

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
UPPER PENINSULA HEALTH PLAN, LLC

NAIC Group Code 4734, 4734 NAIC Company Code 52615 Employer's ID Number 46-0927995
(Current) (Prior)

Organized under the Laws of MI State of Domicile or Port of Entry MI
Country of Domicile US
Licensed as business type: Health Maintenance Organization Is HMO Federally Qualified? NO
Incorporated/Organized 10/23/1997 Commenced Business 08/01/1998
Statutory Home Office 853 W. Washington St. Marquette, MI, US 49855
Main Administrative Office 853 W. Washington St.
Marquette, MI, US 49855 906-225-7500
(Telephone)
Mail Address 853 W. Washington St. Marquette, MI, US 49855
Primary Location of Books and
Records 853 W. Washington St.
Marquette, MI, US 49855 906-225-7500
(Telephone)
Internet Website Address uphp.com
Statutory Statement Contact Jaime Susan Houghton 906-225-7491
(Telephone)
jhoughton@uphp.com 906-225-8687
(E-Mail) (Fax)

OFFICERS

Melissa Ann Holmquist, President Melanie Lyn Bicigo, Chief Operating Officer
Jaime Susan Houghton, Chief Financial Officer Johanna Marie Novak, Secretary

DIRECTORS OR TRUSTEES

Tonya Lynn Darner# Kevin Russell Kalchik
Charles Edward Nelson Robert Conrad Deese
Andrew Joseph Bertapelle Maggie Lyn Haupt
Hunter Kyle Nostrant Michelle Marie Tavernier

State of Michigan
County of Marquette SS

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.

x x x

Melissa Ann Holmquist Jaime Susan Houghton Melanie Lyn Bicigo
CEO CFO COO

Subscribed and sworn to before me
this _____ day of _____, 2024

a. Is this an original filing? Yes
b. If no:
1. State the amendment number:
2. Date filed:
3. Number of pages attached:

x

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	42,018,440		42,018,440	41,562,134
2.	Stocks (Schedule D):				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$ encumbrances)	10,113,879		10,113,879	10,357,721
	4.2 Properties held for the production of income (less \$ encumbrances)				
	4.3 Properties held for sale (less \$ encumbrances)				
5.	Cash (\$ 53,411,179, Schedule E - Part 1), cash equivalents (\$ 1, Schedule E - Part 2) and short-term investments (\$ 4,447,263, Schedule DA)	57,858,443		57,858,443	57,787,804
6.	Contract loans (including \$ premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities	730		730	887
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	109,991,492		109,991,492	109,708,546
13.	Title plants less \$ charged off (for Title insurers only)				
14.	Investment income due and accrued	353,687		353,687	352,934
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	3,980,976		3,980,976	5,664,663
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$ 1,698,845) and contracts subject to redetermination (\$)	1,698,845		1,698,845	1,671,998
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans	33,080,780		33,080,780	15,767,693
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	399,739	10,800	388,939	328,160
21.	Furniture and equipment, including health care delivery assets (\$)	114,674	114,674	–	–
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	13,215		13,215	24,991
24.	Health care (\$) and other amounts receivable	6,754,724	6,754,724	–	–
25.	Aggregate write-ins for other-than-invested assets	10,712,227	826,539	9,885,688	7,195,899
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	167,100,359	7,706,737	159,393,622	140,714,884
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	167,100,359	7,706,737	159,393,622	140,714,884
Details of Write-Ins					
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepays	787,198	787,198	–	
2502.	Vehicles	39,341	39,341	–	
2503.	IPA Tax receivable	9,848,902		9,848,902	7,193,073
2598.	Summary of remaining write-ins for Line 25 from overflow page	36,786		36,786	2,826
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	10,712,227	826,539	9,885,688	7,195,899

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ 1,152,333 reinsurance ceded)	34,027,673		34,027,673	34,042,800
2. Accrued medical incentive pool and bonus amounts	1,528,301		1,528,301	2,110,567
3. Unpaid claims adjustment expenses	351,969		351,969	346,486
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	1,722,000		1,722,000	3,416,350
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	12,455,547		12,455,547	9,555,914
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	957,844		957,844	628,172
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates	1,363,962		1,363,962	1,182,942
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	37,128,116		37,128,116	16,914,275
23. Aggregate write-ins for other liabilities (including \$ current)	17,627		17,627	
24. Total liabilities (Lines 1 to 23)	89,553,039		89,553,039	68,197,506
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	3,427,727	3,427,727
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	66,412,856	69,089,651
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	69,840,583	72,517,378
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	159,393,622	140,714,884
Details of Write-Ins				
2301. Unearned revenue	17,627		17,627	
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	17,627		17,627	
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1	2	3
		Uncovered	Total	Total
1.	Member Months.....	XXX	696,228	699,776
2.	Net premium income (including \$ non-health premium income).....	XXX	353,241,516	341,066,314
3.	Change in unearned premium reserves and reserve for rate credits.....	XXX		
4.	Fee-for-service (net of \$ medical expenses).....	XXX		
5.	Risk revenue.....	XXX		
6.	Aggregate write-ins for other health care related revenues.....	XXX	36,763,164	29,662,072
7.	Aggregate write-ins for other non-health revenues.....	XXX	176,435	139,922
8.	Total revenues (Lines 2 to 7).....	XXX	390,181,115	370,868,308
Hospital and Medical:				
9.	Hospital/medical benefits.....		153,205,418	154,987,340
10.	Other professional services.....		32,224,815	29,173,558
11.	Outside referrals.....		20,335,203	14,953,594
12.	Emergency room and out-of-area.....		31,026,284	30,531,081
13.	Prescription drugs.....		71,725,918	61,936,751
14.	Aggregate write-ins for other hospital and medical.....		278,491	279,910
15.	Incentive pool, withhold adjustments and bonus amounts.....		5,237,887	5,956,419
16.	Subtotal (Lines 9 to 15).....		314,034,016	297,818,653
Less:				
17.	Net reinsurance recoveries.....		1,709,920	402,718
18.	Total hospital and medical (Lines 16 minus 17).....		312,324,096	297,415,935
19.	Non-health claims (net).....			
20.	Claims adjustment expenses, including \$ 5,455,036 cost containment expenses.....		8,953,867	7,331,864
21.	General administrative expenses.....		51,312,110	43,942,197
22.	Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			
23.	Total underwriting deductions (Lines 18 through 22).....		372,590,073	348,689,996
24.	Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	17,591,042	22,178,312
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17).....		4,776,918	1,983,445
26.	Net realized capital gains (losses) less capital gains tax of \$			(65,299)
27.	Net investment gains (losses) (Lines 25 plus 26).....		4,776,918	1,918,146
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].			
29.	Aggregate write-ins for other income or expenses.....			
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	22,367,960	24,096,458
31.	Federal and foreign income taxes incurred.....	XXX		
32.	Net income (loss) (Lines 30 minus 31).....	XXX	22,367,960	24,096,458
Details of Write-Ins				
0601.	Miscellaneous Revenue.....	XXX	23,386	16,576
0602.	IPA Tax Revenue.....	XXX	36,739,778	29,645,496
0603.	XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page.....	XXX		
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX	36,763,164	29,662,072
0701.	Gain/Loss on Asset Disposal.....	XXX		(2,736)
0702.	Tiff Revenue.....	XXX	176,435	142,658
0703.	XXX		
0798.	Summary of remaining write-ins for Line 7 from overflow page.....	XXX		
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX	176,435	139,922
1401.	UPHIE Expenses.....		278,491	279,910
1402.			
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page.....			
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....		278,491	279,910
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page.....			
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....			

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

		1	2
CAPITAL & SURPLUS ACCOUNT		Current Year	Prior Year
33.	Capital and surplus prior reporting year	72,517,378	59,747,073
34.	Net income or (loss) from Line 32	22,367,960	24,096,458
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	(244,755)	(1,326,153)
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in	—	—
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus	(24,800,000)	(10,000,000)
48.	Net change in capital and surplus (Lines 34 to 47)	(2,676,795)	12,770,305
49.	Capital and surplus end of reporting year (Line 33 plus 48)	69,840,583	72,517,378
Details of Write-Ins			
4701.	Distribution of Equity	(24,800,000)	(10,000,000)
4702.		
4703.		
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(24,800,000)	(10,000,000)

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	353,204,006	329,598,590
2.	Net investment income	4,788,288	2,166,418
3.	Miscellaneous income	36,939,599	29,801,993
4.	Total (Lines 1 to 3)	394,931,893	361,567,001
5.	Benefit and loss related payments	313,010,025	296,692,430
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	54,460,107	50,842,122
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10.	Total (Lines 5 through 9)	367,470,132	347,534,552
11.	Net cash from operations (Line 4 minus Line 10)	27,461,761	14,032,449
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	11,746,000	17,318,113
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments	40,772	42,849
12.7	Miscellaneous proceeds	157	10,922
12.8	Total investment proceeds (Lines 12.1 to 12.7)	11,786,929	17,371,884
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	11,970,587	37,993,247
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications	40,772	42,849
13.7	Total investments acquired (Lines 13.1 to 13.6)	12,011,359	38,036,096
14.	Net increase / (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(224,430)	(20,664,212)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock	—	—
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	(27,166,692)	(9,767,466)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(27,166,692)	(9,767,466)
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)	70,639	(16,399,229)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	57,787,804	74,187,033
19.2	End of year (Line 18 plus Line 19.1)	57,858,443	57,787,804

