



# 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  
(Name) (Area Code) (Telephone Number)  
sara.mcglynn@priorityhealth.com, 313-748-1391  
(E-mail Address) (FAX Number)

### 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.....

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	0	0	0	0	0	0

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

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	0	0	0	0	0	0
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0799999 Gross health care receivables	0	0	0	0	0	0

**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	On Amounts Accrued Prior to January 1 of Current Year	On Amounts Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....					0	0
2. Claim overpayment receivables .....					0	0
3. Loans and advances to providers .....					0	0
4. Capitation arrangement receivables .....					0	0
5. Risk sharing receivables .....					0	0
6. Other health care receivables.....					0	0
7. Totals (Lines 1 through 6)	0	0	0	0	0	0

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

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	0	0	0	0	0	0
0599999. Unreported claims and other claim reserves						
0699999. Total amounts withheld						
0799999. Total claims unpaid						0
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.....	.....	.....	.....	.....	.....	.....
0899999 Accrued medical incentive pool and bonus amounts						

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>NONE</b>							
0399999 Total gross amounts receivable							

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0199999. Individually listed payables		0	0	0
0299999. Payables not individually listed		130,346	130,346	0
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....
0399999 Total gross payables		130,346	130,346	0





**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total						



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

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

TOTAL HEALTH CARE, INC.

2. Southfield, MI

NAIC Group Code	3383		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2023										(LOCATION) NAIC Company Code 95644	
	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													
<b>Total Members at end of:</b>																
1. Prior Year .....	0							0	0							
2. First Quarter .....	0															
3. Second Quarter .....	0															
4. Third Quarter .....	0															
5. Current Year	0															
6. Current Year Member Months	0															
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician .....	0															
8. Non-Physician .....	0															
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0															
11. Number of Inpatient Admissions	0															
12. Health Premiums Written (b) .....	1,017,583								1,017,583							
13. Life Premiums Direct .....	0															
14. Property/Casualty Premiums Written .....	0															
15. Health Premiums Earned .....	1,017,783								1,017,783							
16. Property/Casualty Premiums Earned	0															
17. Amount Paid for Provision of Health Care Services .....	(855,933)								(855,933)							
18. Amount Incurred for Provision of Health Care Services	(917,911)								(917,911)							

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

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

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

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

TOTAL HEALTH CARE, INC.

2. Southfield, MI

NAIC Group Code	3383	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)	
		2023			2023										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
<b>Total Members at end of:</b>																
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	1,017,583	0	0	0	0	0	0	0	0	1,017,583	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	1,017,783	0	0	0	0	0	0	0	0	1,017,783	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	(855,933)	0	0	0	0	0	0	0	0	(855,933)	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	(917,911)	0	0	0	0	0	0	0	0	(917,911)	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

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

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	0	0	0	0	0
2. Title XVIII - Medicare .....	0	0	1	1	1
3. Title XIX - Medicaid .....	0	0	184	335	409
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	0	0	0	0	0
8. Reinsurance recoverable on paid losses .....	0	0	269	37	70
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....				0	0
18. Funds deposited by and withheld from (F) .....				0	0
19. Letters of credit (L) .....				0	0
20. Trust agreements (T) .....				0	0
21. Other (O) .....				0	0

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

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	13,020,120		13,020,120
2. Accident and health premiums due and unpaid (Line 15) .....	0		0
3. Amounts recoverable from reinsurers (Line 16.1) .....	0		0
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	5,111		5,111
6. Total assets (Line 28)	13,025,231	0	13,025,231
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	0		0
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0		0
14. All other liabilities (Balance) .....	1,788,555		1,788,555
15. Total liabilities (Line 24) .....	1,788,555	0	1,788,555
16. Total capital and surplus (Line 33) .....	11,236,676	XXX	11,236,676
17. Total liabilities, capital and surplus (Line 34)	13,025,231	0	13,025,231
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

