



HEALTH ANNUAL STATEMENT

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

Trinity Health Plan of Michigan, Inc.

NAIC Group Code 2838 (Current) (Prior) NAIC Company Code 16775 Employer's ID Number 84-3836552

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 [] No [X]

Incorporated/Organized 10/29/2019 Commenced Business 01/01/2024

Statutory Home Office 3100 Easton Square Place, Columbus, OH, US 43219
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 3100 Easton Square Place
(Street and Number)
Columbus, OH, US 43219, 407-754-5667
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 3100 Easton Square Place, Columbus, OH, US 43219
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3100 Easton Square Place
(Street and Number)
Columbus, OH, US 43219, 407-754-5667
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.medigold.com

Statutory Statement Contact David Lee Vis, 407-754-5667
(Name) (Area Code) (Telephone Number)
David.Vis@medigold.com, 614-546-3131
(E-mail Address) (FAX Number)

OFFICERS

President & CEO John Charles Randolph Assistant Treasurer Fatou Kine Ndoye
Vice President & CFO David Lee Vis Assistant Secretary Trisha Anne Whetstone

OTHER

David Lee Vis, Secretary & Treasurer

DIRECTORS OR TRUSTEES

David Lee Vis John Charles Randolph Robert Frederick Casalou

State of _____ 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.

John Charles Randolph
President & CEO

David Lee Vis
Vice President & CFO

Fatou Kine Ndoye
Assistant Treasurer

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 Trinity Health Plan of Michigan, 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)	1,390,111		1,390,111	150,614
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
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 (\$99,873 , Schedule E - Part 1), cash equivalents (\$ 1,771,953 , Schedule E - Part 2) and short-term investments (\$0 , Schedule DA)	1,871,826		1,871,826	1,353,386
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)	3,261,937	0	3,261,937	1,504,000
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	8,138		8,138	187
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	500,000		500,000	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	3,770,075	0	3,770,075	1,504,187
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	3,770,075	0	3,770,075	1,504,187
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.				
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	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)			0	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses.....			0	0
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	1,900,000		1,900,000	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	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses)) ..			0	489
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.....			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....	350		350	8
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).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	1,900,350	0	1,900,350	497
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX		0
27. Preferred capital stock.....	XXX	XXX		0
28. Gross paid in and contributed surplus.....	XXX	XXX	3,700,000	1,500,000
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	(1,830,275)	3,690
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$).....	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$).....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	1,869,725	1,503,690
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,770,075	1,504,187
DETAILS OF WRITE-INS				
2301.				
2302.				
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)	0	0	0	0
2501.	XXX	XXX		
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	0	0
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	0	0
Hospital and Medical:			
9. Hospital/medical benefits		0	0
10. Other professional services		0	0
11. Outside referrals		0	0
12. Emergency room and out-of-area		0	0
13. Prescription drugs		0	0
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		0	0
16. Subtotal (Lines 9 to 15)	0	0	0
Less:			
17. Net reinsurance recoveries		0	0
18. Total hospital and medical (Lines 16 minus 17)	0	0	0
19. Non-health claims (net)			0
20. Claims adjustment expenses, including \$ cost containment expenses		0	0
21. General administrative expenses			0
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)	1,900,000	1,900,000	0
23. Total underwriting deductions (Lines 18 through 22).....	1,900,000	1,900,000	0
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,900,000)	0
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	69,725	69,725	3,348
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	69,725	69,725	3,348
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0
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	(1,830,275)	3,348
31. Federal and foreign income taxes incurred	XXX		703
32. Net income (loss) (Lines 30 minus 31)	XXX	(1,830,275)	2,645
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
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	0
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.			
1402.			
1403.			
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.....	1,503,690	1,501,045
34. Net income or (loss) from Line 32	(1,830,275)	2,645
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax		0
39. Change in nonadmitted assets		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.....		0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		0
45. Surplus adjustments:		
45.1 Paid in	2,200,000	0
45.2 Transferred to capital (Stock Dividend)		0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	(3,690)	0
48. Net change in capital and surplus (Lines 34 to 47)	366,035	2,645
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,869,725	1,503,690
DETAILS OF WRITE-INS		
4701. Misc Adjustment	(3,690)	0
4702.		
4703.		
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)	(3,690)	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Trinity Health Plan of Michigan, Inc.

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	1,900,000	0
2. Net investment income	49,881	3,692
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	1,949,881	3,692
5. Benefit and loss related payments	1,900,000	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	0	0
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	489	10
10. Total (Lines 5 through 9)	1,900,489	10
11. Net cash from operations (Line 4 minus Line 10)	49,392	3,682
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	150,614	0
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)	150,614	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	1,378,218	0
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)	1,378,218	0
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)	(1,227,604)	0
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	2,200,000	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	0
16.6 Other cash provided (applied)	(503,348)	(261)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,696,652	(261)
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)	518,440	3,421
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,353,386	1,349,965
19.2 End of year (Line 18 plus Line 19.1)	1,871,826	1,353,386

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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Trinity Health Plan of Michigan, 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	0													
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)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	0													XXX
9. Other professional services	0													XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	0													XXX
12. Prescription drugs	0													XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	0													XXX
15. Subtotal (Lines 8 to 14)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0													XXX
17. Total medical and hospital (Lines 15 minus 16)	0	0	0	0	0	0	0	0	0	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	0													
20. General administrative expenses	0													
21. Increase in reserves for accident and health contracts	1,900,000							1,900,000						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)	1,900,000	0	0	0	0	0	0	1,900,000	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(1,900,000)	0	0	0	0	0	0	(1,900,000)	0	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

Underwriting and Investment Exhibit - Part 1 - Premiums

N O N E

Underwriting and Investment Exhibit - Part 2 - Claims Incurred

N O N E

Underwriting and Investment Exhibit - Part 2A - Claims Liability

N O N E

Underwriting and Investment Exhibit - Part 2B - Analysis of Claims

N O N E

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	0	0	0	0	0
2. 2019	0	0	0	0	0
3. 2020	XXX	0	0	0	0
4. 2021	XXX	XXX	0	0	0
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	0	0	0	0	0
2. 2019	0	0	0	0	0
3. 2020	XXX	0	0	0	0
4. 2021	XXX	XXX	0	0	0
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	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2020	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2021	0	0	0	0.0	0	0.0	0	0	0	0.0
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

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ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Trinity Health Plan of Michigan, Inc.