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

20.0001		
---------------	--	--

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Net premium income.....	353,241,516							125,614,328	227,627,188					
2.	Change in unearned premium reserves and reserve for rate credit.....														
3.	Fee-for-service (net of \$ medical expenses).....														XXX
4.	Risk revenue.....														XXX
5.	Aggregate write-ins for other health care related revenues.....	36,763,164							2,981,381	33,781,783					XXX
6.	Aggregate write-ins for other non-health care related revenues.....	176,435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	176,435
7.	Total revenues (Lines 1 to 6).....	390,181,115							128,595,709	261,408,971					176,435
8.	Hospital/medical benefits.....	153,205,418							79,134,483	74,070,935					XXX
9.	Other professional services.....	32,224,815							15,748,471	16,476,344					XXX
10.	Outside referrals.....	20,335,203							6,169,221	14,165,982					XXX
11.	Emergency room and out-of-area.....	31,026,284							7,305,913	23,720,371					XXX
12.	Prescription drugs.....	71,725,918							6,135,546	65,590,372					XXX
13.	Aggregate write-ins for other hospital and medical.....	278,491							22,965	255,526					XXX
14.	Incentive pool, withhold adjustments and bonus amounts.....	5,237,887							83,714	5,154,173					XXX
15.	Subtotal (Lines 8 to 14).....	314,034,016							114,600,313	199,433,703					XXX
16.	Net reinsurance recoveries.....	1,709,920							226,465	1,483,455					XXX
17.	Total hospital and medical (Lines 15 minus 16).....	312,324,096							114,373,848	197,950,248					XXX
18.	Non-health claims (net).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19.	Claims adjustment expenses including \$ 5,455,036 cost containment expenses.....	8,953,867							3,185,173	5,768,694					
20.	General administrative expenses.....	51,312,110							8,946,461	42,396,851				(31,202)	
21.	Increase in reserves for accident and health contracts.....														XXX
22.	Increase in reserves for life contracts.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	Total underwriting deductions (Lines 17 to 22).....	372,590,073							126,505,482	246,115,793				(31,202)	
24.	Net underwriting gain or (loss) (Line 7 minus Line 23).....	17,591,042							2,090,227	15,293,178				31,202	176,435
Details of Write-Ins															
0501.	Miscellaneous Revenue.....	23,386							4,703	18,683					XXX
0502.	IPA Tax Revenue.....	36,739,778							2,976,678	33,763,100					XXX
0503.														XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page.....														XXX
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....	36,763,164							2,981,381	33,781,783					XXX
0601.	Tiff Revenue.....	176,435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	176,435
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.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	176,435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	176,435
1301.	UPHIE Expenses.....	278,491							22,965	255,526					XXX
1302.														XXX
1303.														XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page.....														XXX
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above).....	278,491							22,965	255,526					XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS

Line of Business		1	2	3	4
		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1.	Comprehensive (hospital and medical) individual				
2.	Comprehensive (hospital and medical) group				
3.	Medicare Supplement				
4.	Vision only				
5.	Dental only				
6.	Federal Employees Health Benefits Plan				
7.	Title XVIII – Medicare	125,674,610		60,282	125,614,328
8.	Title XIX – Medicaid	228,297,945		670,757	227,627,188
9.	Credit A&H				
10.	Disability Income				
11.	Long-Term Care				
12.	Other health				
13.	Health subtotal (Lines 1 through 12)	353,972,555		731,039	353,241,516
14.	Life				
15.	Property/casualty				
16.	Totals (Lines 13 to 15)	353,972,555		731,039	353,241,516

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1	Payments during the year:														
	1.1 Direct	308,150,179							114,732,478	193,417,701					
	1.2 Reinsurance assumed	—							—	—					
	1.3 Reinsurance ceded	960,305							176,517	783,788					
	1.4 Net	307,189,874							114,555,961	192,633,913					
2.	Paid medical incentive pools and bonuses	5,820,153							53,715	5,766,438					
3.	Claim liability December 31, current year from Part 2A:														
	3.1 Direct	35,180,006							15,582,463	19,597,543					
	3.2 Reinsurance assumed	—							—	—					
	3.3 Reinsurance ceded	1,152,333							49,949	1,102,384					
	3.4 Net	34,027,673							15,532,514	18,495,159					
4.	Claim reserve December 31, current year from Part 2D:														
	4.1 Direct														
	4.2 Reinsurance assumed														
	4.3 Reinsurance ceded														
	4.4 Net														
5.	Accrued medical incentive pools and bonuses, current year	1,528,301							30,000	1,498,301					
6.	Net health care receivables (a)	88,538							100,708	(12,170)					
7.	Amounts recoverable from reinsurers December 31, current year														
8.	Claim liability December 31, prior year from Part 2A:														
	8.1 Direct	34,445,518							15,697,636	18,747,882					
	8.2 Reinsurance assumed														
	8.3 Reinsurance ceded	402,718								402,718					
	8.4 Net	34,042,800							15,697,636	18,345,164					
9.	Claim reserve December 31, prior year from Part 2D:														
	9.1 Direct														
	9.2 Reinsurance assumed														
	9.3 Reinsurance ceded														
	9.4 Net														
10.	Accrued medical incentive pools and bonuses, prior year	2,110,567								2,110,567					
11.	Amounts recoverable from reinsurers December 31, prior year														
12.	Incurred benefits:														
	12.1 Direct	308,796,129							114,516,597	194,279,532					
	12.2 Reinsurance assumed	—							—	—					
	12.3 Reinsurance ceded	1,709,920							226,466	1,483,454					
	12.4 Net	307,086,209							114,290,131	192,796,078					
13.	Incurred medical incentive pools and bonuses	5,237,887							83,715	5,154,172					

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Reported in Process of Adjustment:														
	1.1 Direct	10,296,447							3,691,940	6,604,507					
	1.2 Reinsurance assumed														
	1.3 Reinsurance ceded														
	1.4 Net	10,296,447							3,691,940	6,604,507					
2.	Incurred but Unreported:														
	2.1 Direct	25,954,634							11,859,214	14,095,420					
	2.2 Reinsurance assumed														
	2.3 Reinsurance ceded	1,152,333							49,949	1,102,384					
	2.4 Net	24,802,301							11,809,265	12,993,036					
3.	Amounts Withheld from Paid Claims and Capitations:														
	3.1 Direct	(1,071,075)							31,309	(1,102,384)					
	3.2 Reinsurance assumed	—							—	—					
	3.3 Reinsurance ceded	—							—	—					
	3.4 Net	(1,071,075)							31,309	(1,102,384)					
4.	TOTALS:														
	4.1 Direct	35,180,006							15,582,463	19,597,543					
	4.2 Reinsurance assumed	—							—	—					
	4.3 Reinsurance ceded	1,152,333							49,949	1,102,384					
	4.4 Net	34,027,673							15,532,514	18,495,159					

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B – ANALYSIS OF CLAIMS UNPAID – PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual						
2. Comprehensive (hospital and medical) group						
3. Medicare Supplement						
4. Vision Only						
5. Dental Only						
6. Federal Employees Health Benefits Plan						
7. Title XVIII – Medicare	13,612,740	100,943,220	45,338	15,487,177	13,658,078	15,697,636
8. Title XIX – Medicaid	19,246,487	173,387,427	399,153	18,096,005	19,645,640	18,345,167
9. Credit A&H						
10. Disability Income						
11. Long-Term Care						
12. Other health						
13. Health subtotal (Lines 1 to 12)	32,859,227	274,330,647	444,491	33,583,182	33,303,718	34,042,803
14. Health care receivables (a)			–	6,754,723	–	6,666,188
15. Other non-health						
16. Medical incentive pools and bonus amounts	2,620,033	3,200,120		1,528,301	2,620,033	2,110,567
17. Totals (Lines 13 - 14 + 15 + 16)	35,479,260	277,530,767	444,491	28,356,760	35,923,751	29,487,182

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

GRAND TOTAL

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	21,175	21,175	21,175	21,175	–
2.	2019.....	194,732	216,195	216,195	216,195	(76)
3.	2020.....	XXX	199,025	225,706	225,706	67
4.	2021.....	XXX	XXX	254,598	285,939	(57)
5.	2022.....	XXX	XXX	XXX	265,352	35,546
6.	2023.....	XXX	XXX	XXX	XXX	277,531

Section B – Incurred Health Claims

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	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	77,308	77,308	77,308	7,932	–
2.	2019.....	195,805	217,279	217,279	217,279	(76)
3.	2020.....	XXX	211,183	237,961	237,961	67
4.	2021.....	XXX	XXX	256,752	286,904	(57)
5.	2022.....	XXX	XXX	XXX	267,263	35,990
6.	2023.....	XXX	XXX	XXX	XXX	312,642

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2019.....	253,959	(76)			(76)	(0.030)	–		(76)	(0.030)
2.	2020.....	270,728	67			67	0.025	–		67	0.025
3.	2021.....	320,560	(57)			(57)	(0.018)	–		(57)	(0.018)
4.	2022.....	341,067	35,546			35,546	10.422	444	7	35,997	10.554
5.	2023.....	353,241	277,531	8,954	3.226	286,485	81.102	35,111	345	321,941	91.139

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
HOSPITAL & MEDICAL

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....		XXX			
5.	2022.....		XXX	XXX		
6.	2023.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

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	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....		XXX			
5.	2022.....		XXX	XXX		
6.	2023.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2019.....	NONE									
2.	2020.....										
3.	2021.....										
4.	2022.....										
5.	2023.....										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
MEDICARE SUPPLEMENT

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....		XXX			
5.	2022.....		XXX	XXX		
6.	2023.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

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	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....		XXX			
5.	2022.....		XXX	XXX		
6.	2023.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2019.....	NONE									
2.	2020.....										
3.	2021.....										
4.	2022.....										
5.	2023.....										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
DENTAL ONLY

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....		XXX			
5.	2022.....		XXX	XXX		
6.	2023.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

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	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....		XXX			
5.	2022.....		XXX	XXX		
6.	2023.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2019.....	NONE									
2.	2020.....										
3.	2021.....										
4.	2022.....										
5.	2023.....										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
VISION ONLY

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....		XXX			
5.	2022.....		XXX	XXX		
6.	2023.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

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	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....		XXX			
5.	2022.....		XXX	XXX		
6.	2023.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2019.....	NONE									
2.	2020.....										
3.	2021.....										
4.	2022.....										
5.	2023.....										