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

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

		Direct Business Only					6 Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
States, Etc.							
1. Alabama	AL					0	0
2. Alaska	AK					0	0
3. Arizona	AZ					0	0
4. Arkansas	AR					0	0
5. California	CA					0	0
6. Colorado	CO					0	0
7. Connecticut	CT					0	0
8. Delaware	DE					0	0
9. District of Columbia	DC					0	0
10. Florida	FL					0	0
11. Georgia	GA					0	0
12. Hawaii	HI					0	0
13. Idaho	ID					0	0
14. Illinois	IL					0	0
15. Indiana	IN					0	0
16. Iowa	IA					0	0
17. Kansas	KS					0	0
18. Kentucky	KY					0	0
19. Louisiana	LA					0	0
20. Maine	ME					0	0
21. Maryland	MD					0	0
22. Massachusetts	MA					0	0
23. Michigan	MI					0	0
24. Minnesota	MN					0	0
25. Mississippi	MS					0	0
26. Missouri	MO					0	0
27. Montana	MT					0	0
28. Nebraska	NE					0	0
29. Nevada	NV					0	0
30. New Hampshire	NH					0	0
31. New Jersey	NJ					0	0
32. New Mexico	NM					0	0
33. New York	NY					0	0
34. North Carolina	NC					0	0
35. North Dakota	ND					0	0
36. Ohio	OH					0	0
37. Oklahoma	OK					0	0
38. Oregon	OR					0	0
39. Pennsylvania	PA					0	0
40. Rhode Island	RI					0	0
41. South Carolina	SC					0	0
42. South Dakota	SD					0	0
43. Tennessee	TN					0	0
44. Texas	TX					0	0
45. Utah	UT					0	0
46. Vermont	VT					0	0
47. Virginia	VA					0	0
48. Washington	WA					0	0
49. West Virginia	WV					0	0
50. Wisconsin	WI					0	0
51. Wyoming	WY					0	0
52. American Samoa	AS					0	0
53. Guam	GU					0	0
54. Puerto Rico	PR					0	0
55. U.S. Virgin Islands	VI					0	0
56. Northern Mariana Islands	MP					0	0
57. Canada	CAN					0	0
58. Aggregate Other Alien	OT					0	0
59. Total		0	0	0	0	0	0

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.3383	Priority Health	95661	38-2715520	0	0		Priority Health	..MI	..UDP	Corewell Health	Ownership	94.400	Corewell Health		1
				0	0					Munson HealthCare	Ownership	5.600			1
.3383	Priority Health	11520	32-0016523	0	0		Priority Health Choice, Inc.	..MI	..IA	Priority Health	Ownership	100.000	Corewell Health		0
.3383	Priority Health	12208	20-1529553	0	0		Priority Health Insurance Company	..MI	..IA	Priority Health	Ownership	100.000	Corewell Health		0
.3383	Priority Health	95644	38-2018957	0	0		Total Health Care Inc.	..MI	..IA	Priority Health	Ownership	100.000	Corewell Health		0
.3383	Priority Health	12326	38-3240485	0	0		Total Health Care USA Inc.	..MI	..IA	Total Health Care Inc.	Ownership	100.000	Corewell Health		0
.3383	Priority Health		84-2310771	0	0		Total Health Care Foundation	..MI	..NIA	Priority Health	Board of Directors	0.000	Corewell Health		0
.3383	Priority Health		38-2715520	0	0		PHMB Properties, LLC	..MI	..NIA	Priority Health	Ownership	100.000	Corewell Health		0
.3383	Priority Health		38-2663747	0	0		Trinity Health Plans	..MI	..NIA	Priority Health	Ownership	100.000	Corewell Health		0
.3383	Priority Health		38-3085182	0	0		Priority Health Managed Benefits, Inc.	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health Grand Rapids	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health Big Rapids	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health Reed City	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health Gerber	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health Ludington	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health Pennock	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health Greenville	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health Kelsey	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health Zeeland	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health West - Continuing Care	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health Medical Group West	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health South	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0
				0	0		Corewell Health East	..MI	..NIA	Corewell Health	Ownership	100.000	Corewell Health		0