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	0												
2. Additional policy reserves (a)	1,900,000							1,900,000					
3. Reserve for future contingent benefits	0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income) ..	0												
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Totals (gross)	1,900,000	0	0	0	0	0	0	1,900,000	0	0	0	0	0
7. Reinsurance ceded	0												
8. Totals (Net)(Page 3, Line 4)	1,900,000	0	0	0	0	0	0	1,900,000	0	0	0	0	0
9. Present value of amounts not yet due on claims	0												
10. Reserve for future contingent benefits	0												
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0												
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501.													
0502.													
0503.													
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
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ 1,900,000 premium deficiency reserve.

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)					
2. Salary, wages and other benefits					
3. Commissions (less \$ ceded plus \$ assumed)					
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services ...					
7. Traveling expenses					
8. Marketing and advertising					
9. Postage, express and telephone					
10. Printing and office supplies					
11. Occupancy, depreciation and amortization					
12. Equipment					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services					
15. Boards, bureaus and association fees					
16. Insurance, except on real estate					
17. Collection and bank service charges					
18. Group service and administration fees					
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes					
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses					
26. Total expenses incurred (Lines 1 to 25)					(a)
27. Less expenses unpaid December 31, current year					
28. Add expenses unpaid December 31, prior year					
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)					
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)					

NONE

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

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 15,291	23,429
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 0	0
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		0
2.21 Common stocks of affiliates		0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract Loans		0
6. Cash, cash equivalents and short-term investments	(e) 46,296	46,296
7. Derivative instruments	(f) 0	0
8. Other invested assets		0
9. Aggregate write-ins for investment income		0
10. Total gross investment income	61,587	69,725
11. Investment expenses		(g) 0
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
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)		69,725
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 \$ 11,893 accrual of discount less \$ 0 amortization of premium and less \$ 6,720 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					
NONE					
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)					

Exhibit of Nonadmitted Assets

N O N E

Exhibit 1 - Enrollment by Product Type for Health Business Only

N O N E

NOTES TO FINANCIAL STATEMENTS

1- Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Michigan State Department of Insurance and Financial Services ("DIFS").

The Company was incorporated on October 29, 2019, as SummaCare of Ohio, as a nonprofit corporation. The Company's startup costs are being absorbed by Mount Carmel Health Plan, Inc. (the Parent). The Parent acquired the shell company from SummaCare in December 2022 for a consideration of \$250,000 and funded in cash \$1,500,000 to satisfy the capital and surplus requirement by the state department of insurance. Subject to meeting CMS Network Adequacy requirements, the Company is targeting to start writing business on January 1, 2024, in a six-county service area encompassing the Michigan area.

The DIFS Regulation recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Michigan State 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. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations exist.

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

	SSAP #	F/S Page	F/S Line #	2023	2022
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX(1,830,275)2,645
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX(1,830,275)2,645
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX1,869,7251,503,690
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX1,869,7251,503,690

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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during that period. Actual results could differ from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximate fair value due to the short-term maturities of the investments.
- (2) – (4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds are carried at amortized cost.
The Company regularly evaluates investment securities for impairment. The related investment is written down to its estimated value.
Amortization of bond premium or discount is computed using the effective yield method.
Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.
- (5) The Company does not have any mortgage loans on real estate investments.
- (6) The Company does not have any loan-backed security investments.
- (7) The Company does not have any investments in subsidiaries.
- (8) The Company does not have any joint venture investments.
- (9) Not applicable.
- (10) - (11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current period and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses, and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

(12) Not applicable

(13) Not applicable

2 - Accounting Changes and Corrections of Errors

Not applicable

3 - Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable

B. Statutory merger

Not Applicable

C. Assumption Reinsurance

Not Applicable

D. Impairment Loss

Not Applicable

4 - Discontinued Operations

Not applicable

5 - Investments

A - Investments Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable

B - Investments Debt Restructuring

Not applicable

C - Investments Reverse Mortgages

Not applicable

D - Investments Loan Backed Securities

Not applicable

E - Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable

F - Investments Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

G - Investments Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

H - Investments Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

I - Investments Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

J - Real Estate

Not applicable

K - Low Income Housing tax Credits (LIHTC)

Not applicable

L - Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown			0	0	0	0.000	0.000
b. Collateral held under security lending agreements			0	0	0	0.000	0.000
c. Subject to repurchase agreements			0	0	0	0.000	0.000
d. Subject to reverse repurchase agreements			0	0	0	0.000	0.000
e. Subject to dollar repurchase agreements			0	0	0	0.000	0.000
f. Subject to dollar reverse repurchase agreements			0	0	0	0.000	0.000
g. Placed under option contracts			0	0	0	0.000	0.000
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock			0	0	0	0.000	0.000
i. FHLB capital stock			0	0	0	0.000	0.000
j. On deposit with states	190,767	450,000	(259,233)	0	190,767	5.060	5.060
k. On deposit with other regulatory bodies			0	0	0	0.000	0.000
l. Pledged collateral to FHLB (including assets backing funding agreements)			0	0	0	0.000	0.000
m. Pledged as collateral not captured in other categories			0	0	0	0.000	0.000
n. Other restricted assets			0	0	0	0.000	0.000
o. Total Restricted Assets	190,767	450,000	(259,233)	0	190,767	5.060	5.060

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
Not applicable

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
Not applicable

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements
Not applicable

M - Investments Working Capital Finance Investments
Not applicable

N - Investments Offsetting and Netting of Assets and Liabilities
Not applicable

O - Investments 5GI Securities
Not applicable

P - Investments Short Sales
Not applicable

Q - Investments Prepayment Penalty and Acceleration Fees
Not applicable

R. Reporting Entity's Share of Cash Pool by Asset Type

Asset Type	Percent Share
(1) Cash	5.3%
(2) Cash Equivalents	94.7%
(3) Short-Term Investments	0.0%
(4) Total	100.0%

6 - Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. The Company did not recognize any impairment write down for investments in Joint Ventures, Partnerships or Limited Liability Companies during the statement periods.