UNDERWRITING AND INVESTMENT EXHIBIT

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

FEDERAL EMPLOYEES HEALTH BENEFITS PLAN

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....		XXX			
5.	2022.....		XXX	XXX		
6.	2023.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

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	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....		XXX			
5.	2022.....		XXX	XXX		
6.	2023.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2019.....	NONE									
2.	2020.....										
3.	2021.....										
4.	2022.....										
5.	2023.....										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
TITLE XVIII MEDICARE

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	9,853	9,853	9,853	9,853	
2.	2019.....	112,893	123,309	123,309	123,309	(7)
3.	2020.....	XXX	89,853	103,417	103,417	(2)
4.	2021.....	XXX	XXX	97,258	110,117	102
5.	2022.....	XXX	XXX	XXX	103,374	13,520
6.	2023.....	XXX	XXX	XXX	XXX	101,027

Section B – Incurred Health Claims

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	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	18,075	18,075	18,075	10,005	
2.	2019.....	113,116	123,570	123,570	123,570	(7)
3.	2020.....	XXX	90,606	104,417	104,417	(2)
4.	2021.....	XXX	XXX	97,010	110,119	102
5.	2022.....	XXX	XXX	XXX	102,869	13,565
6.	2023.....	XXX	XXX	XXX	XXX	116,544

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2019.....	98,961	(7)			(7)	(0.007)	–		(7)	(0.007)
2.	2020.....	116,378	(2)			(2)	(0.002)	–		(2)	(0.002)
3.	2021.....	120,785	102			102	0.084	–		102	0.084
4.	2022.....	126,055	13,520			13,520	10.725	45		13,565	10.761
5.	2023.....	125,614	101,027	3,182	3.150	104,209	82.960	15,517		119,726	95.313

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
TITLE XIX MEDICAID

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	11,322	11,322	11,322	11,322	–
2.	2019.....	81,839	92,886	92,886	92,886	(69)
3.	2020.....	XXX	109,172	122,289	122,289	69
4.	2021.....	XXX	XXX	157,340	175,822	(159)
5.	2022.....	XXX	XXX	XXX	161,978	22,026
6.	2023.....	XXX	XXX	XXX	XXX	176,504

Section B – Incurred Health Claims

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	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	59,233	59,233	59,233	(2,073)	–
2.	2019.....	82,689	93,709	93,709	93,709	(69)
3.	2020.....	XXX	120,577	133,544	133,544	69
4.	2021.....	XXX	XXX	159,742	176,785	(159)
5.	2022.....	XXX	XXX	XXX	164,394	22,425
6.	2023.....	XXX	XXX	XXX	XXX	196,098

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2019.....	154,998	(69)			(69)	(0.045)	–		(69)	(0.045)
2.	2020.....	154,350	69			69	0.045	–		69	0.045
3.	2021.....	199,775	(159)			(159)	(0.080)	–		(159)	(0.080)
4.	2022.....	215,012	22,026			22,026	10.244	399	7	22,432	10.433
5.	2023.....	227,627	176,504	5,772	3.270	182,276	80.077	19,594	345	202,215	88.836

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)
OTHER HEALTH

Section A – Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....		XXX			
5.	2022.....		XXX	XXX		
6.	2023.....		XXX	XXX	XXX	

Section B – Incurred Health Claims

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	2	3	4	5
		2019	2020	2021	2022	2023
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....		XXX			
5.	2022.....		XXX	XXX		
6.	2023.....		XXX	XXX	XXX	

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2019.....	NONE									
2.	2020.....										
3.	2021.....										
4.	2022.....										
5.	2023.....										

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves													
2. Additional policy reserves (a)													
3. Reserve for future contingent benefits													
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)	1,722,000								1,722,000				
5. Aggregate write-ins for other policy reserves													
6. Totals (gross)	1,722,000								1,722,000				
7. Reinsurance ceded													
8. Totals (Net) (Page 3, Line 4)	1,722,000								1,722,000				
9. Present value of amounts not yet due on claims													
10. Reserve for future contingent benefits													
11. Aggregate write-ins for other claim reserves													
12. Totals (gross)													
13. Reinsurance ceded													
14. Totals (Net) (Page 3, Line 7)													
Details of Write-Ins													
0501.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page													
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)													
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page													
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)													

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 – ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ 833,177 for occupancy of own building)	127,756	121,770	583,650		833,176
2. Salaries, wages and other benefits	4,009,405	952,777	7,593,674		12,555,856
3. Commissions (less \$ ceded plus \$ assumed)	—	—	—		—
4. Legal fees and expenses	—	—	—		—
5. Certifications and accreditation fees	122,868	—	9,552		132,420
6. Auditing, actuarial and other consulting services	618,628	1,218,546	1,336,848		3,174,022
7. Traveling expenses	39,736	1,949	119,044		160,729
8. Marketing and advertising	—	—	313,534		313,534
9. Postage, express and telephone	—	10,669	224,000		234,669
10. Printing and office supplies	—	16	316,086		316,102
11. Occupancy, depreciation and amortization	—	—	21,906		21,906
12. Equipment	—	—	—		—
13. Cost or depreciation of EDP equipment and software	—	—	139,427		139,427
14. Outsourced services including EDP, claims, and other services	452,400	1,125,241	1,661,389		3,239,030
15. Boards, bureaus and association fees	7,890	4,924	226,731		239,545
16. Insurance, except on real estate	—	—	326,215		326,215
17. Collection and bank service charges	—	—	80,758		80,758
18. Group service and administration fees	—	—	—		—
19. Reimbursements by uninsured plans	—	—	—		—
20. Reimbursements from fiscal intermediaries	—	—	—		—
21. Real estate expenses	—	—	111,964		111,964
22. Real estate taxes	—	—	156,886		156,886
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	—	—	36,742,810		36,742,810
23.2 State premium taxes	—	—	—		—
23.3 Regulatory authority licenses and fees	—	—	—		—
23.4 Payroll taxes	51,674	62,939	724,123		838,736
23.5 Other (excluding federal income and real estate taxes)	—	—	—		—
24. Investment expenses not included elsewhere	—	—	—		—
25. Aggregate write-ins for expenses	24,679	—	623,513		648,192
26. Total expenses incurred (Lines 1 to 25)	5,455,036	3,498,831	51,312,110	(a)...	60,265,977
27. Less expenses unpaid December 31, current year	—	351,969	12,455,547		12,807,516
28. Add expenses unpaid December 31, prior year	—	346,486	9,555,914		9,902,400
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)	5,455,036	3,493,348	48,412,477		57,360,861
Details of Write-Ins					
2501. MPCA - Outreach	—	—	654,715		654,715
2502. Net Pass Throughs	—	—	(31,202)		(31,202)
2503. Member Incentives	24,679	—	—		24,679
2598. Summary of remaining write-ins for Line 25 from overflow page	—	—	—		—
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	24,679	—	623,513		648,192

(a) Includes management fees of \$ 14,814,558 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a)
1.1	Bonds exempt from U.S. tax	(a)
1.2	Other bonds (unaffiliated)	(a) 1,293,464 1,359,730
1.3	Bonds of affiliates	(a)
2.1	Preferred stocks (unaffiliated)	(b)
2.11	Preferred stocks of affiliates	(b)
2.2	Common stocks (unaffiliated)
2.21	Common stocks of affiliates
3.	Mortgage loans	(c)
4.	Real estate	(d) 833,177 833,177
5.	Contract loans
6.	Cash, cash equivalents and short-term investments	(e) 2,894,204 2,827,854
7.	Derivative instruments	(f)
8.	Other invested assets
9.	Aggregate write-ins for investment income
10.	Total gross investment income 5,020,845 5,020,761
11.	Investment expenses	(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes	(g)
13.	Interest expense	(h)
14.	Depreciation on real estate and other invested assets	(i) 243,843
15.	Aggregate write-ins for deductions from investment income
16.	Total deductions (Lines 11 through 15) 243,843
17.	Net investment income (Line 10 minus Line 16) 4,776,918
Details of Write-Ins			
0901.		
0902.		
0903.		
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		

(a) Includes \$ 294,614 accrual of discount less \$ 62,895 amortization of premium and less \$ 68,794 paid for accrued interest on purchases.

(b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.

(c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(d) Includes \$ for company’s occupancy of its own buildings; and excludes \$ interest on encumbrances.

(e) Includes \$ 363,447 accrual of discount less \$ amortization of premium and less \$ 139 paid for accrued interest on purchases.

(f) Includes \$ accrual of discount less \$ amortization of premium.

(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$ interest on surplus notes and \$ interest on capital notes.

(i) Includes \$ 243,842 depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
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)					
Details of Write-Ins						
0901.					
0902.					
0903.					
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)					

NONE

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
1.	Bonds (Schedule D).....			
2.	Stocks (Schedule D):			
2.1	Preferred stocks.....			
2.2	Common stocks.....			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens.....			
3.2	Other than first liens.....			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company.....			
4.2	Properties held for the production of income.....			
4.3	Properties held for sale.....			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			
6.	Contract loans.....			
7.	Derivatives (Schedule DB).....			
8.	Other invested assets (Schedule BA).....			
9.	Receivables for securities.....			
10.	Securities lending reinvested collateral assets (Schedule DL).....			
11.	Aggregate write-ins for invested assets.....			
12.	Subtotals, cash and invested assets (Lines 1 to 11).....			
13.	Title plants (for Title insurers only).....			
14.	Investment income due and accrued.....			
15.	Premiums and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection.....			
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			
15.3	Accrued retrospective premiums and contracts subject to redetermination.....			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers.....			
16.2	Funds held by or deposited with reinsured companies.....			
16.3	Other amounts receivable under reinsurance contracts.....			
17.	Amounts receivable relating to uninsured plans.....			
18.1	Current federal and foreign income tax recoverable and interest thereon.....			
18.2	Net deferred tax asset.....			
19.	Guaranty funds receivable or on deposit.....			
20.	Electronic data processing equipment and software.....	10,800	1,222	(9,578)
21.	Furniture and equipment, including health care delivery assets.....	114,674	115,592	918
22.	Net adjustment in assets and liabilities due to foreign exchange rates.....			
23.	Receivables from parent, subsidiaries and affiliates.....			
24.	Health care and other amounts receivable.....	6,754,724	6,666,188	(88,536)
25.	Aggregate write-ins for other-than-invested assets.....	826,539	678,980	(147,559)
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	7,706,737	7,461,982	(244,755)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
28.	Total (Lines 26 and 27).....	7,706,737	7,461,982	(244,755)
Details of Write-Ins				
1101.			
1102.			
1103.			
1198.	Summary of remaining write-ins for Line 11 from overflow page.....			
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....			
2501.	Prepaid Expenses.....	787,198	640,247	(146,951)
2502.	Vehicles.....	39,341	38,733	(608)
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page.....			
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	826,539	678,980	(147,559)

EXHIBIT 1 – ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1	2	3	4	5	Current Year Member Months
	Prior Year	First Quarter	Second Quarter	Third Quarter	Current Year	
1. Health Maintenance Organizations.....	59,308	59,234	60,075	57,261	53,423	696,228
2. Provider Service Organizations.....						
3. Preferred Provider Organizations.....						
4. Point of Service.....						
5. Indemnity Only.....						
6. Aggregate write-ins for other lines of business.....						
7. Total.....	59,308	59,234	60,075	57,261	53,423	696,228
Details of Write-Ins						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....						
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....						

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory financial statements of Upper Peninsula Health Plan, LLC (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”). DIFS 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, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP”).

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 & 3)	XXX	XXX	XXX	\$ 22,367,960	\$ 24,096,458
(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	\$ 22,367,960	\$ 24,096,458
Surplus					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 69,840,583	\$ 72,517,378
(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	XXX	\$ 69,840,583	\$ 72,517,378

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

The estimates used in the preparation of the financial statements conformed to the Annual Statement Instructions and Accounting Practices and Procedures Manual.

