measurements

The following table presents information about the Company's assets and liabilities measured at fair value at December 31, 2023, and the valuation techniques used by the Company to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Company has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based in the lowest level input that is significant to the valuation. The Company's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

A. (1) Fair Value Measurements at Reporting Date

| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Total |
|--|-----------|-----------|-----------|-------|
| a. Assets at Fair Value | | | | |
| Perpetual Preferred Stock | | | | |
| Industrial and Misc | \$ - | \$ - | \$ - | \$ - |
| Parent, Subsidiaries and Affiliates | - | - | - | - |
| Total Perpetual Preferred Stocks | \$ - | \$ - | \$ - | \$ - |
| Bonds | | | | |
| U.S. Governments | \$ - | \$ - | \$ - | \$ - |
| Industrial and Misc | - | - | - | - |
| Hybrid Securities | - | - | - | - |
| Parent, Subsidiaries and Affiliates | - | - | - | - |
| Total Bonds | \$ - | \$ - | \$ - | \$ - |
| Common Stock | | | | |
| Industrial and Misc | \$ - | \$ - | \$ - | \$ - |
| Parent, Subsidiaries and Affiliates | - | - | - | - |
| Total Common Stocks | \$ - | \$ - | \$ - | \$ - |
| Derivative Assets | | | | |
| Interest Rate Contracts | \$ - | \$ - | \$ - | \$ - |

Notes to Financial Statement

| | | | | |
|-----------------------------|------|------|------|------|
| Foreign Exchange Contracts | - | - | - | - |
| Credit Contracts | - | - | - | - |
| Commodity Futures Contracts | - | - | - | - |
| Commodity Forward Contracts | - | - | - | - |
| Total Derivatives | \$ - | \$ - | \$ - | \$ - |
| <hr/> | | | | |
| Separate Account Assets | \$ - | \$ - | \$ - | \$ - |
| Total Assets at Fair Value | \$ - | \$ - | \$ - | \$ - |

b. Liabilities at Fair Value

| | | | | |
|---------------------------------|------|------|------|------|
| Derivative Liabilities | \$ - | \$ - | \$ - | \$ - |
| Total Liabilities at Fair Value | \$ - | \$ - | \$ - | \$ - |

(2) Fair Value Measurements in (Level 3) of the Fair Value - None

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

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

(5) Derivative assets and liabilities- None

B. N/A

C. Aggregate Fair Value for all Financial Instrument

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Not Practicable (Carrying Value) |
|------------------------------------|----------------------|-----------------|---------|---------|---------|----------------------------------|
| Bonds | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Cash | - | - | - | - | - | - |
| Short Term Certificates of Deposit | - | - | - | - | - | - |
| Money Market Funds | - | - | - | - | - | - |
| Totals | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

D. Not Practicable to Estimate Fair Value – N/A

E. N/A

21. Other Items

a. Extraordinary Items – None

b. Troubled Debt Restructuring – None

c. Other Disclosures and Unusual Items – Funds Maintained Under Statutory Requirements - The Company maintains segregated funds under statutory requirements to protect members and health care providers in the event the Company is unable to meet its contractual obligations. These funds can be used only at the direction of the insurance commissioner in accordance with statutory and contractual provisions. These funds are classified according to the nature of the investment. At December 31, 2023 and December 31, 2022, the Company maintained \$1,146,482 and \$1,094,987, respectively, in long-term certificates of deposit and money market funds to fulfill these requirements. Interest earned on these funds can be utilized by the Company.

At December 31, 2023, and December 31, 2022, the Company had admitted assets of \$692,868 in accounts receivable for amounts due from subscribers, governmental entities, and other health care providers. During 2023 and 2022, the Company routinely assessed the collectability of these receivables and has recorded an allowance of \$692,868 for uncollectable amounts. Receivables not expected to be collected within 90 days were considered non-admitted.