7 - Investment Income

A. Due and accrued income was excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due.

B. The total amount excluded was \$-0-.

C. Interest Income Due and Accrued	<u>Amount</u>
1. Gross	8,138
2. Nonadmitted	0
3. Admitted	8,138

D. The aggregate deferred interest.

Aggregate Deferred Interest	<u>Amount</u>
	0

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

Cumulative amounts of PIK interest included in the current principal balance	<u>Amount</u>
	0

8 - Derivative Instruments

Not applicable

9 - Income Taxes

The Company has applied to be exempt under Internal Revenue Code Section 501(c)(4), as an organization exempt from tax under Section 501(a) under the parent Company Mount Carmel Health Plan, Inc. group exemption.

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

The Company is owned one hundred percent by Mount Carmel Health Plan, Inc. which contributed cash of \$1,500,000 as paid in capital to meet Michigan State Capital and Surplus requirements. Mount Carmel Health Plan, Inc. made additional cash contributions in 2023 of \$2,200,000. See Schedule Y for additional related party entities.

A - N Not Applicable

11 - Debt

A. Debt Including Capital Notes

The company has no outstanding debt with third parties.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Post retirement

A. - D. Defined Benefit Plan

Not Applicable

E. Defined Contribution Plans

Not Applicable

F. Multiemployer Plans

Not Applicable

G. Consolidated/Holding Company Plans

Not Applicable

H. Postemployment Benefits and Compensated Absences

Not Applicable

I. Impact of Medicare Modernization Act on Postretirement Benefits

Not Applicable

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

(1) The Company has no common stock shares. See Note 10 for capitalization of the Company.

(2)-(13) Not applicable

14 - Liabilities, Contingencies and Assessments

A - F None

15 - Leases

A. Lessee Operating Lease

Not Applicable

B. Lessor Leases

Not Applicable

16 - Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable

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

A. Transfer of Receivables Reported as Sales

Not Applicable

B. Transfer and Servicing of financial Assets

Not Applicable

C. Wash Sales

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

A. ASO Plans

Not Applicable

B. ASC Plans

Not Applicable

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

Not Applicable

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

Not applicable

20 – Fair Value Measurement

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash and Cash equivalents	1,871,826				1,871,826
Total assets at fair value/NAV	1,871,826	0	0	0	1,871,826

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	0	0	0	0	0

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy

Description	Beginning Balance at 01/01/2023	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2023
a. Assets										
Total Assets	0	0	0	0	0	0	0	0	0	0

Description	Beginning Balance at 01/01/2023	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2023
b. Liabilities										
Total Liabilities	0	0	0	0	0	0	0	0	0	0

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash and Cash equivalents	1,871,826	1,871,826	1,871,826	0	0	0	
US Government and Agency	1,404,794	1,390,111	1,404,794	0	0	0	

D. Not Practicable to Estimate Fair Value

Not applicable

21 – Other Items

A. Extraordinary Item

Not Applicable

B. Troubled Debt Restructuring Debtors

Not Applicable

C. Other Disclosures and Unusual Items

D. Business Interruption Insurance Recoveries

Not Applicable

E. State Transferable and Non-transferable Tax Credits

Not Applicable

F. Subprime-Mortgage-Related Risk Exposure

Not Applicable

G. Retained Assets

Not applicable

22 – Subsequent Events

Type I – Recognized Subsequent Events:

Subsequent events have been considered through February 27, 2024 for the statutory statement filed on February 29, 2024.

The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist at December 31, 2023 but arose after that date, which would have a material effect on its financial condition.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through February 27, 2024 for the statutory statement filed on February 29, 2024.

The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist at December 31, 2023 but arose after that date, which would have a material effect on its financial condition.

23 - Reinsurance

A – D Not applicable

24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

A – C Not applicable

25 - Change in Incurred Claims and Claim Adjustment Expenses

Not applicable

26 - Intercompany Pooling Arrangements

Not applicable

27 - Structured Settlements

Not applicable

Note 28 - Health Care Receivables

Not applicable

29 - Participating Policies

Not applicable

30 - Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves..... 1,900,000

2. Date of the most recent evaluation of this liability 12/31/2023

3. Was anticipated investment income utilized in the calculation? Yes [X] No []

31 - Anticipated Salvage and Subrogation

Not applicable

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.
- 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.
- 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).
- 3.4 By what department or departments?
- 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 [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 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; 0.0 %
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

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 [] N/A [X]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche, LLP
180 East Broad Street, Suite 1400 Columbus, OH 43215
- 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?
Deloitte Consulting LLP
118 S. Wicker Dr.
Chicago, IL 60606
- 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 0
- 12.13 Total book/adjusted carrying value \$0
- 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 [X] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [X]
- 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).
.....

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.....\$0
 - 20.12 To stockholders not officers.....\$0
 - 20.13 Trustees, supreme or grand (Fraternal Only)\$0
- 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.....\$0
 - 20.22 To stockholders not officers.....\$0
 - 20.23 Trustees, supreme or grand (Fraternal Only)\$0
- 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:\$ 500,000
- 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 [] No [X]

GENERAL INTERROGATORIES

- 25.02 If no, give full and complete information, relating thereto
 Funds on deposit with the Michigan Department of Insurance (see 26.28 below) \$ 0
- 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. \$ 0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0
- 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 \$ 190,767
- 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
Northern Trust Corporation	50 South La Salle Street Chicago, Illinois 60603

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 []

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

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 [] 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 [] 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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	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 []

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

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	1,390,111	1,404,794	14,683
31.2 Preferred stocks	0		0
31.3 Totals	1,390,111	1,404,794	14,683

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

Pricing service or SVO

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 [] No [] N/A [X]

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 [X]
 39.22 Immediately converted to U.S. dollars Yes [] No [X]

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

OTHER

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

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 Name	2 Amount Paid

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

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 Name	2 Amount Paid

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

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 Name	2 Amount Paid

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	0	0
2.2 Premium Denominator	0	0
2.3 Premium Ratio (2.1/2.2)	0.000	0.000
2.4 Reserve Numerator	1,900,000	0
2.5 Reserve Denominator	1,900,000	0
2.6 Reserve Ratio (2.4/2.5)	1.000	0.000

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 [X]

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

5.2 If no, explain:
.....

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$

5.32 Medical Only \$

5.33 Medicare Supplement \$

5.34 Dental & Vision \$

5.35 Other Limited Benefit Plan \$

5.36 Other \$

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 12,349

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.. \$.....