C. Accounting Policy

(1) Short-term Investments

Stated at amortized cost.

(2) Bonds, Mandatory Convertible Securities & SVO-Identified investments

The Company does not have any mandatory convertible securities or SVO identified investments.

(3) Common stocks - None

(4) Preferred stocks - None

(5) Mortgage loans - None

(6) Loan-backed securities - None

(7) Investments in subsidiaries, controlled and affiliated entities - None

(8) Investments in joint ventures, partnerships and limited liability companies - None

(9) Derivatives - None

(10) Investment income in premium deficiency calculation

The company does not utilize anticipated investment income as a factor in the premium deficiency calculation.

(11) Claims Unpaid

The claims unpaid liability for incurred but unpaid and unreported claims is accrued in the period during which the services are provided and includes actuarial estimates of services performed that have not been reported to Upper Peninsula Health Plan, LLC by providers.

(12) Fixed Asset Capitalization

There was no change in the capitalization policy from prior periods.

(13) Pharmaceutical Rebate Receivables

The Company derives pharmaceutical rebate receivables from actual confirmed receipts from the PBM.

D. Going Concern

There are no conditions or events that would prevent the Company to continue as a going concern.

2. Accounting Changes and Corrections of Errors - None

3. Business Combinations and Goodwill - None

4. Discontinued Operations - None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans - None

Notes to the Financial Statements

5. Investments (Continued)

- B. Debt Restructuring - None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities - None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate - None
- K. Low-Income Housing Tax Credits (LIHTC) - None
- L. Restricted Assets

As of December 31, 2023, the Company maintained on deposit \$1,005,090with Wells Fargo held as cash.

(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 - 2)	(4) Total Current Year Nonadmitted Restricted	(5) Total Current Year Admitted Restricted (1 - 4)	(6) Gross (Admitted & Nonadmitted) Restricted to Total Assets	(7) Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states							
k. On deposit with other regulatory bodies	1,005,090	1,003,638	1,452		1,005,090	0.601	0.631
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total restricted assets (Sum of a through n)	<u>\$ 1,005,090</u>	<u>\$ 1,003,638</u>	<u>\$ 1,452</u>	<u>\$</u>	<u>\$ 1,005,090</u>	<u>0.601 %</u>	<u>0.631 %</u>

(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) - None

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - None

(4) Collateral received and reflected as assets within the reporting entity's financial statements - None

- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. 5GI Securities - None
- P. Short Sales - None
- Q. Prepayment Penalty and Acceleration Fees - None
- R. Reporting Entity's Share of Cash Pool by Asset type - None

6. Joint Ventures, Partnerships and Limited Liability Companies - None

7. Investment Income

- A. Due and Accrued Income Excluded from Surplus

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.
- B. Total Amount Excluded - None
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued

Interest Income Due and Accrued	Amount
1. Gross	\$ 353,687
2. Nonadmitted	\$
3. Admitted	\$ 353,687

- D. The aggregate deferred interest - None

Notes to the Financial Statements

7. Investment Income (Continued)

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance - None

8. Derivative Instruments - None

9. Income Taxes - None

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

A. Nature of the Relationship Involved

The Company is owned by thirteen healthcare organizations with each owning various percentages. The company has one ultimate controlling person (UCP), Apollo Global Management, LLC. In that, one entity owns greater than 10% of the company’s non-voting stock:

- Apollo Global Management, LLC controls 58.97% through its ownership of DLP Marquette Health Plan, LLC, and controls 5.37% through its ownership of Acquisition Bell Hospital.
- Apollo Global Management, LLC’s subsidiary, LifePoint Holdings 2, LLC owns 100% of Portage Holding Company, LLC, which controls 10.51% of Upper Peninsula Health Plan.

B. Detail of Transactions

The Company made equity distributions to the thirteen healthcare organization owners totaling \$24,800,000 on May 8, 2023

- Baraga County Memorial - \$208,320
- Acquisition Bell Hospital, LLC - \$1,331,760
- Marshfield Medical Center Dickinson -\$280,240
- Aspirus Grand View Hospital - \$1,187,920
- Aspirus Iron River - \$496,000
- Aspirus Keweenaw Hospital - \$962,240
- Helen Newberry Joy Hospital - \$513,360
- DLP Marquette Health Plan – \$14,624,560
- Munising Memorial Hospital - \$32,240
- Portage JV, LLC - \$2,604,000
- Schoolcraft Memorial Hospital - \$558,000
- SSM Tribal Health - \$146,320
- MyMichigan Sault - \$1,855,040

The Company also paid a management fee of \$14,810,172 to its management company, Upper Peninsula Managed Care, LLC through December 31, 2023. All transactions are covered under Note 10-Part E.

C. Transactions With Related Party Who Are Not Reported on Schedule Y - None

D. Amounts Due From or To Related Parties

Amounts due to(from) Upper Peninsula Health Plan and affiliates totaled (\$1,350,747). Receivables and payables are generally settled on a monthly basis.

E. Material Management or Service Contracts and Cost-Sharing Arrangements

The Company has a Management Service Agreement with its affiliate. This agreement spells out all administrative services provided by the company and includes methods of reimbursement for services performed.

F. Guarantees or Contingencies - None

G. Nature of the Control Relationship

There are no shares of voting commons stock in the Company. All 100 voting shares were recalled as a result of a change in control effective April 1, 2004.

H. Amount Deducted for Investment in Upstream Company - None

I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - None

J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - None

K. Foreign Subsidiary Value Using CARVM - None

L. Downstream Holding Company Value Using Look-Through Method - None

M. All SCA Investments - None

N. Investment in Insurance SCAs - None

O. SCA and SSAP No. 48 Entity Loss Tracking - None

11. Debt - None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - None

Notes to the Financial Statements

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - None

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments - None
- B. Assessments
 - (1) Assessments

On December 10, 2018, The Center for Medicare and Medicaid Services (CMS) approved the new Michigan Insurance Provider Assessment Tax (IPA) to fund Medicaid in the State of Michigan. The IPA tax is effective retroactive to October 1 2018 and replaces the Michigan Health Insurance Claims Assessment Tax (HICA). This tax is paid directly by the health insurers domiciled in the state of Michigan. As of December 31, 2023 the Company has reported a receivable for IPA tax as an aggregate write-in for other than invested assets in the amount of \$9,848,902 on Page 2, Line 25. A corresponding liability was reported under general expenses due or accrued for the same amount on Page 3, Line 9. The Company has also reported revenues in the amount of \$36,739,778 on the aggregate write-ins for other health care related revenues for the IPA tax on Page 4, Line 6. A corresponding expense has also been reported in general administrative expenses on Page 4, Line 21 for the same amount. This disclosure is promulgated as a reporting requirement by the State of Michigan.

- (2) Assets (Liabilities) recognized from paid and accrued premium tax offsets and policy surcharges - None
- (3) Guaranty fund liabilities and assets related to long-term care insolvencies - None

- C. Gain Contingencies - None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - None
- E. Joint and Several Liabilities - None
- F. All Other Contingencies - None

15. Leases - None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - None

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

A. ASO Plans

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

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ (31,202)	\$	\$ (31,202)
b. Total net other income or expenses (including interest paid to or received from plans)			
c. Net gain or (loss) from operations (a+b)	\$ (31,202)	\$	\$ (31,202)
d. Total claim payment volume	\$ 77,476,530	\$	\$ 77,476,530

B. ASC Plans - None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products.
- (2) As of December 31, 2023, the Company has recorded a receivable from CMS of \$1,698,845 related to the risk sharing and reinsurance components of administered Medicare products. The Company also recorded a receivable from the State of Michigan of \$32,932,594 and CMS of \$142,312 for amounts receivable under uninsured plans
- (3) In connection with the Company's Medicare Part D cost based reimbursement portion of the contract, the Company has recorded no allowances and reserves for adjustment of recorded revenues at December 31, 2023.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - None

20. Fair Value Measurements

A. Fair Value Measurement

In general, the Level 1 fair values are established from quoted (unadjusted) market prices in active markets for identical assets and liabilities that the Company has the ability to access.

- (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 Equivalents	\$ 1	\$	\$	\$	\$ 1
Total assets at fair value/NAV	\$ 1	\$	\$	\$	\$ 1
b. Liabilities at fair value					
Total liabilities at fair value	\$	\$	\$	\$	\$

- (2) Fair value measurements in Level 3 of the fair value hierarchy - None
- (3) The Company's policy for determining transfers between levels are recognized and determined at the end of the reporting period.

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

(4) As of December 31, 2023, the reported fair value of the reporting entity's investments in Level 3, NAIC designated 6, residential mortgage-backed securities was \$0.

(5) Derivatives - None

B. Other Fair Value Disclosures - None

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds.....	\$ 41,894,170	\$ 42,018,440	\$ 41,894,170	\$	\$	\$	\$
Short Term Investments.....	4,446,997	4,447,263	4,446,997				
Cash Equivalents.....	1	1	1				

D. Not Practicable to Estimate Fair Value - None

E. Nature and Risk of Investments Reported at NAV - None

21. Other Items - None

22. Events Subsequent

Type 1 - Recognized subsequent events

Subsequent events have been considered through March 1, 2024 for the statutory statement year ending December 31, 2023.

Type 2 - Non-recognized subsequent events

Subsequent events have been considered through March 1, 2024 for the statutory statement year ending December 31, 2023.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1)

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

Yes () No (X)
- (2)

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1)

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

Yes () No (X)
- (2)

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1)

What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ –
- (2)

Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance - None

C. Commutation of Reinsurance Reflected in Income and Expenses - None

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

E. Reinsurance Credit - None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

The Company estimates accrued retrospective premium adjustments for its Medicare Part D Risk Corridor based on the contract with CMS and actuarial estimates.