Notes to Financial Statement

d. Business Interruption Insurance Recoveries - None

e. State Transferable and Non-transferable Tax Credits - None

f. Subprime Mortgage Related Risk Exposure – None, The Companies wholly-owned subsidiaries have no activity related to subprime related risk exposure.

g. Retained Assets – None

h. Insurance-Linked Securities (ILS) Contracts - None

22. Events Subsequent

Type I. – Recognized Subsequent Events –

Subsequent events have been considered through 02/27/2024 for the statutory statement issued on December 31, 2023.

None

Type II. – Non-recognized Subsequent Events –

Subsequent events have been considered through 02/27/2024 for the statutory statement issued on December 31, 2023.

| | <u>Current Year</u> | <u>Prior Year</u> |
|--|---------------------|-------------------|
| A. ACA fee assessment payable for the upcoming year | \$ - | \$ - |
| B. ACA fee assessment paid | \$ - | \$ - |
| C. Premium written subject to ACA 9010 assessment | \$ - | \$ - |
| D. Total Adjusted Capital before surplus adjustment | \$ 11,236,676 | \$ 9,752,327 |
| E. Authorized Control Level before surplus adjustment | \$ 1,558,217 | \$ 1,559,997 |
| F. Total Adjusted Capital after surplus adjustment | \$ 11,236,676 | \$ 9,752,327 |
| G. Authorized Control Level after surplus adjustment | \$ 1,558,217 | \$ 1,559,997 |
| H. Would reporting the ACA assessment as of December 31, 2020 trigger an RBC action level? (YES/NO) | No | No |

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (x)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (x)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (x)

a. Not Applicable

b. The Company had reinsurance recoverable receivables of \$0 recorded as of December 31, 2023, and December 31, 2022, respectively. The estimated reduction in surplus is zero.

Notes to Financial Statement

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (x)

Section 3 – Ceded Reinsurance Report – Part B

(1) The estimated reduction in surplus is zero.

(2) The Company had an agreement with Swiss Re Life & Health America Inc., for dates of service between November 1, 2020 and September 30, 2021 when the Company ceased to have active members. The reinsurance policy provided coverage on an annual per member basis after a \$800,000 (Medicaid CSHCS, Medicaid non-CSHCS, Dual eligible and Commercial Individual) deductible is reached. The maximum lifetime reinsurance indemnity payable under each agreement was \$2,000,000 per member.

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

B. The amount of net premiums written by the Company at December 31, 2023, that are subject to retrospective rating features was \$0 and represented 0% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

C. At December 31, 2023, the Company had no medical loss ratio rebates required pursuant to the Public Health Service Act.

D. At December 31, 2023 and December 31, 2022, the Company has no receivable or payable the Medicaid Risk Corridor for the period from October 2020 through September 2021.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premiums which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? NO

The Company has zero balances for the risk corridors program subject to the Affordable Care Act risk sharing provisions.

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year - None

Notes to Financial Statement

Reserves as of December 31, 2022 were \$61,978. As of December 31, (\$855,381) has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive Medical lines of business. Therefore, there has been a \$917,359 favorable prior-year development since December 31, 2022 to December 31, 2023. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$0 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

The Company reports risk-sharing receivables and payables related to capitation and specialty claims arrangements based upon the terms of its contracts.

Pharmaceutical rebates receivable at December 31, 2023 and December 31, 2022 were \$0. Rebates are netted with pharmacy expense. During 2023 and 2022, pharmacy rebates in the amount of \$0 were collected.

Health care expenses include the following amounts related to pharmaceutical rebates.

| Quarter | Estimated Pharmacy Rebates as Reported on Financial Statements | Pharmacy Rebates as Invoiced/ Confirmed | Actual Rebates Collected Within 90 Days of Invoicing/ Confirmation | Actual Rebates Collected Within 91 to 180 Days of Invoicing/ Confirmation | Actual Rebates Collected More Than 180 Days After Invoicing/ Confirmation |
|------------|--|---|--|---|---|
| 12/31/2023 | - | - | - | - | - |
| 9/30/2023 | - | - | - | - | - |
| 6/30/2023 | - | - | - | - | - |
| 3/31/2023 | - | - | - | - | - |
| 12/31/2022 | - | - | - | - | - |
| 9/30/2022 | - | - | - | - | - |
| 6/30/2022 | - | - | - | - | - |
| 3/31/2022 | - | - | - | - | - |
| 12/31/2021 | - | - | - | - | - |
| 9/30/2021 | 37,025 | 37,025 | 37,025 | - | - |
| 6/30/2021 | 37,355 | 37,355 | 37,355 | - | - |
| 3/31/2021 | 27,545 | 27,545 | 27,545 | - | - |