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

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.....\$
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 [X] No []

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. \$ 1,500,000
 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
Kent
Livingston
Muskegon
Oceana
Ottawa
Washtenaw

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 [] N/A [X]

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 \$0
 15.2 Total Incurred Claims \$0
 15.3 Number of Covered Lives 0

*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]

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)	3,770,075	1,504,187	1,501,314	1,501,303	0
2. Total liabilities (Page 3, Line 24)	1,900,350	497	269	274	0
3. Statutory minimum capital and surplus requirement	1,500,000	1,000,000	1,000,000	1,000,000	0
4. Total capital and surplus (Page 3, Line 33)	1,869,725	1,503,690	1,501,045	1,501,029	0
Income Statement (Page 4)					
5. Total revenues (Line 8)	0	0	0	0	0
6. Total medical and hospital expenses (Line 18)	0	0	0	0	0
7. Claims adjustment expenses (Line 20)	0	0	0	0	0
8. Total administrative expenses (Line 21)	0	0	0	0	0
9. Net underwriting gain (loss) (Line 24)	(1,900,000)	0	0	0	0
10. Net investment gain (loss) (Line 27)	69,725	3,348	81	1,303	0
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	(1,830,275)	2,645	16	1,029	0
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	49,392	3,682	189	725	0
Risk-Based Capital Analysis					
14. Total adjusted capital	1,869,725	1,503,690	1,501,045	1,501,029	0
15. Authorized control level risk-based capital	14,219	2,631	2,316	2,318	0
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	0	0	0	0	0
17. Total members months (Column 6, Line 7)	0	0	0	0	0
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)	0.0	0.0	0.0	0.0	0.0
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.0	0.0	0.0	0.0	0.0
22. Total underwriting deductions (Line 23)	0.0	0.0	0.0	0.0	0.0
23. Total underwriting gain (loss) (Line 24)	0.0	0.0	0.0	0.0	0.0
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	0	0	0	0	0
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	0	0	0	0	0
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)	0	0	0	0	0
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	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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:

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								0	
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	0	0	0	0	0	0	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									0	
61. Totals (Direct Business)	XXX	0	0	0	0	0	0	0	0	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. Membership