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

- B. Method Used to Record
- The Company records accrued retrospective premium as an adjustment to earned premium.
- C. Amount and Percent of Net Retrospective Premiums
- The amount of net premiums written by the Company at December 31, 2023 that are subject to retrospective rating features was \$27,454,605 or 8% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - None
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA) - None

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Reasons for Changes in the Provision for Incurred Claim and Claim Adjustment Expenses Attributable to Insured Events of Prior Years
- Reserves as of December 31, 2022 were \$34,042,803 for unpaid claims. As of December 31, 2023, \$32,859,227 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Claims expense reserves remaining for prior years are now \$444,488 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a favorable prior year development of \$739,087 during 2023 for the year ended December 31, 2022. Original estimates are increased or decreased as additional information becomes know regarding individual claims.
- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Claims and Claim Adjustment Expenses - None

26. Intercompany Pooling Arrangements - None

27. Structured Settlements - None

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
.....12/31/2023	\$.....6,754,724	\$.....—	\$.....—	\$.....—	\$.....2,271,123
.....09/30/20236,325,606———2,317,047
.....06/30/20236,276,077———2,253,521
.....03/31/20236,521,752———2,195,794
.....12/31/20226,666,188———2,131,948
.....09/30/20225,408,770———2,048,353
.....06/30/20225,266,560———1,945,898
.....03/31/20225,392,550———1,666,880
.....12/31/20215,267,618———5,336,642
.....09/30/20214,860,959———1,889,172
.....06/30/20215,408,677———1,914,151
.....03/31/20215,660,460————

- B. Risk-Sharing Receivables - None

29. Participating Policies - None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$—
2. Date of the most recent evaluation of this liability: 12/31/2023
3. Was anticipated investment income utilized in the calculation? YES

31. Anticipated Salvage and Subrogation - None

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
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
- 1.3. State Regulating?.....MICHIGAN
- 1.4. Is the reporting entity publicly traded or a member of a publicly traded group?.....YES
- 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.....0001411494
- 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?.....NO
- 2.2. If yes, date of change:.....
- 3.1. State as of what date the latest financial examination of the reporting entity was made or is being made.....12/31/2020
- 3.2. State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.....12/31/2020
- 3.3. State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).....02/24/2022
- 3.4. By what department or departments?
MICHIGAN DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
- 3.5. Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?.....N/A
- 3.6. Have all of the recommendations within the latest financial examination report been complied with?.....N/A
- 4.1. During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:.....NO
- 4.11. sales of new business?.....NO
- 4.12. renewals?.....NO
- 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?.....NO
- 4.22. renewals?.....NO
- 5.1. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?.....NO
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	2	3
Name of Entity	NAIC Company Code	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?.....NO
- 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?.....NO
- 7.2. If yes,
- 7.21. State the percentage of foreign control.....%
- 7.22. State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1	2
Nationality	Type of Entity

- 8.1. Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?.....NO
- 8.2. If 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
- 8.4. If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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.

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
Apollo Capital Management, L.P.	New York, NY	NO	NO	NO	YES
Apollo Credit Management, LLC	New York, NY	NO	NO	NO	YES
Apollo Investment Management, L.P.	New York, NY	NO	NO	NO	YES
Apollo Global Securities, LLC	New York, NY	NO	NO	NO	YES
Apollo Senior Floating Rate Fund, Inc.	New York, NY	NO	NO	NO	YES
Apollo Tactical Income Fund, Inc.	New York, NY	NO	NO	NO	YES
MidCap Financial Investment Corporation	New York, NY	NO	NO	NO	YES
Apollo Capital Credit Advisor, LLC	Wilmington, DE	NO	NO	NO	YES
Aris Management, LLC	Wilmington, DE	NO	NO	NO	YES
Apollo Commercial Real Estate Finance, Inc.	New York, NY	NO	NO	NO	YES
Apollo Real Estate Fund Advisor, LLC	Wilmington, DE	NO	NO	NO	YES
Griffin Capital Securities, LLC	Wilmington, DE	NO	NO	NO	YES
Apollo Diversified Real Estate Fund	Wilmington, DE	NO	NO	NO	YES
Apollo Diversified Credit Fund	Wilmington, DE	NO	NO	NO	YES
Athene Securities, LLC	West De Moines, IA	NO	NO	NO	YES
Apollo Manager, LLC	New York, NY	NO	NO	NO	YES

- 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?.....NO
- 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?.....NO
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
WIPFLI, 10000 INNOVATION DRIVE, SUITE 250, MILWAUKEE, WI 53226
- 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?.....NO
- 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?.....NO
- 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
- 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?
MILLIMAN, 15800 BLUEMOUND RD., SUITE 400, BROOKFIELD, WI 53005, ACTUARY
- 12.1. Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?.....NO
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved.....
- 12.13 Total book / adjusted carrying value.....\$
- 12.2. If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1. What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?.....
- 13.2. Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?.....
- 13.3. Have there been any changes made to any of the trust indentures during the year?.....
- 13.4. If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?.....
- 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
- 14.11. If the response to 14.1 is no, please explain:
- 14.2. Has the code of ethics for senior managers been amended?.....NO
- 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?.....NO
- 14.31. If the response to 14.3 is yes, provide the nature of any waiver(s).
- 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?.....NO
- 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.

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	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
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? YES
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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? NO
- 20.1. Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$ -

20.12 To stockholders not officers \$ -

20.13 Trustees, supreme or grand (Fraternal only) \$ -
- 20.2. Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \$ -

20.22 To stockholders not officers \$ -

20.23 Trustees, supreme or grand (Fraternal only) \$ -
- 21.1. Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? NO
- 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
- 22.2. If answer is yes:

22.21 Amount paid as losses or risk adjustment \$

22.22 Amount paid as expenses \$ 36,739,778

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
- 23.2. If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 13,215
- 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? NO
- 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.

1	2
Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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

25.02.

If no, give full and complete information, relating thereto

25.03.

For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

n/a

25.04.

For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions

\$

25.05.

For the reporting entity's securities lending program, report amount of collateral for other programs

\$

25.06.

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

N/A

25.07.

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

N/A

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?

N/A

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

\$

25.092.

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$

25.093.

Total payable for securities lending reported on the liability page

\$

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

26.2.

If yes, state the amount thereof at December 31 of the current year:

26.21.

Subject to repurchase agreements

\$

26.22.

Subject to reverse repurchase agreements

\$

26.23.

Subject to dollar repurchase agreements

\$

26.24.

Subject to reverse dollar repurchase agreements

\$

26.25.

Placed under option agreements

\$

26.26.

Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

\$

26.27.

FHLB Capital Stock

\$

26.28.

On deposit with states

\$1,005,090

26.29.

On deposit with other regulatory bodies

\$

26.30.

Pledged as collateral - excluding collateral pledged to an FHLB

\$

26.31.

Pledged as collateral to FHLB - including assets backing funding agreements

\$

26.32.

Other

\$

26.3.

For category (26.26) provide the following:

1	2	3
Nature of Restriction	Description	Amount
		\$

27.1.

Does the reporting entity have any hedging transactions reported on Schedule DB?

NO

27.2.

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? 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?

NO

27.4.

If the response to 27.3 is YES, does the reporting entity utilize:

27.41

Special accounting provision of SSAP No. 108

27.42

Permitted accounting practice

27.43

Other accounting guidance

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:

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?

NO

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

29.01.

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

1	2
Name of Custodian(s)	Custodian's Address
Wells Fargo Institutional Trust Services	666 Walnut Street, Des Moines, IA 50309
Principal Trust Company	510 N. Valley Mills Drive, Suite 400, Waco TX 76710-6075

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:

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

1	2	3
Name(s)	Location(s)	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?.....NO.....

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

1	2	3	4
Old Custodian	New Custodian	Date of Change	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	2
Name of Firm or Individual	Affiliation
Jaime Houghton, CFO.....	I.....
Melissa Holmquist, CEO.....	I.....

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?.....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?.....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)])?.....NO.....

30.2. If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
30.2999 TOTAL		\$.....

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
		\$.....	

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.....	\$..... 46,465,703	\$..... 46,341,167	\$..... (124,536)
31.2. Preferred Stocks.....			
31.3. Totals.....	\$..... 46,465,703	\$..... 46,341,167	\$..... (124,536)

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

- 31.4. Describe the sources or methods utilized in determining the fair values:
Fair value of bonds are based on quoted market prices.
- 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.....
- 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.....
- 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.....
- 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?NO.....
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 an 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?NO.....
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?NO.....
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?N/A.....
- 38.1. Does the reporting entity directly hold cryptocurrencies?NO.....
- 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?NO.....
- 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
39.22 Immediately converted to U.S. dollars
- 39.3. If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

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

OTHER

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

1	2
Name	Amount Paid
	\$.....

- 41.1. Amount of payments for legal expenses, if any?.....\$..... –
- 41.2. List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
	\$.....

- 42.1. Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?.....\$..... 36,913

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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

1	2
Name	Amount Paid
Kindsvatter, Dalling & Associates Inc.....	\$..... 36,913

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

- 1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

NO
- 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.

\$
- 1.6

Individual policies:
- 1.61

Most current three years:
- 1.61

Total premium earned

\$
- 1.62

Total incurred claims

\$
- 1.63

Number of covered lives
- 1.64

All years prior to most current three years:
- 1.64

Total premium earned

\$
- 1.65

Total incurred claims

\$
- 1.66

Number of covered lives
- 1.7

Group policies:
- 1.71

Most current three years:
- 1.71

Total premium earned

\$
- 1.72

Total incurred claims

\$
- 1.73

Number of covered lives
- 1.74

All years prior to most current three years:
- 1.74

Total premium earned

\$
- 1.75

Total incurred claims

\$
- 1.76

Number of covered lives

2. Health Test:

		1	2
		Current Year	Prior Year
2.1	Premium Numerator	\$ 353,241,516	\$ 341,066,314
2.2	Premium Denominator	\$ 353,241,516	\$ 341,066,314
2.3	Premium Ratio (2.1/2.2)	100.000	100.000
2.4	Reserve Numerator	\$ 37,277,974	\$ 39,569,717
2.5	Reserve Denominator	\$ 37,277,974	\$ 39,569,717
2.6	Reserve Ratio (2.4/2.5)	100.000 %	100.000 %

- 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?

NO
- 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
- 4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

NO
- 5.1

Does the reporting entity have stop-loss reinsurance?