Health care receivables include the following amounts related to specialty pool receivables.

| Evaluation Period Year Ending | Risk-Sharing Receivable as Estimated in the Prior Year | Risk-Sharing Receivable as Estimated in the Current Year | Risk-Sharing Receivable Billed | Risk-Sharing Receivable Not Yet Billed | Actual Risk-Sharing Amounts Received in Year Billed | Actual Risk-Sharing Amounts Received First Year Subsequent | Actual Risk-Sharing Amounts Received Second Year Subsequent | Actual Risk-Sharing Amounts Received - All Other |
|-------------------------------|--|--|--------------------------------|--|---|--|---|--|
| | | | | | | | | |
| 2023 | 2023 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| | 2024 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 2022 | 2022 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| | 2023 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 2021 | 2021 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| | 2022 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

29. Participating Policies

Notes to Financial Statement

None

30. Premium Deficiency Reserves – No Change

- | | |
|---|---|
| 1. Liability carried for premium deficiency reserves | \$0 |
| 2. Date of the most recent evaluation of this liability | 12/31/2023 |
| 3. Was anticipated investment income utilized? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

31. Anticipated Salvage and Subrogation

Loss reserves have not been reduced for any salvage or subrogation. During 2023 and 2022, the Company received subrogation totaling \$700,957 and \$703,344, respectively.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? MICHIGAN
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2022
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 02/12/2024
- 3.4 By what department or departments?
Michigan Department of Insurance and Financial Services
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
7.21 State the percentage of foreign control; %
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1 Nationality | 2 Type of Entity |
|------------------|---------------------|
| | |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| | | | | | |

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [] No [X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PLANTE & MORAN PLLC., 1111 MICHIGAN AVENDUE, SUITE 100, EAST LANSING, MI 48823
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain.
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
ZACHARY ERIKSON, ASA, MAAA, 1231 EAST BELTLINE AVE NE, GRAND RAPIDS, MI 49525 MANAGER, MEDICAL COST ANALYSIS .
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company ...
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value \$
- 12.2 If yes, provide explanation
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1 American Bankers Association (ABA) Routing Number | 2 Issuing or Confirming Bank Name | 3 Circumstances That Can Trigger the Letter of Credit | 4 Amount |
|--|--------------------------------------|--|-------------|
| | | | |

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$
 - 20.12 To stockholders not officers.....\$
 - 20.13 Trustees, supreme or grand (Fraternal Only)\$
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$
 - 20.22 To stockholders not officers.....\$
 - 20.23 Trustees, supreme or grand (Fraternal Only)\$
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$
 - 21.22 Borrowed from others.....\$
 - 21.23 Leased from others\$
 - 21.24 Other\$
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$
 - 22.22 Amount paid as expenses\$
 - 22.23 Other amounts paid\$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

| Name of Third-Party | Is the Third-Party Agent a Related Party (Yes/No) |
|---------------------|---|
| | |

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

GENERAL INTERROGATORIES

- 25.02 If no, give full and complete information, relating thereto
.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
.....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
- 25.093 Total payable for securities lending reported on the liability page. \$ 0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$ 0
- 26.22 Subject to reverse repurchase agreements \$ 0
- 26.23 Subject to dollar repurchase agreements \$ 0
- 26.24 Subject to reverse dollar repurchase agreements \$ 0
- 26.25 Placed under option agreements \$ 0
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0
- 26.27 FHLB Capital Stock \$ 0
- 26.28 On deposit with states \$ 1,146,482
- 26.29 On deposit with other regulatory bodies \$ 0
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0
- 26.32 Other \$ 0