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

Trinity Health Corporation (an Indiana nonprofit); FEIN: 35-1443425 (PARENT CORPORATION)	
Civica, Inc. (DE Nonprofit Nonstock Corporation); FEIN: 83-1246927 (Trinity has no ownership or membership interest in Civica – only voting rights and rights to appoint BOD members attendant to our position as a "Governing Member.")	
Trinity Health Pharmacy Services, LLC; FEIN: 84-3130212 (100% Controlled by Immediate Parent)	
Mercy Care Center; FEIN: 85-3904921 (100% Controlled by Trinity Health Corporation)	
Saint Agnes Health; FEIN: 92-1339454 (100% Controlled by Trinity Health Corporation)	
Maxis Health System (Pennsylvania); FEIN: 91-1940902 (100% Controlled by Trinity Health)	
Maxis Health Trenton, Inc.; FEIN: 88-4267557 (100% Controlled by Maxis Health System)	
THRE Services LLC; FEIN: 45-2603654 (99% interest held by Trinity Health Corporation; 1% interest held by Matthew Kufra)	
PLEASE NOTE - Effective 12.1.2023, Misericordia Assurance Company, Ltd. Merged into Trinity Assurance, LTD: Trinity Assurance, LTD (Cayman Island) (100% Controlled by Trinity Health Corporation)	
Michigan Co-Tenancy Laboratory (Tenants in Common Co-Tenancy); Trinity Health Corporation holds a 6.09% Tenants in Common interest; THC together with its subsidiaries holds a 59.97% Tenants in Common interest	
Truvea Inc.; FEIN 85-2537298 (% Controlled by Trinity Health Corporation)	
Premier Health Holdings, LLC; FEIN: 47-2665226 (55.7% Controlled by Trinity Health Corporation; 23.8% by St. Louise Holdings, LLC; 20.50% by Franciscan Missionaries of Our Lady Health System, Inc.)	
Premier Health Consultants, LLC; FEIN: 20-5972761 (100% Controlled by Premier Health Holdings, LLC)	
THPH Urgent Care, LLC; FEIN: 85-2464958 (51% Controlled by Trinity Health Corporation; 49% Controlled by Premier Health Consultants, LLC)	
Total Urgent Care, LLC; FEIN: 84-3755134 (100% Controlled by Premier Health Consultants, LLC)	
Total Urgent Care and Occupational Medicine, L.L.C.; FEIN: 27-1618580 (100% Controlled by Premier Health Consultants, LLC)	
Lake Charles Urgent Care, L.L.C.; FEIN: 27-2272979 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by MMarque, Inc.)	
LCUC Family Physicians Urgent Care, LLC; FEIN: 81-3301419 (55% Controlled by Lake Charles Urgent Care, LLC; 45% Controlled by Family Physicians Urgent Care, LLC)	
Lake Charles Primary Care and Wellness, LLC; FEIN: 93-1394886 (50% Controlled by Premier Health Consultants, LLC and 50% Controlled by MMarque, Inc.)	
Rapides After Hours Clinic, L.L.C.; FEIN : 45-1772383 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Rapides Healthcare System, L.L.C.)	
Lake Urgent Care Ascension, L.L.C.; FEIN : 35-2463092 (33.34% Controlled by Premier Health Consultants, LLC; 66.66% Controlled by Our Lady of the Lake (trade name of Our Lady of the Lake Hospital, Inc.))	
Lourdes After Hours, L.L.C. FEIN : 20-1367299 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Our Lady of Lourdes Regional Medical Center, Inc.)	
Convenient Care, L.L.C. FEIN: 72-1439481 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Our Lady of the Lake Regional Medical Center (trade name of Our Lady of the Lake Hospital, Inc.))	
St. Joseph's/Candler Urgent Care Centers, LLC; FEIN: 82-4301751 (49% Controlled by Premier Health Consultants, LLC; 51% Controlled by St. Joseph's/Candler Health System, Inc.)	
LCMC Urgent Care, LLC; FEIN: 30-0951534 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Crescent City Physicians, Inc.)	
St. Francis Urgent Care, L.L.C.; FEIN: 47-4013731 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by St. Francis Medical Center, Inc.)	
Seton Urgent Care, LLC; FEIN: 32-0511311 (This Captive Affiliated JV Entity is 33.33% Controlled by Premier Health Consultants, LLC; 33.33% Controlled HH/Killeen Health System, LLC; 33.33% Controlled by Keystone Administration Management, LLC)	
Freedom Urgent Care PLLC; FEIN: 27-1208614 (100% of Beneficial Ownership of Equity Interests held by Jay McKenna, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)	
CP Premier Urgent Care JV, LLC; FEIN: 32-0569183 (This Captive Affiliated JV Entity is 50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Cedar Park Health System, L.P.)	
Family First Express Care, PLLC; FEIN: 84-2395528; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)	
East Texas Urgent Care, LLC; FEIN: 84-3750645 (This Captive Affiliated JV Entity is 50% Controlled by Premier Health Consultants, LLC; 50% Controlled by East Texas Urgent Care Holdings, LLC)	
UT East Texas Urgent Care Centers, PLLC; FEIN: 85-0603102; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)	
Topeka Urgent Care, LLC; FEIN: 85-0536501 (This Captive Affiliated JV Entity is 50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Topeka Health System, LLC)	
UK St. Francis Urgent Care, LLC; FEIN: 85-0732004; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)	
Trinity Health Of New England Urgent Care, PLLC; FEIN: 85-3033413; (100% of Beneficial Ownership of Equity Interests held by Kurt Myers, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)	
Holy Cross Health Urgent Care, Inc.; FEIN: 86-1216596; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)	
Mercy Health Urgent Care, PLLC; FEIN: 85-4260462; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)	
THPH Urgent Care, LLC; FEIN: 85-2464958 (51% Controlled by Trinity Health Corporation; 49% Controlled by Premier Health Consultants, LLC)	
THPH Of New England, LLC; FEIN: 85-1888365 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC)	
THPH of Ft. Lauderdale, LLC; FEIN: 85-4185977 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC)	
Holy Cross Urgent Care, LLC; FEIN: 85-4026585 (This Captive Medical Practice is 100% Controlled by THPH Urgent Care, LLC and Managed by Premier Health Consultants, LLC)	
THPH of Columbus, LLC; FEIN: 85-4041862 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC)	
Mount Carmel Urgent Care, LLC; FEIN: 85-3883823 (This Captive Medical Practice is 100% Controlled by THPH Urgent Care, LLC and Managed by Premier Health Consultants, LLC)	