YES
- 5.2

If no, explain:
- 5.3

Maximum retained risk (see instructions)
- 5.31

Comprehensive Medical

\$ 435,000
- 5.32

Medical Only

\$
- 5.33

Medicare Supplement

\$
- 5.34

Dental and 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:
UPHP's Provider Participation Agreement, which it holds with each contracted network provider, contains a member protection provision that prohibits any provider from billing or charging one of UPHP's enrollees, even if UPHP becomes insolvent or if UPHP fails to pay the claim for any reason.
- 7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

YES
- 7.2

If no, give details

GENERAL INTERROGATORIES
PART 2 - HEALTH INTERROGATORIES

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year3,2938.2 Number of providers at end of reporting year4,281
- 9.1 Does the reporting entity have business subject to premium rate guarantees?NO
- 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\$
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?YES
- 10.2 If yes:

10.21 Maximum amount payable bonuses\$10.22 Amount actually paid for year bonuses\$10.23 Maximum amount payable withholds\$81,25810.24 Amount actually paid for year withholds\$22,514
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,NO11.13 An Individual Practice Association (IPA), or,NO11.14 A Mixed Model (combination of above)?YES
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?YES
- 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.\$23,967,486
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity?NO
- 11.6 If the amount is calculated, show the calculation
200% of authorized control level is required (11,983,743 x 2 = 23,967,486)

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

1
Name of Service Area
Chippewa, Mackinac, Luce, Delta, Alger, Marquette, Schoolcraft, Baraga, Houghton, Keweenaw, Gogebic, Ontonagon, Iron, Menominee, and Dickinson Counties.....

- 13.1 Do you act as a custodian for health savings accounts?NO
- 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?NO
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date.\$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?N/A
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premium Written\$15.2 Total Incurred Claims\$15.3 Number of Covered Lives

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?NO
- 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?NO

FIVE-YEAR HISTORICAL DATA

	1	2	3	4	5
	2023	2022	2021	2020	2019
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	159,393,622	140,714,884	133,842,942	130,638,173	117,054,543
2. Total liabilities (Page 3, Line 24)	89,553,039	68,197,506	74,095,869	63,695,790	48,759,949
3. Statutory minimum capital and surplus requirement	23,967,486	24,304,464	23,656,260	19,869,090	18,601,500
4. Total capital and surplus (Page 3, Line 33)	69,840,583	72,517,378	59,747,073	66,942,383	68,294,593
Income Statement (Page 4)					
5. Total revenues (Line 8)	390,181,115	370,868,308	352,611,131	304,330,702	286,338,893
6. Total medical and hospital expenses (Line 18)	312,324,096	297,415,935	283,529,358	232,656,565	217,344,372
7. Claims adjustment expenses (Line 20)	8,953,867	7,331,864	6,490,477	6,071,018	5,241,076
8. Total administrative expenses (Line 21)	51,312,110	43,942,197	45,469,204	47,262,385	44,518,809
9. Net underwriting gain (loss) (Line 24)	17,591,042	22,178,312	17,122,092	18,340,734	19,234,636
10. Net investment gain (loss) (Line 27)	4,776,918	1,918,146	790,876	1,255,732	1,873,703
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	22,367,960	24,096,458	17,912,968	19,596,466	21,108,339
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	27,461,761	14,032,449	24,767,262	29,960,652	34,382,242
Risk-Based Capital Analysis					
14. Total adjusted capital	69,840,583	72,517,378	59,747,073	66,942,383	68,294,593
15. Authorized control level risk-based capital	11,983,743	12,152,232	11,828,100	9,935,424	9,300,750
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	53,423	59,308	56,983	53,839	48,957
17. Total members months (Column 6, Line 7)	696,228	699,776	670,810	613,300	588,014
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)	88.4	87.2	88.4	85.9	85.6
20. Cost containment expenses	1.5	1.3	1.1	1.3	1.2
21. Other claims adjustment expenses	1.0	0.9	0.9	0.9	0.9
22. Total underwriting deductions (Line 23)	105.5	102.2	104.7	105.6	105.2
23. Total underwriting gain (loss) (Line 24)	5.0	6.5	5.3	6.8	7.6
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	35,923,751	31,743,799	26,744,612	21,474,186	21,539,557
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	29,487,182	28,763,674	26,512,967	21,509,196	20,704,087
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					
33. Total investment in parent included in Lines 26 to 31 above					

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?
If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only								
			2	3	4	5	6	7	8	9	10	
States, Etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property / Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N									
2.	Alaska	AK	N									
3.	Arizona	AZ	N									
4.	Arkansas	AR	N									
5.	California	CA	N									
6.	Colorado	CO	N									
7.	Connecticut	CT	N									
8.	Delaware	DE	N									
9.	District of Columbia	DC	N									
10.	Florida	FL	N									
11.	Georgia	GA	N									
12.	Hawaii	HI	N									
13.	Idaho	ID	N									
14.	Illinois	IL	N									
15.	Indiana	IN	N									
16.	Iowa	IA	N									
17.	Kansas	KS	N									
18.	Kentucky	KY	N									
19.	Louisiana	LA	N									
20.	Maine	ME	N									
21.	Maryland	MD	N									
22.	Massachusetts	MA	N									
23.	Michigan	MI	L		125,674,610	228,297,945					353,972,555	
24.	Minnesota	MN	N									
25.	Mississippi	MS	N									
26.	Missouri	MO	N									
27.	Montana	MT	N									
28.	Nebraska	NE	N									
29.	Nevada	NV	N									
30.	New Hampshire	NH	N									
31.	New Jersey	NJ	N									
32.	New Mexico	NM	N									
33.	New York	NY	N									
34.	North Carolina	NC	N									
35.	North Dakota	ND	N									
36.	Ohio	OH	N									
37.	Oklahoma	OK	N									
38.	Oregon	OR	N									
39.	Pennsylvania	PA	N									
40.	Rhode Island	RI	N									
41.	South Carolina	SC	N									
42.	South Dakota	SD	N									
43.	Tennessee	TN	N									
44.	Texas	TX	N									
45.	Utah	UT	N									
46.	Vermont	VT	N									
47.	Virginia	VA	N									
48.	Washington	WA	N									
49.	West Virginia	WV	N									
50.	Wisconsin	WI	N									
51.	Wyoming	WY	N									
52.	American Samoa	AS	N									
53.	Guam	GU	N									
54.	Puerto Rico	PR	N									
55.	U.S. Virgin Islands	VI	N									
56.	Northern Mariana Islands	MP	N									
57.	Canada	CAN	N									
58.	Aggregate Other Alien	OT	XXX									
59.	Subtotal	XXX			125,674,610	228,297,945					353,972,555	
60.	Reporting entity contributions for Employee Benefit Plans	XXX										
61.	Total (Direct Business)	XXX			125,674,610	228,297,945					353,972,555	
Details of Write-Ins												
58001.		XXX										
58002.		XXX										
58003.		XXX										
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX										
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX										

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

(b) Explanation of basis of allocation by states, premiums by state, etc
All of our members reside in the same jurisdiction and we are only licensed in Michigan. Therefore we do not allocate premiums to any other state.

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

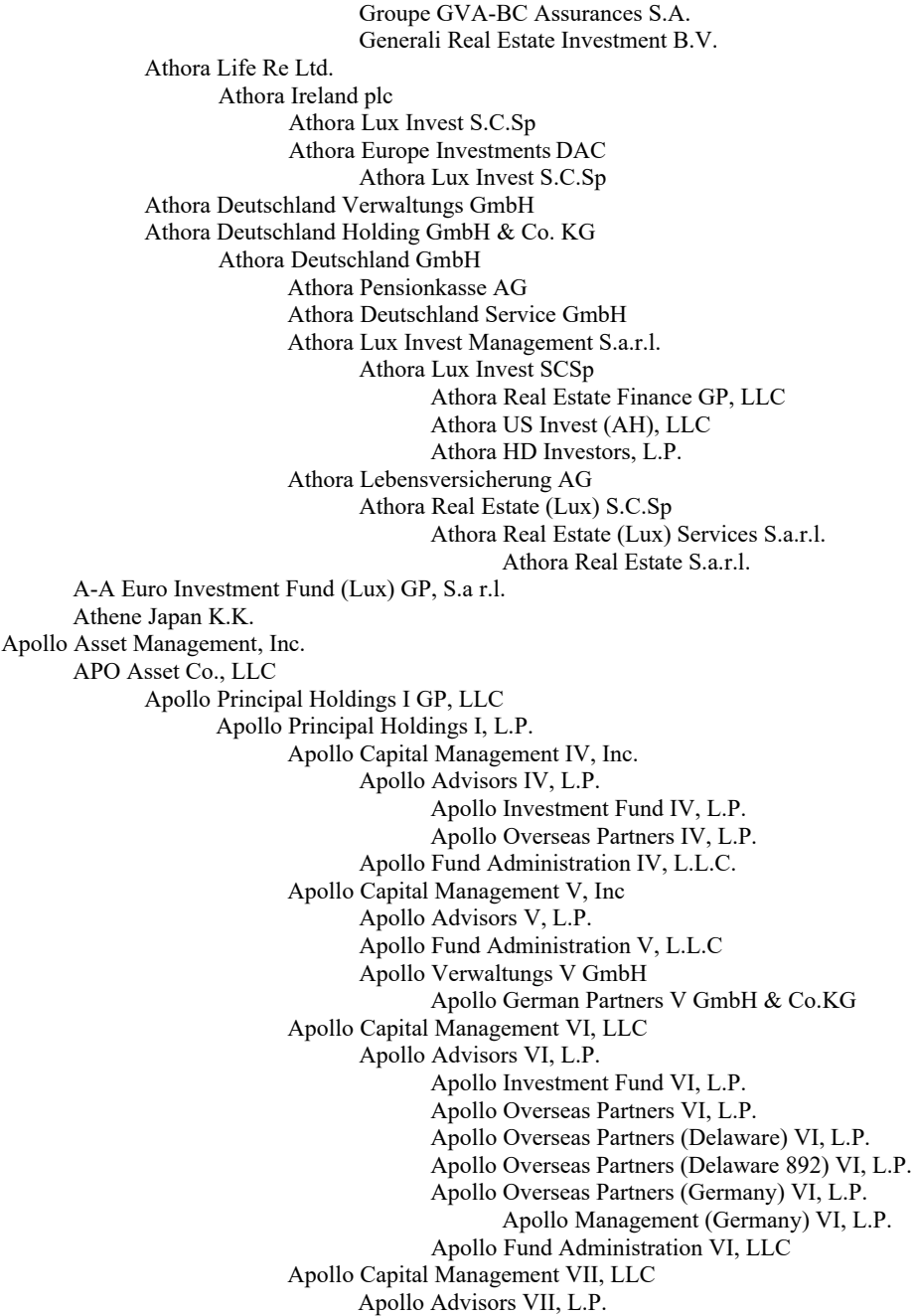
Marc Rowan, Joshua Harris, Leon Black
Apollo Global Management, Inc.
Athene Holding Ltd.
Athene USA Corporation
A-A Funding Holdco Offshore I, LLC
A-A Funding Holdco Onshore, LLC
A-A Funding Holdco Offshore II, LLC
A-A Funding Holdco Onshore, LLC
A-A Onshore Fund, LLC
ARPH (Headquarters Building), LLC
Athene Employee Services LLC
Athene London Assignment Corporation
Athene Re Services, LLC
Athene Securities, LLC
Athene Assignment Corporation
Athene Noctua, LLC
Athene Risk Aggregator, LLC
ACM Trademarks, L.L.C.
Athene Annuity Re Ltd.
A-A Funding Holdco Offshore I, LLC
A-A Funding Holdco Onshore, LLC
AARE Structured Holdings LLC
Athene Annuity & Life Assurance Company
Athene Annuity and Life Company
Athene Annuity & Life Assurance Company of New York
Athene Life Insurance Company of New York
Structured Annuity Reinsurance Company
Athene Re USA IV, Inc.
Centralife Annuities Service, Inc.
AAIA RML, LLC
141 W. Jackson Owner LLC
660 NC LLC
P.L. Assigned Services, Inc.
AADE RML, LLC
A-A Funding Holdco Offshore II, LLC
A-A Funding Holdco Onshore, LLC
Athene Life Re International Ltd.
Athene Life Re Ltd.
A-A Onshore Fund, LLC
ADIP (Athene) Carry Plan, L.P
Athene Annuity Re II Ltd.
Athene Asset L.P.