26.3 For category (26.26) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | |

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No [X]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [] No [X]
- 27.42 Permitted accounting practice Yes [] No [X]
- 27.43 Other accounting guidance Yes [] No [X]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No [X]
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$
29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes [X] No []

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

| 1 Name of Custodian(s) | 2 Custodian's Address |
|-----------------------------------|--|
| COMERICA BANK - Carol Morga | 611 WOODWARD AVE., DETROIT, MI 48226 |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

GENERAL INTERROGATORIES

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

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

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

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

| 1 Name of Firm or Individual | 2 Affiliation |
|---|------------------|
| Comerica Securities – Carol Morga | |
| | |

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|---|---------------------------------|------------------------------------|----------------------|--|
| | | | | |

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

30.2 If yes, complete the following schedule:

| 1 CUSIP # | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|-----------------|--------------------------|-----------------------------------|
| 30.2999 - Total | | 0 |

30.3 For each mutual fund listed in the table above, complete the following schedule:

| 1 Name of Mutual Fund (from above table) | 2 Name of Significant Holding of the Mutual Fund | 3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding | 4 Date of Valuation |
|---|---|---|------------------------|
| | | | |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

| | 1 | 2 | 3 |
|-----------------------------|-------------------------------|------------|--|
| | Statement (Admitted) Value | Fair Value | Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
| 31.1 Bonds | | | 0 |
| 31.2 Preferred stocks | 0 | | 0 |
| 31.3 Totals | 0 | 0 | 0 |

31.4 Describe the sources or methods utilized in determining the fair values:

Determined by custodian

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [X] No [] N/A []

GENERAL INTERROGATORIES

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
 39.21 Held directly Yes [] No []
 39.22 Immediately converted to U.S. dollars Yes [] No []

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

| 1 | 2 | 3 |
|------------------------|--|--|
| Name of Cryptocurrency | Immediately Converted to USD, Directly Held, or Both | Accepted for Payment of Premiums |
| | | |

OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1 | 2 |
|------|-------------|
| Name | Amount Paid |
| | |

41.1 Amount of payments for legal expenses, if any?\$0

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1 | 2 |
|------|-------------|
| Name | Amount Paid |
| | |

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

| 1 | 2 |
|------|-------------|
| Name | Amount Paid |
| | |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only. \$ _____

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____

1.31 Reason for excluding
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ _____

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ _____ 0

1.6 Individual policies: Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 0

1.65 Total incurred claims \$ 0

1.66 Number of covered lives 0

1.7 Group policies: Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

| | 1 Current Year | 2 Prior Year |
|-----------------------------------|-------------------|-----------------|
| 2.1 Premium Numerator | 1,017,583 | 245,820 |
| 2.2 Premium Denominator | 1,017,583 | 245,820 |
| 2.3 Premium Ratio (2.1/2.2) | 1.000 | 1.000 |
| 2.4 Reserve Numerator | 0 | 61,978 |
| 2.5 Reserve Denominator | 0 | 61,978 |
| 2.6 Reserve Ratio (2.4/2.5) | 0.000 | 1.000 |

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]

3.2 If yes, give particulars:
.....

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]

5.2 If no, explain:
No members in 2023

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ 0

5.32 Medical Only \$ 0

5.33 Medicare Supplement \$ 0

5.34 Dental & Vision \$ 0

5.35 Other Limited Benefit Plan \$ 0

5.36 Other \$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
.....

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []

7.2 If no, give details
.....

8. Provide the following information regarding participating providers: 8.1 Number of providers at start of reporting year 0

8.2 Number of providers at end of reporting year 0

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]

9.2 If yes, direct premium earned: 9.21 Business with rate guarantees between 15-36 months.. \$..... 0

9.22 Business with rate guarantees over 36 months \$..... 0

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses.....\$
- 10.22 Amount actually paid for year bonuses.....\$ (552)
- 10.23 Maximum amount payable withholds.....\$
- 10.24 Amount actually paid for year withholds.....\$

- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes [] No [X]
- 11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
- 11.14 A Mixed Model (combination of above)? Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Michigan
- 11.4 If yes, show the amount required. \$ 3,116,434
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
- 11.6 If the amount is calculated, show the calculation
-