THPH of Athens, LLC; FEIN: 86-2848438 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC)	
Saint Mary's Health Care System Urgent Care, LLC; FEIN: 86-2944408 (This Captive Medical Practice is 100% Controlled by THPH Urgent Care, LLC and Managed by Premier Health Consultants, LLC)	
THPH of Maryland, LLC; FEIN: 86-2380369 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC)	
THPH of Iowa, LLC; FEIN: 88-2108958 (100% Controlled by THPH Urgent Care, LLC)	
MercyOne Urgent Care, LLC; FEIN: 88-2052422 (100% controlled by THPH Urgent Care, LLC)	
Mount Carmel Health System (Ohio); FEIN: 31-1439334 (100% Controlled by Trinity Health Corporation)	
Mount Carmel East (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)	
Mount Carmel St. Ann's (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)	
Mount Carmel New Albany Hospital (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)	
Mount Carmel Grove City (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)	
Mount Carmel Health System Foundation; FEIN: 31-1113966 (100% Controlled by Immediate Parent)	
Mount Carmel Health Plan, Inc. (HMCO); FEIN: 31-1471229 (100% Controlled by Immediate Parent)	
Mount Carmel Health Plan of Connecticut, Inc.; FEIN: 87-3948434 (100% Controlled by Mount Carmel Health Plan, Inc.)	
Mount Carmel Health Plan of Idaho, Inc.; FEIN: 83-1422704 (100% Controlled by Immediate Parent)	
Trinity Health Plan of Michigan, Inc.; FEIN: 84-3836552 (100% Controlled by Immediate Parent)	
Mount Carmel Health Plan of New York, Inc.; FEIN: 83-3278543 (100% Controlled by Immediate Parent)	
Mount Carmel Health Insurance Company (PPO); FEIN: 25-1912781 (100% Controlled by Immediate Parent)	
Mount Carmel College of Nursing; FEIN: 31-1308555 (100% Controlled by Immediate Parent)	
Patient Transport Services of Columbus LLC dba Columbus Connection; FEIN: 26-4601285 (50% Controlled by Immediate Parent)	
OSU/Mount Carmel Health Alliance; FEIN: 31-1654603 (50% Controlled by Immediate Parent)	
Madison County Community Hospital; FEIN: 31-1657206 (40% Controlled by Immediate Parent)	
Diley Ridge Medical Center; FEIN: 34-2032340 (70% Controlled by Immediate Parent)	
Mount Carmel Health Partners, LLC; FEIN: 47-1139205 (100% Controlled by Immediate Parent)	
Central Ohio Medical Textiles; FEIN: 38-3643188 (50% Controlled by Immediate Parent)	
Mount Carmel HealthProviders, Inc. dba Mount Carmel Medical Group; FEIN: 31-1382442 (100% Controlled by Immediate Parent)	
Mount Carmel HealthProviders Two, LLC; FEIN: 20-1983271 (100% Controlled by Immediate Parent)	
Mount Carmel Health Providers III, LLC; FEIN: 20-4145781 (100% Controlled by Immediate Parent)	
Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (76.92% Controlled by Immediate Parent)	
[MCHS Big Run Condominium Association; FEIN: 31-1571567 (50% Controlled by Immediate Parent)	
Taylor Station Surgical Center, LTD; FEIN: 31-1459910 (40% Controlled by Immediate Parent)	
Columbus Gyberknife, LLC; FEIN: 27-0865251 (35% Controlled by Immediate Parent)	
New Albany Surgery Center, LLC; FEIN: 45-1617821 (35% Controlled by Immediate Parent)	
MCE MOB IV Limited Partnership; FEIN: 42-1544707 (49.63% Controlled by Immediate Parent)	
St Ann's Medical Office Building II Limited Partnership; FEIN: 31-1603660 (48.95% Controlled by Immediate Parent)	
Medilucant MOB I Limited Partnership; FEIN: 20-4913370 (25% Controlled by Immediate Parent)	
Eastwind Surgical, LLC; FEIN: 90-0739342 (28.96% Controlled by Immediate Parent)	
Health Collaborative of Central Ohio, LLC; FEIN: 46-5603895 (100% Controlled by Immediate Parent)	
Encompass Health Rehabilitation Hospital of Westerville, LLC dba Mount Carmel Rehabilitation Hospital, an Affiliate of Encompass Health; FEIN: 47-4200156 (20.4% Controlling interest held by Immediate Parent)	
Orange ASC, Ltd.; FEIN: (50% Controlled by Immediate Parent)	
Holy Cross Health, Inc. (Maryland); FEIN: 52-0738041 (100% Controlled by Trinity Health Corporation)	
Holy Cross Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)	
Holy Cross Germantown Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)	
Holy Cross Health Network (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)	
Maryland Care Group, Inc.; FEIN: 52-1815313 (100% Controlled by Immediate Parent)	
Holy Cross Health Foundation, Inc.; FEIN: 20-8428450 (100% Controlled by Immediate Parent)	
Chesapeake Potomac Regional Cancer Center, LLC; FEIN: 20-3762277 (20% Controlled by Immediate Parent)	
Doctors' Regional Cancer Center, LLC; FEIN: 20-8889327 (25% Controlled by Immediate Parent)	
Maryland Care, Inc. d/b/a Maryland Physician Care MCO; FEIN: 22-3476498 (25% Controlled by Immediate Parent)	
Maryland Care Management, Inc. dba Maryland Physician Care MCO; FEIN: 20-4771530 (25% Controlled by Immediate Parent)	
The Blue Door Pharmacy, LLC; FEIN: 47-3638756 (25% Controlled by Immediate Parent)	
Holy Cross Health Centers, LLC; FEIN: 82-2340203 (100% Controlled by Immediate Parent)	
Holy Cross Health Partners, LLC; FEIN: 82-2391212 (100% Controlled by Immediate Parent)	
Mercy Health Network, Inc. d/b/a MercyOne (Iowa) FEIN: 42-1478417 (100% Controlled by Trinity Health Corporation)	
Genesis Health System (IL); FEIN: 36-3616314 (100% Controlled by Mercy Health Network, Inc. d/b/a Mercy One)	
Genesis Medical Center, Silvis (dba of Genesis Health System (IL)); FEIN: 36-3616314 (100% Controlled by Genesis Health System (IL))	
Genesis Medical Center, Aledo; FEIN: 45-4475683 (100% Controlled by Genesis Health System (IL))	
GenRad Imaging Illinois, LLC; FEIN: 47-3785124 (50% Controlled by Genesis Health System (IL))	
Larson Center LLP; FEIN: 36-3738454 (100% Controlled by Genesis Health System (IL))	
Larson Center, LLC; FEIN: (100% Controlled by Genesis Health System (IL))	
Genesis Health System (IA); FEIN: 42-1418847 (100% Controlled by Mercy Health Network, Inc. d/b/a Mercy One)	
Genesis Medical Center, DeWitt (dba of Genesis Health System (IA)); FEIN: 42-1418847 (100% Controlled by Genesis Health System (IA))	