The organizational chart shows the ultimate controlling persons of the reporting entity together with Apollo Global Management, Inc. (“AGM”), the Apollo Operating Group, subsidiaries of the Apollo Operating Group and the Apollo Funds. The Apollo Operating Group refers to (i) the limited partnerships through which the ultimate controlling persons currently operate Apollo’s business and (ii) one or more limited partnerships formed for the purposes of, among other activities, holding certain of Apollo’s gains or losses on its principal investments in the Apollo Funds. The Apollo Funds refers to the funds, alternative asset companies and other entities that are managed by the Apollo Operating Group. The organizational chart does not include subsidiaries or alternative investment vehicles of the Apollo Funds, which are included in Part 1A. Pursuant to a disclaimer of affiliation filed with the domiciliary insurance department of the reporting entity, the organizational chart also does not include any (i) personal investment entities of AGM Inc.’s controlling individuals, Marc Rowan, Joshua Harris and Leon Black, , or (ii) portfolio companies, other than the following portfolio companies that control a United States domiciled insurer (excluding a captive insurer of a portfolio company) and their respective subsidiaries: Aspen Insurance Holdings Limited; Athene Holding Ltd.; Catalina Holdings (Bermuda) Ltd.; LifePoint Health, Inc.; and VA Capital Company LLC.

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

Athene Co-Invest Reinsurance Affiliate Holding Ltd.
Athene Co-Invest Reinsurance Affiliate 1A Ltd.
Athene Co-Invest Reinsurance Affiliate International Ltd.
Athene Co-Invest Reinsurance Affiliate LP
Athene Co-Invest Reinsurance Affiliate 1B Ltd.
Athene Co-Invest Reinsurance Affiliate Holding 2 Ltd.
Athene Co-Invest Reinsurance Affiliate 2A Ltd.
Athene Co-Invest Reinsurance Affiliate 2B Ltd.
ACRA 2B US LLC
Rosencrantz Depositor, LLC
NNN AGP Opportunities GP, LLC
NNN AGP Opportunities Fund, L.P.
NNN AGP Mezz Borrower, LLC
NNN AGP Opp Owner I, LLC
NNN AGP Opportunities Fund II, L.P.
NNN AGP Mezz Borrower II, LLC
NNN AGP Opp Owner II, LLC
NNN AGP Opp II Owner I, LLC
NNN AGP Opp II Owner II, LLC
NNN AGP Opp II Owner III, LLC
NNN AGP Opp II Owner IV, LLC
NNN AGP Opp II Owner V, LLC
NNN AGP Opp II Owner VI, LLC
NNN AGP Mezz Borrower III, LLC
NNN AGP Opp III Owner I, LLC
NNN AGP Opp III Owner II, LLC
NNN AGP Opp III Owner III, LLC
NNN AGP Opportunities Fund III, L.P.
A-A Offshore 2021-1 (Java), L.P.
AA Pencil Offshore Holdings, L.P.
A-A Mortgage Investor, LLC
A-A Mortgage Holdco, LLC
A-A Mortgage Investor, LLC
Athene Re Japan Solutions Co., Ltd.
Athene Bermuda Employee Company Ltd.
Athene IP Holding Ltd.
Athene North Employment Service Corporation
Athora Holding Ltd.
Athora UK Services Ltd.
Athora Ireland Services Limited
Athora Bermuda Services Ltd.
Athora IP Company Ltd.
Athora MEP Ltd.
Athora Europe Holding (Bermuda) Ltd.
Athora Europe Holding Limited
Generali Belgium S.A./N.V.

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



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

Apollo Fund Administration VII, LLC
Apollo Investment Fund VII, L.P.
Apollo Investment Fund (I) VII, L.P.
Apollo Investment Fund (PB) VII, L.P.
Apollo Overseas Partners VII, L.P.
Apollo Overseas Partners (I) VII, L.P.
Apollo Overseas Partners (Delaware) VII, L.P.
Apollo Overseas Partners (Delaware 892) VII, L.P.
AGRE CMBS GP LLC
AGRE CMBS GP II LLC
2012 CMBS-I GP LLC
2012 CMBS-II GP LLC
2012 CMBS-III GP LLC
Apollo ANRP Capital Management, LLC
 Apollo ANRP Advisors, L.P.
 Apollo ANRP Fund Administration, LLC
 Apollo Natural Resources Partners, L.P.
Apollo Converse Co-Investors, LLC
Apollo Co-Investors Manager, LLC
 AGRE Europe Co-Investors (A), L.P.
 AGRE Europe Co-Investors (A), L.P., with respect to Series CAI thereof
 AGRE Europe Co-Investors (A), L.P., with respect to Series GSS thereof
 AGRE Europe Co-Investors (A), L.P., with respect to Series Prime thereof
 AOP Co-Investors (A), L.P.
 AOP Co-Investors (D), L.P.
 AP Auxo Holdings Co-Investors (A), L.P.
 Apollo A-N Credit Co-Investors (FC-D), L.P.
 Apollo Accord Co-Investors II (D), L.P.
 Apollo Accord Co-Investors III (D), L.P.
 Apollo Accord Co-Investors III B (D), L.P.
 Apollo Accord Co-Investors IV (A), L.P.
 Apollo Accord Co-Investors IV (D), L.P.
 Apollo Accord Co-Investors V (A), L.P.
 Apollo Accord Co-Investors V (D), L.P.
 Apollo Accord Co-Investors VI (A), L.P.
 Apollo Accord Co-Investors VI (D), L.P.
 Apollo Accord+ Co-Investors (A), L.P.
 Apollo Accord+ Co-Investors (B), L.P.
 Apollo Accord+ Co-Investors (D), L.P.
 Apollo Accord+ II Co-Investors (A), L.P.
 Apollo Accord+ II Co-Investors (D), L.P.
 Apollo ADIP Co-Investors (A), L.P.
 Apollo ADIP Co-Investors (D), L.P.
 Apollo ADIP Co-Investors II (A), L.P.
 Apollo AGRE APREF Co-Investors (D), L.P.
 Apollo AIE II Co-Investors (B), L.P.
 Apollo Alamo Co-Investors (D), L.P.
 Apollo Aligned Alternatives Co-Investors (A), L.P.

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

Apollo ANRP Co-Investors (A), L.P.
Apollo ANRP Co-Investors (B), L.P.
Apollo ANRP Co-Investors (D), L.P.
Apollo ANRP Co-Investors (DC-D), L.P.
Apollo ANRP Co-Investors (FC-D), LP
Apollo ANRP Co-Investors (IH-A), LP
Apollo ANRP Co-Investors (IH-D), LP
Apollo ANRP Co-Investors II (A), L.P.
Apollo ANRP Co-Investors II (D), L.P.
Apollo ANRP Co-Investors II (IH-A), L.P.
Apollo ANRP Co-Investors II (IH-D), L.P.
Apollo ANRP Co-Investors II (DC-D), L.P.
Apollo ANRP Co-Investors III (A), L.P.
Apollo ANRP Co-Investors III (D), L.P.
Apollo ANRP Co-Investors III (DC-D), L.P.
Apollo APC Co-Investors (A), L.P.
Apollo Asia Co-Investors, LLC
Apollo Asia Real Estate Co-Investors (A), L.P.
Apollo Asia Real Estate II Co-Investors (A), L.P.
Apollo Asia Real Estate II Co-Investors (D), L.P.
Apollo Asset-Backed Fund Co-Investors (A), L.P.
Apollo Calliope Co-Investors (D), L.P.
Apollo Capital Efficient Co-Investors (D), L.P.
Apollo Centre Street Co-Investors (DC-D), L.P.
Apollo Champ Co-Investors, L.P.
Apollo Chiron Credit Co-Investors (D), L.P.
Apollo Clean Transition Equity Partners II Co-Investors (A), L.P.
Apollo Co-Investors VI (DC-D), L.P.
Apollo Co-Investors VI (EH-GP), LLC
Apollo Co-Investors VI (FC-D), LP
Apollo Co-Investors VII (B), LLC
Apollo Co-Investors VII (C), LLC
Apollo Co-Investors VII (D), L.P.
Apollo Co-Investors VII (DC-D), L.P.
Apollo Co-Investors VII (EH-A), L.P.
Apollo Co-Investors VII (EH-D), LP
Apollo Co-Investors VII (FC-D), L.P.
Apollo Co-Investors VII (NR D), L.P.
Apollo Co-Investors VII (NR DC-D), L.P.
Apollo Co-Investors VII (NR EH-D), L.P.
Apollo Co-Investors VII (NR FC-D), LP
Apollo Co-Investors VIII (A), L.P.
Apollo Co-Investors VIII (D), L.P.
Apollo Co-Investors VI (EH-D), LP
Apollo Co-Investors VIII (DC-D), L.P.
Apollo Co-Investors VIII (EH-A), L.P.
Apollo Co-Investors VIII (EH-D), L.P.
Apollo Co-Investors VIII (FC-D), L.P.