12. List service areas in which reporting entity is licensed to operate:

| |
|---------------------------|
| 1 Name of Service Area |
| |

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. \$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [X] N/A []
- 14.2 If the answer to 14.1 is yes, please provide the following:

| 1 Company Name | 2 NAIC Company Code | 3 Domiciliary Jurisdiction | 4 Reserve Credit | Assets Supporting Reserve Credit | | |
|-------------------|------------------------------|----------------------------------|------------------------|----------------------------------|--------------------------|------------|
| | | | | 5 Letters of Credit | 6 Trust Agreements | 7 Other |
| | | | | | | |

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written \$
- 15.2 Total Incurred Claims \$
- 15.3 Number of Covered Lives

| *Ordinary Life Insurance Includes |
|---|
| Term(whether full underwriting, limited underwriting, jet issue, "short form app") |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without secondary gurarantee) |
| Universal Life (with or without secondary gurarantee) |
| Variable Universal Life (with or without secondary gurarantee) |

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

FIVE-YEAR HISTORICAL DATA

| | 1 2023 | 2 2022 | 3 2021 | 4 2020 | 5 2019 |
|--|------------|-------------|-------------|-------------|--------------|
| Balance Sheet (Pages 2 and 3) | | | | | |
| 1. Total admitted assets (Page 2, Line 28) | 13,025,231 | 12,374,284 | 80,244,043 | 89,612,356 | 87,672,703 |
| 2. Total liabilities (Page 3, Line 24) | 1,788,555 | 2,621,957 | 14,187,746 | 47,480,558 | 49,368,642 |
| 3. Statutory minimum capital and surplus requirement | 3,116,434 | 3,119,994 | 23,472,211 | 25,422,676 | 25,604,294 |
| 4. Total capital and surplus (Page 3, Line 33) | 11,236,676 | 9,752,327 | 66,056,297 | 42,131,798 | 38,304,061 |
| Income Statement (Page 4) | | | | | |
| 5. Total revenues (Line 8) | 1,017,583 | 246,882 | 205,383,523 | 222,118,640 | 215,126,941 |
| 6. Total medical and hospital expenses (Line 18) | (917,911) | (1,005,411) | 143,849,155 | 169,500,043 | 173,724,718 |
| 7. Claims adjustment expenses (Line 20) | 18,352 | 42,212 | 3,335,755 | 301,689 | 481,464 |
| 8. Total administrative expenses (Line 21) | 901,588 | 2,313,984 | 35,911,936 | 47,464,799 | 58,640,599 |
| 9. Net underwriting gain (loss) (Line 24) | 1,015,554 | (1,103,903) | 22,286,677 | 8,852,109 | (16,229,840) |
| 10. Net investment gain (loss) (Line 27) | 260,443 | 29,708,892 | 29,881 | 164,294 | 10,776,928 |
| 11. Total other income (Lines 28 plus 29) | 0 | 0 | 0 | 0 | 0 |
| 12. Net income or (loss) (Line 32) | 1,275,997 | 28,604,989 | 22,316,558 | 9,016,403 | (5,452,912) |
| Cash Flow (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | 1,208,253 | 25,918,375 | 5,062,163 | 7,142,190 | 6,334,749 |
| Risk-Based Capital Analysis | | | | | |
| 14. Total adjusted capital | 11,236,675 | 9,752,327 | 66,056,297 | 42,131,798 | 38,304,061 |
| 15. Authorized control level risk-based capital | 1,558,217 | 1,559,997 | 11,736,106 | 12,711,338 | 12,802,147 |
| Enrollment (Exhibit 1) | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | 0 | 0 | 0 | 62,013 | 48,919 |
| 17. Total members months (Column 6, Line 7) | 0 | 0 | 575,494 | 662,165 | 610,090 |
| Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) | (90.2) | (409.0) | 79.8 | 89.5 | 96.2 |
| 20. Cost containment expenses | 0.0 | 0.0 | 1.7 | 0.2 | 0.0 |
| 21. Other claims adjustment expenses | 1.8 | 17.2 | 0.1 | 0.0 | 0.0 |
| 22. Total underwriting deductions (Line 23) | 0.2 | 549.5 | 101.6 | 112.6 | 128.1 |
| 23. Total underwriting gain (loss) (Line 24) | 99.8 | (449.1) | 12.4 | 4.7 | (9.0) |
| Unpaid Claims Analysis (U&I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 17, Col. 5) | (855,933) | 3,683,605 | 14,985,731 | 18,592,631 | 17,826,323 |
| 25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)] | 61,978 | 4,689,016 | 23,250,898 | 32,751,004 | 17,341,939 |
| Investments In Parent, Subsidiaries and Affiliates | | | | | |
| 26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) | 3,952,885 | 3,744,533 | 31,452,462 | 31,148,223 | 35,752,789 |
| 29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) | 0 | 0 | 0 | 0 | 0 |
| 30. Affiliated mortgage loans on real estate | 0 | 0 | 0 | 0 | 0 |
| 31. All other affiliated | 0 | 0 | 0 | 0 | 0 |
| 32. Total of above Lines 26 to 31 | 3,952,885 | 3,744,533 | 31,452,462 | 31,148,223 | 35,752,789 |
| 33. Total investment in parent included in Lines 26 to 31 above. | 3,952,885 | 3,744,533 | 31,452,462 | 31,148,223 | 35,752,789 |