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

	Genesis Health Group (dba of Genesis Health System (IA)); FEIN: 42-1418847 (100% Controlled by Genesis Health System (IA))
	Clyfee Dialysis, LLC; FEIN: 47-1681144 (20% Controlled by Genesis Health System (IA))
	Genesis Accountable Care Organization, LLC; FEIN: 45-4168932 (100% Controlled by Genesis Health System (IA))
	Genesis Community Health Education Foundation; FEIN: (100% Controlled by Genesis Health System (IA))
	Genesis Health Services Foundation; FEIN: 42-1421670 (100% Controlled by Genesis Health System (IA))
	Genesis Health System Workers Compensation Plan and Trust; FEIN: 39-1905171 (100% Controlled by Genesis Health System (IA))
	GenGastro, L.L.C.; FEIN: 56-2315623 (83.75% Controlled by Genesis Health System (IA))
	GenOrtho, L.L.C.; FEIN: 20-3406994 (40% Controlled by Genesis Health System (IA))
	GenRad Imaging, LLC; FEIN: 45-3571628 (50% Controlled by Genesis Health System (IA))
	GenVentures, Inc.; FEIN: 42-1269171 (100% Controlled by Genesis Health System (IA))
	Genesis Heart Institute Owner's Association, Inc.; FEIN: 86-3949369 (59.11% Controlled by GenVentures, Inc.)
	MOB 1 Owner's Association; FEIN: 27-0865075 (100% Controlled by GenVentures, Inc.)
	Spring Park Surgery Center, L.L.C.; FEIN: 42-1483989 (40% Controlled by Genesis Health System (IA))
	Wellspring, LLC; FEIN: 83-3724025 (40% Controlled by Genesis Health System (IA))
	Wellmark Value Health Plan, Inc.; FEIN: 42-1264647 (50% Controlled by Mercy Health Network, Inc. dba MercyOne)
	Mercy Community Hospital Group, LLC; FEIN: 35-2473948 (100% Controlled by Mercy Health Network, Inc. dba MercyOne)
	Central Community Hospital dba MercyOne Elkader Medical Center; FEIN: 42-0818642 (100% Controlled by Mercy Community Hospital Group)
	Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa; FEIN: 42-1177001 (100% Controlled by Mercy Health Network, Inc. dba MercyOne)
	N.E. Iowa Real Estate Investments, Ltd.; FEIN: 42-1207432 (100% Controlled by Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa)
	Mercy Hospital of Franciscan Sisters, Inc. dba MercyOne Oelwein Medical Center; FEIN: 42-1178403 (100% Controlled by Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa)
	Covenant Medical Center, Inc. dba MercyOne Waterloo Medical Center; FEIN: 42-1264647 (100% Controlled by Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa)
	Covenant Foundation, Inc. dba MercyOne Waterloo Foundation; FEIN: 42-1295784 (100% Controlled by Covenant Medical Center, Inc. dba MercyOne Waterloo Medical Center)
	Sartori Memorial Hospital, Inc. dba MercyOne Cedar Falls Medical Center; FEIN: 42-0758901 (100% Controlled by Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa)
	Sartori Health Care Foundation, Inc. dba MercyOne Cedar Falls Foundation; FEIN: 42-1240996 (100% Controlled by Sartori Memorial Hospital, Inc. dba MercyOne Cedar Falls Medical Center)
	Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center; FEIN: 42-0680486 (100% Controlled by Mercy Health Network, Inc. dba MercyOne)
	St. Joseph's Mercy Hospital, Centerville, Iowa, dba MercyOne Centerville Medical Center; FEIN: 42-0680308 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	PLEASE NOTE: ENTITY IS OPERATIONALLY INACTIVE EFFECTIVE 12/31/2022: Mercy Rural ACO, LLC dba Mercy ACO I; FEIN: 81-2764963 (100% Controlled by St. Joseph's Mercy Hospital, Centerville, Iowa, dba MercyOne Centerville Medical Center)
	House of Mercy dba MercyOne House of Mercy; FEIN: 42-1323808 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	Mercy College of Health Sciences; FEIN: 42-151168 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	Mercy Clinics, Inc. dba MercyOne Medical Group - Central Iowa; FEIN: 42-1193699 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	MercyOne Central Iowa Urgent Care, LLC; FEIN: (100% Controlled by Mercy Clinics, Inc.)
	Mercy Health Network ACO, LLC dba MercyOne ACO II; FEIN: 81-2764963 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	Mercy ACO, LLC dba MercyOne ACO III PHSO (Statewide); FEIN: 45-4498644 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	MercyOne ACO V, LLC; FEIN: 83-0397103 (100% Controlled by Mercy ACO, LLC dba MercyOne ACO III)
	Mercy Foundation of DesMoines, Iowa dba MercyOne Des Moines Foundation; FEIN: 23-7358794 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	Mercy Auxiliary of Central Iowa; FEIN: 42-6076069 (100% Controlled by Mercy Foundation of DesMoines, Iowa dba MercyOne Des Moines Foundation)
	Mercy Medical Center-Newton dba MercyOne Newton Medical Center; FEIN: 42-1470935 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	Jasper County Health Ventures, LLC; FEIN: 46-52004428 (50% Controlled by Mercy Medical Center-Newton dba MercyOne Newton Medical Center)
	Ross Medical Arts Building Owners Association, Inc.; FEIN: (65.20% Controlled by Mercy Medical Center-Newton dba MercyOne Newton Medical Center)
	Des Moines Medical Center, Inc.; FEIN: 42-0837382 (92.98% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	Iowa Medical Education Collaborative; FEIN: 46-0867190 (50% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	Mercy Terrace Hill Surgery Center, L.L.C.; FEIN: 42-1473103 (50% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	RCG Mercy Des Moines, LLC; FEIN: 45-0537617 (20% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	West Lakes Surgery Center, L.L.C.; FEIN: 20-5345292 (50% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	Mercy Rehabilitation Hospital, LLC; FEIN: 81-4437201 (51% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	Clive Behavioral Health, LLC; FEIN: 83-0831660 (48% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)
	Mercy Health Services - Iowa, Corp. (Iowa/Nebraska); FEIN: 31-1373080 (100% Controlled by Trinity Health Corporation)
	Mercy Medical Center - Clinton, Inc. dba MercyOne Clinton Medical Center; FEIN: 42-1336618 (100% Controlled by Immediate Parent)
	Mercy Healthcare Foundation-Clinton; FEIN: 42-1316126 (Entity is independent of and not controlled by Mercy Medical Center - Clinton, Inc. dba MercyOne Clinton Medical Center)
	Mercy-Clinton Anesthesia Group, LLC; FEIN: 46-1906752 (100% Controlled by Immediate Parent)
	Clinton Imaging Services, L.L.C.; FEIN: 41-2044739 (65% Controlled by Immediate Parent)
	MercyOne Dyersville Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080
	MercyOne Dubuque Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080
	Dubuque Mercy Health Foundation, Inc. (dba MercyOne Dubuque Foundation); FEIN: 26-2227941 (100% Controlled by Immediate Parent)
	Dyersville Health Foundation, Inc. (dba MercyOne Dyersville Foundation); FEIN: 20-5383271 (100% Controlled by Immediate Parent)
	Preferred Health Choices, L.L.C.; FEIN: 90-0139311 (50% Controlled by Immediate Parent)