Asterisk	Explanation
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**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12208	20-1529553	Priority Health Insurance Company					(24,917,067)				(24,917,067)	
	38-3085182	Priority Health Managed Benefits					444,199,970				444,199,970	
95561	38-2715520	Priority Health					(346,197,249)				(346,197,249)	
11520	32-0016523	Priority Health Choice, Inc.					(71,576,900)				(71,576,900)	
95644	38-2018957	Total Health Care Inc.					(917,610)				(917,610)	
12326	38-3240485	Total Health Care USA Inc.					(591,144)				(591,144)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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

**SCHEDULE Y**

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

1   Insurers in Holding Company	2   Owners with Greater Than 10% Ownership	3   Ownership Percentage Column 2 of Column 1	4   Granted Disclaimer of Control Affiliation of Column 2 Over Column 1 (Yes/No)	5   Ultimate Controlling Party	6   U.S. Insurance Groups or Entities Controlled by Column 5	7   Ownership Percentage (Column 5 of Column 6)	8   Granted Disclaimer of Control Affiliation of Column 5 Over Column 6 (Yes/No)
Priority Health .....	Corewell Health .....	94.400	NO	Corewell Health .....	Priority Health .....	94.400	NO
Priority Health Choice, Inc. ....	Priority Health .....	100.000	NO	Corewell Health .....	Priority Health .....	94.400	NO
Priority Health Insurance Company .....	Priority Health .....	100.000	NO	Corewell Health .....	Priority Health .....	94.400	NO
Total Health Care Inc. ....	Priority Health .....	100.000	NO	Corewell Health .....	Priority Health .....	94.400	NO
Total Health Care USA Inc. ....	Total Health Care Inc. ....	100.000	NO	Corewell Health .....	Priority Health .....	94.400	NO
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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

**REQUIRED FILINGS**

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










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

**SUPPLEMENTAL FILINGS**

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

<b>MARCH FILING</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?.....	YES
<b>APRIL FILING</b>	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
22. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? .....	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	NO
<b>AUGUST FILING</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
Explanations:	
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Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 9 5 6 4 4 2 0 2 3 3 6 0 0 0 0 0 0
11. Life Supplement [Document Identifier 205]	 9 5 6 4 4 2 0 2 3 2 0 5 0 0 0 0 0
12. SIS Stockholder Information Supplement [Document Identifier 420]	 9 5 6 4 4 2 0 2 3 4 2 0 0 0 0 0 0
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	 9 5 6 4 4 2 0 2 3 3 7 1 0 0 0 0 0
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 9 5 6 4 4 2 0 2 3 3 7 0 0 0 0 0 0
15. Medicare Part D Coverage Supplement [Document Identifier 365]	 9 5 6 4 4 2 0 2 3 3 6 5 0 0 0 0 0
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 9 5 6 4 4 2 0 2 3 2 2 4 0 0 0 0 0
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 9 5 6 4 4 2 0 2 3 2 2 5 0 0 0 0 0
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	 9 5 6 4 4 2 0 2 3 2 2 6 0 0 0 0 0

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]



21. Life Supplement [Document Identifier 211]



23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]





SUPPLEMENT FOR THE YEAR 2023 OF THE TOTAL HEALTH CARE, INC.

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

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

**FOR THE STATE OF: Michigan**

NAIC Group Code 3383

NAIC Company Code 95644

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income .....	NO.....
2. Health .....	NO.....
3. Homeowners .....	NO.....
4. Individual Annuity .....	NO.....
5. Individual Life .....	NO.....
6. Lender-Placed Home and Auto .....	NO.....
7. Long-Term Care .....	NO.....
8. Other Health .....	NO.....
9. Private Flood .....	NO.....
10. Private Passenger Auto .....	NO.....
11. Short-Term Limited Duration Health Plans .....	NO.....
12. Travel	NO