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []
If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

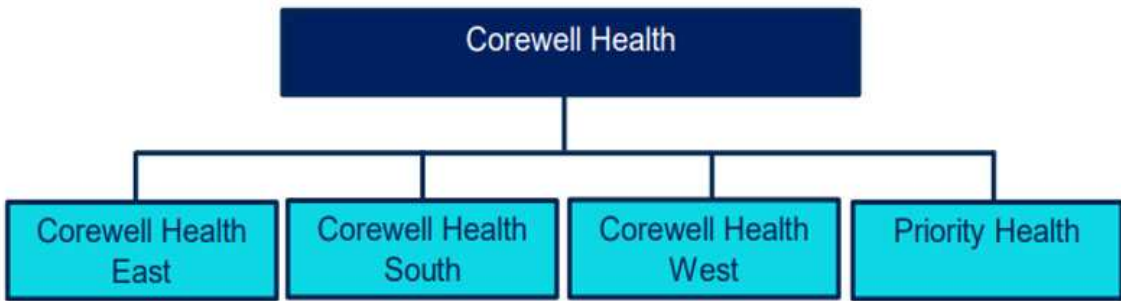
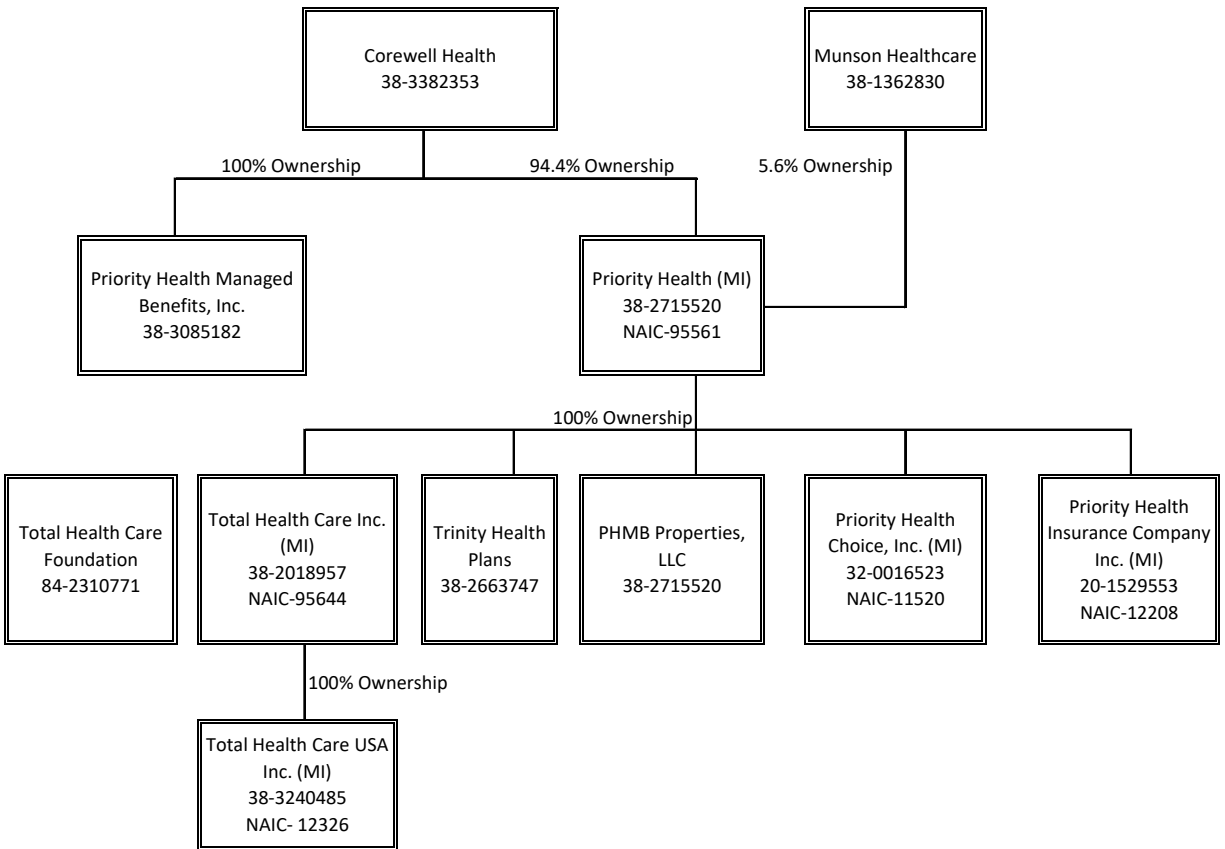
| States, etc. | 1 Active Status (a) | Direct Business Only | | | | | | | | | |
|--|------------------------|-----------------------------------|---------------------------|-------------------------|---------------------|---|---|---------------------------------|--------------------------------|------------------------------|---|
| | | 2 Accident and Health Premiums | 3 Medicare Title XVIII | 4 Medicaid Title XIX | 5 CHIP Title XXI | 6 Federal Employees Health Benefits Program Premiums | 7 Life and Annuity Premiums & Other Considerations | 8 Property/Casualty Premiums | 9 Total Columns 2 Through 8 | 10 Deposit-Type Contracts | |
| 1. Alabama | AL | N | | | | | | | | 0 | |
| 2. Alaska | AK | N | | | | | | | | 0 | |
| 3. Arizona | AZ | N | | | | | | | | 0 | |
| 4. Arkansas | AR | N | | | | | | | | 0 | |
| 5. California | CA | N | | | | | | | | 0 | |
| 6. Colorado | CO | N | | | | | | | | 0 | |
| 7. Connecticut | CT | N | | | | | | | | 0 | |
| 8. Delaware | DE | N | | | | | | | | 0 | |
| 9. District of Columbia | DC | N | | | | | | | | 0 | |
| 10. Florida | FL | N | | | | | | | | 0 | |
| 11. Georgia | GA | N | | | | | | | | 0 | |
| 12. Hawaii | HI | N | | | | | | | | 0 | |
| 13. Idaho | ID | N | | | | | | | | 0 | |
| 14. Illinois | IL | N | | | | | | | | 0 | |
| 15. Indiana | IN | N | | | | | | | | 0 | |
| 16. Iowa | IA | N | | | | | | | | 0 | |
| 17. Kansas | KS | N | | | | | | | | 0 | |
| 18. Kentucky | KY | N | | | | | | | | 0 | |
| 19. Louisiana | LA | N | | | | | | | | 0 | |
| 20. Maine | ME | N | | | | | | | | 0 | |