	Health Management Services, L.L.C.; FEIN: 46-1861361 (50% Controlled by MercyOne Dubuque Medical Center (dba of Mercy Health Services - Iowa Corp.); FEIN: 31-1373080)
	Tri-State Surgery Center, L.L.C.; FEIN: 91-1900559 (100% Controlled by Immediate Parent)
	Medical Associates/Mercy Family Care Network, L.L.C.; FEIN: 42-1478444 (100% Controlled by Immediate Parent)
	Tri-State Occupational Health, L.L.C.; FEIN: 90-1039315 (100% Controlled by Immediate Parent)
	MercyOne New Hampton Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080
	MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080
	MercyOne - KRHC Home Medical Shop, LLC; FEIN: 92-3276114 (51% Controlled by Mercy Health Services - Iowa, Corp. dba MercyOne North Iowa Medical Center and 49% Controlled by Kossuth Regional Health Center)
	MercyOne Hansen Family Hospital Medical Shop, LLC; FEIN: (51% Controlled by Mercy Health Services - Iowa Corp. dba MercyOne North Iowa Medical Center and 49% Controlled by Ellsworth Municipal Hospital dba Hansen Family Hospital, an Iowa municipal hospital)
	Hospice of North Iowa dba MercyOne North Iowa Hospice; FEIN: 42-1173708 (100% Controlled by Immediate Parent)
	Mercy Medical Center Foundation - North Iowa dba MercyOne North Iowa Foundation; FEIN: 42-1229151 (100% Controlled by Immediate Parent)
	Forest Park Imaging, LLC; FEIN: 13-4365966 (52.89% Controlled by MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080)
	Fresenius Kidney Center North Iowa; FEIN: 81-2470407 (20% Controlled by Immediate Parent)
	Surgical Center Building Associates, LLC; FEIN: 31-1373080 (35% Controlled by MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080)
	YMCA and Rehabilitation Center; FEIN: 42-1491491 (50% Controlled by MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080)
	Magnetic Resonance Services, LLC; FEIN: 42-1328388 (49% Controlled by MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080)
	Mason City Ambulatory Surgery Center, LLC dba Mason City Surgery Center; FEIN: 20-1960348 (51% Controlled by MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080)
	Mercy Heart Center Outpatient Services, LLC; FEIN: 13-4237594 (51% Controlled by MercyOne North Iowa Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080)
	MercyOne Siouxland Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080
	Hawarden Regional Healthcare Clinics, L.L.C.; FEIN: 20-1444339 (50% Controlled by MercyOne Siouxland Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080)
	Mercy Medical Services, Inc. dba MercyOne Medical Group - Siouxland; FEIN: 42-1283849 (100% Controlled by Immediate Parent)
	Mercy Medical Center - Sioux City Foundation dba MercyOne Siouxland Foundation; FEIN: 14-1880022 (100% Controlled by Immediate Parent)
	Health, Incorporated; FEIN: 31-1712115 (50% Controlled by MercyOne Siouxland Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080)
	Siouxland Paramedics, Inc.; FEIN: 42-1185707 (100% Controlled by Immediate Parent)
	Siouxland Regional Cancer Center dba June E. Nylen Cancer Center; FEIN: 42-1411233 (100% Controlled by Immediate Parent)
	Hospice of Siouxland; FEIN: 38-3320710 (100% Controlled by Immediate Parent)
	Mercy/USP Health Ventures, L.L.C.; FEIN: 47-1290300 (55.71% Controlled by MercyOne Siouxland Medical Center (dba of Mercy Health Services - Iowa, Corp.); FEIN: 31-1373080)
	Siouxland Surgery Center Limited Liability Partnership dba Dunes Surgical Hospital; FEIN: 46-0423353 (55.54% Controlled by Mercy/USP Health Ventures, L.L.C.)
	PLEASE NOTE: HOSPITAL HAS CEASED OPERATIONS - CLINIC WILL REMAIN OPEN: Oakland Mercy Hospital dba MercyOne Oakland Medical Center; FEIN: 20-8072234 (100% Controlled by Immediate Parent)
	Oakland Mercy Hospital Foundation dba MercyOne Oakland Foundation; FEIN: 31-1678345 (100% Controlled by Immediate Parent)
	Baum Harmon Mercy Hospital dba MercyOne Primghar Medical Center; FEIN: 42-1500277 (100% Controlled by Immediate Parent)
	Baum Harmon Mercy Hospital and Clinics Foundation dba MercyOne Primghar Foundation; FEIN: 26-2973307 (100% Controlled by Immediate Parent)
	MHN ACO, LLC dba MercyOne ACO IV; FEIN: 42-1521367 (100% held by Mercy Health Services - Iowa, Corp.)
	Saint Joseph Regional Medical Center, Inc. (Indiana); FEIN: 35-1568821 (100% Controlled by Trinity Health)
	The Foundation of Saint Joseph Regional Medical Center, Inc.; FEIN: 35-1654543 (100% Controlled by Immediate Parent)
	Alick's Home Medical Equipment, Inc.; FEIN: 35-1548294 (13.50% Controlled by Immediate Parent)
	Saint Joseph Regional Medical Center - Health Insurance Services, LLC; FEIN: 46-2814097 (100% Controlled by Immediate Parent)
	Northern Indiana Magnetic Resonance Center, LLP; FEIN: 35-1832912 (25% Controlled by Immediate Parent)
	Select Health Network, Inc.; FEIN: 35-1932210 (50% Controlled by Immediate Parent)
	Michiana Health Information Network, LLC; FEIN: 35-2050128 (33.33% Controlled by Immediate Parent)
	Edison Lakes, Inc.; FEIN: 35-1783309 (23.84% Controlled by Immediate Parent)
	Edison Lakes ROC, LLC; FEIN: 27-1778694 (30% Controlled by Immediate Parent)
	Saint Joseph Regional Medical Center - South Bend Campus Inc.; FEIN: 35-0868157 (100% Controlled by Immediate Parent)
	Saint Joseph Regional Medical Center - Plymouth Campus, Inc.; FEIN: 35-1142669 (100% Controlled by Immediate Parent)
	SJRM Holdings, Inc.; FEIN: 47-4763735 (100% Controlled by Immediate Parent)
	Michiana Urgent Care Management, LLC; FEIN: 47-4279865 (40% Controlled by Immediate Parent)
	Saint Alphonsus Health System, Inc. (Idaho/Oregon); FEIN: 27-1929502 (100% Controlled by Trinity Health)
	Saint Alphonsus Medical Center - Nampa, Inc.; FEIN: 82-0200896 (100% Controlled by Immediate Parent)
	MedNow, Inc.; FEIN: 82-0389927 (100% Controlled by Immediate Parent)
	Saint Alphonsus Medical Center - Nampa Health Foundation, Inc.; FEIN: 26-1737256 (100% Controlled by Immediate Parent)
	Saint Alphonsus Nampa Auxiliary, Inc.; FEIN: (100% Controlled by Saint Alphonsus Medical Center - Nampa, Inc.)
	Saint Alphonsus Regional Medical Center, Inc.; FEIN: 82-0200895 (100% Controlled by Immediate Parent)
	Saint Alphonsus Regional Medical Center Auxiliary, Inc.; FEIN: 82-6009027 (100% Controlled by Immediate Parent)
	Life Flight Network, LLC; FEIN: 20-5016802 (25% Controlled by Immediate Parent)
	Saint Alphonsus Diversified Care, Inc.; FEIN: 94-3028978 (100% Controlled by Immediate Parent)
	Saint Alphonsus Regional Rehabilitation Hospital, LLC; FEIN: 63-0860407 (49% Controlled by Saint Alphonsus Diversified Care, Inc.)
	Intermountain Medical Imaging, LLC; FEIN: 82-0514422 (50% Controlled by Immediate Parent)
	Saint Alphonsus Caldwell Cancer Treatment Center, L.L.C.; FEIN: 82-0526861 (80% Controlled by Immediate Parent)
	Saint Alphonsus Home Health and Hospice, LLC dba Enhabit Home Health & Hospice; FEIN: 20-3942050 (50% Controlled by Immediate Parent)

OVERFLOW PAGE FOR WRITE-INS

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