| 21. Maryland | MD | N | | | | | | | | 0 | |
| 22. Massachusetts | MA | N | | | | | | | | 0 | |
| 23. Michigan | MI | L | | 1,017,583 | | | | | | 1,017,583 | |
| 24. Minnesota | MN | N | | | | | | | | 0 | |
| 25. Mississippi | MS | N | | | | | | | | 0 | |
| 26. Missouri | MO | N | | | | | | | | 0 | |
| 27. Montana | MT | N | | | | | | | | 0 | |
| 28. Nebraska | NE | N | | | | | | | | 0 | |
| 29. Nevada | NV | N | | | | | | | | 0 | |
| 30. New Hampshire | NH | N | | | | | | | | 0 | |
| 31. New Jersey | NJ | N | | | | | | | | 0 | |
| 32. New Mexico | NM | N | | | | | | | | 0 | |
| 33. New York | NY | N | | | | | | | | 0 | |
| 34. North Carolina | NC | N | | | | | | | | 0 | |
| 35. North Dakota | ND | N | | | | | | | | 0 | |
| 36. Ohio | OH | N | | | | | | | | 0 | |
| 37. Oklahoma | OK | N | | | | | | | | 0 | |
| 38. Oregon | OR | N | | | | | | | | 0 | |
| 39. Pennsylvania | PA | N | | | | | | | | 0 | |
| 40. Rhode Island | RI | N | | | | | | | | 0 | |
| 41. South Carolina | SC | N | | | | | | | | 0 | |
| 42. South Dakota | SD | N | | | | | | | | 0 | |
| 43. Tennessee | TN | N | | | | | | | | 0 | |
| 44. Texas | TX | N | | | | | | | | 0 | |
| 45. Utah | UT | N | | | | | | | | 0 | |
| 46. Vermont | VT | N | | | | | | | | 0 | |
| 47. Virginia | VA | N | | | | | | | | 0 | |
| 48. Washington | WA | N | | | | | | | | 0 | |
| 49. West Virginia | WV | N | | | | | | | | 0 | |
| 50. Wisconsin | WI | N | | | | | | | | 0 | |
| 51. Wyoming | WY | N | | | | | | | | 0 | |
| 52. American Samoa | AS | N | | | | | | | | 0 | |
| 53. Guam | GU | N | | | | | | | | 0 | |
| 54. Puerto Rico | PR | N | | | | | | | | 0 | |
| 55. U.S. Virgin Islands | VI | N | | | | | | | | 0 | |
| 56. Northern Mariana Islands | MP | N | | | | | | | | 0 | |
| 57. Canada | CAN | N | | | | | | | | 0 | |
| 58. Aggregate Other Aliens | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 0 | 0 | 1,017,583 | 0 | 0 | 0 | 0 | 1,017,583 | 0 | 0 |
| 60. Reporting Entity Contributions for Employee Benefit Plans | XXX | | | | | | | | 0 | | |
| 61. Totals (Direct Business) | XXX | 0 | 0 | 1,017,583 | 0 | 0 | 0 | 0 | 1,017,583 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | | | |
| 58001. | XXX | | | | | | | | | | |
| 58002. | XXX | | | | | | | | | | |
| 58003. | XXX | | | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts:

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

(b) Explanation of basis of allocation by states, premiums by state, etc.

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF
INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART**



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Statement of Revenue and Expenses Line 6

| | Current Year | | Prior Year |
|--|----------------|------------|------------|
| | 1 Uncovered | 2 Total | 3 Total |
| 0604. | XXX..... | ..... | .....0 |
| 0605. | XXX..... | ..... | .....0 |
| 0697. Summary of remaining write-ins for Line 6 from overflow page | XXX..... | 0 | 0 |

Additional Write-ins for Statement of Revenue and Expenses Line 14

| | Current Year | | Prior Year |
|---|----------------|------------|------------|
| | 1 Uncovered | 2 Total | 3 Total |
| 1404. .... | ..... | ..... | .....0 |
| 1497. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 |

Additional Write-ins for Statement of Revenue and Expenses Line 47

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| | 4704. .... | ..... | .....0 |
| 4797. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 |