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

Apollo Co-Investors X (A), L.P.
Apollo Co-Investors X (D), L.P.
Apollo Co-Investors IX (A), L.P.
Apollo Co-Investors IX (D), L.P.
 Apollo Co-Investors VI (A), LLC
 Apollo Co-Investors VI (B), LLC
 Apollo Co-Investors VI (C), LLC
 Apollo Co-Investors VI (D), L.P.
 Apollo Co-Investors VII (A), L.P.
Apollo Credit Fund Co-Investors, LP
Apollo Credit Opportunity Co-Investors III (A) LP
Apollo Credit Opportunity Co-Investors III (B) LP
Apollo Credit Strategies Co-Investors, LP
Apollo Credit Strategies Co-Investors (D), L.P.
Apollo Defined Return Co-Investors (A), L.P.
Apollo Delphi Co-Investors (D), L.P.
Apollo EPF Co-Investors II (A), L.P.
Apollo EPF Co-Investors II (D), L.P.
Apollo EPF Co-Investors II (Euro), L.P.
Apollo EPF Co-Investors III (A), L.P.
Apollo EPF Co-Investors III (D), L.P.
Apollo EPF Co-Investors IV (D), L.P.
Apollo Excelsior Co-Investors (D), L.P.
Apollo Franklin Co-Investors (DC-D), L.P.
Apollo HSF I Co-Invest, L.P.
Apollo HVF Co-Investors (A), L.P.
Apollo HVF Co-Investors (D), L.P.
Apollo HVF Co-Investors (DC-D), L.P.
Apollo HVF Co-Investors II (A), L.P.
Apollo HVF Co-Investors II (D), L.P.
Apollo Impact Mission Co-Investors (A), L.P.
Apollo Impact Mission Co-Investors (D), L.P.
Apollo Infra Equity Co-Investors (A), L.P.
Apollo Infra Equity Co-Investors (D), L.P.
Apollo Infra Equity Co-Investors (IH-D), L.P.
Apollo Infrastructure Opportunities II Co-Investors (A), L.P.
Apollo Infrastructure Opportunities II Co-Investors (D), L.P.
Apollo Infrastructure Opportunities III Co-Investors (A), L.P.
Apollo Kings Alley Credit Co-Investors (D), L.P.
Apollo Lincoln Private Credit Co-Investors (DC-D), L.P.
Apollo Navigator Co-Investors I (A), L.P.
Apollo Navigator Co-Investors I (D), L.P.
Apollo Navigator Co-Investors I (DC-D), L.P.
Apollo Origination Partnership II Co-Investors (A), L.P.
Apollo PPF Credit Strategies Co-Investors (FC-D), L.P.
Apollo Revolver Co-Investors (A), L.P.
Apollo Revolver Co-Investors (D), L.P.
Apollo Revolver Co-Investors II (A), L.P.

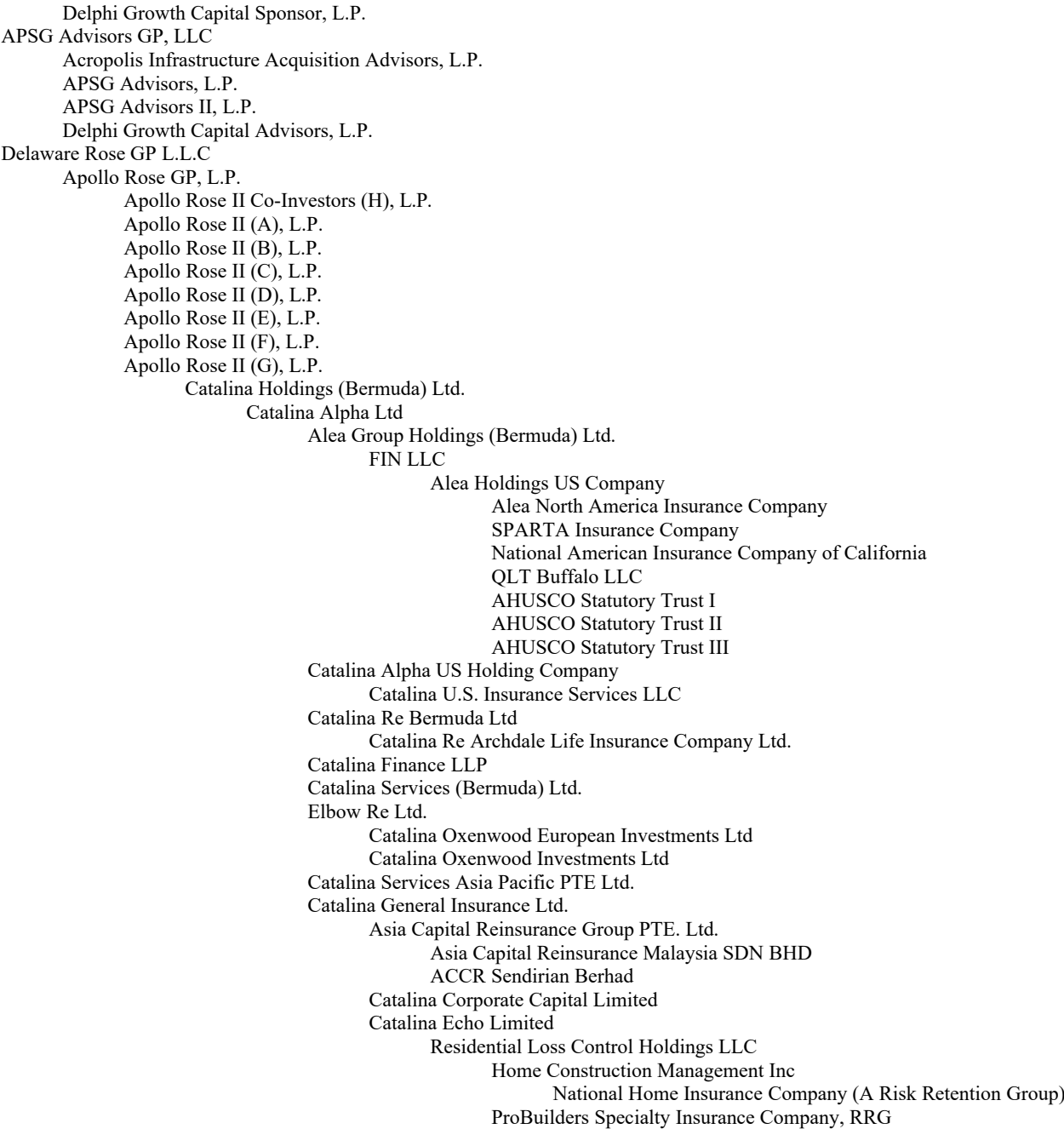
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Apollo Royalties Co-Investors I (D), L.P.
Apollo RRH Co-Investors (A), L.P.
Apollo Senior Loan Fund Co-Investors (D), L.P.
Apollo S3 Equity & Hybrid Solutions Fund Co-Investors (A), L.P.
Apollo SOMA Co-Investors, LLC
Apollo SPAC Co-Investors I (A), L.P.
Apollo SPAC Co-Investors I (D), L.P.
Apollo Special Situations Co-Investors (A), L.P.
Apollo Special Situations Co-Investors (D), L.P.
Apollo Special Situations Co-Investors (IH-A), L.P.
Apollo Special Situations Co-Investors (IH-D), L.P.
Apollo SPN Co-Investors (D), L.P.
Apollo SPN Co-Investors (DC-D), L.P.
Apollo SPN Co-Investors (FC-D), L.P.
Apollo Structured Credit Recovery Co-Investors IV (A) LP
Apollo Tactical Value SPN Co-Investors (DC-D), L.P.
Apollo Total Return Co-Investors (A) LP
Apollo Total Return Fund - Investment Grade Co-Investors (D), L.P.
Apollo Tower Credit Co-Investors (DE FC-D), L.P.
Apollo Union Street Co-Investors (D), L.P.
Apollo Union Street SPV Co-Investors (D), L.P.
Apollo USREF Co-Investors II (A), L.P.
Apollo USREF Co-Investors III (A), L.P.
Apollo USREF Co-Investors III (D), L.P.
Apollo USREF III Royce Co-Investors (A), L.P.
Apollo Venerable Co-Investors (A), L.P.
FCI Co-Investors II (A), L.P.
FCI Co-Investors III (A), L.P.
FCI Co-Investors IV (A), L.P.
FCI Co-Investors IV (D), L.P.
VA Capital Management CIV GP, LLC
VA Capital Management Co-Investors, L.P.
APH Holdings, L.P.
ACC Advisors A/B, LLC
Apollo U.S. Real Estate Advisors GP III, LLC
Apollo U.S. Real Estate Advisors III, L.P.
Apollo U.S. Real Estate Fund III, L.P.
Apollo U.S. Real Estate Fund III Acquisitions, LLC
Apollo U.S. Real Estate Partners III (Offshore), L.P.
Apollo U.S. Real Estate Partners III (TE), L.P.
Apollo Cardinal Advisors, L.P.
Apollo Cardinal Coinvest Fund, L.P.
Apollo 100 West Putnam Advisors GP, LLC
Apollo Capital Management X, LLC
Apollo Advisors X, L.P.
Apollo Co-Investors X (B), L.P.
Apollo Co-Investors X (C), L.P.
Apollo Investment Fund (DE-I) X, L.P.

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

Apollo Investment Fund (ESC) X, L.P.
Apollo Investment Fund X, L.P.
Apollo Overseas Partners (Delaware) X, L.P.
Apollo Overseas Partners (Delaware 892) X, L.P.
Apollo Overseas Partners (I) X, L.P.
Apollo Overseas Partners X, L.P.
Apollo Advisors X (EH-GP), LLC
Apollo ADIP Capital Management II, LLC
Apollo ADIP Advisors II, L.P.
Apollo/Athene Dedicated Investment Program II, L.P.
Apollo Clean Transition Equity Partners II Capital Management, LLC
Apollo Clean Transition Equity Partners II Advisors, L.P.
Apollo Clean Transition Equity Partners II, L.P.
Apollo Clean Transition Equity Partners II (TE 892), L.P.
Apollo Clean Transition Equity Partners II Co-Investors (B), L.P.
Apollo Clean Transition Equity Overseas Partners II (Lux) GP, S.a r.l.
Apollo Clean Transition Equity Overseas Partners II (Lux), SCSp
Apollo Broad Middle Markets Lending Advisors GP LLC
Apollo Broad Middle Markets Lending Advisors, L.P.
Apollo Broad Middle Markets Lending Fund, L.P.
AA X Holdings, LLC
AP Violet Advisors GP, LLC
VLS Holdings Advisors GP LLC
VLS Holdings Advisors, L.P.
Apollo Principal Holdings III GP, Ltd.
Apollo Principal Holdings III, L.P.
Apollo Administration GP Ltd.
Apollo Advisors V (EH), LLC
Apollo Advisors V (EH Cayman), L.P.
Apollo Advisors VI (EH-GP), Ltd.
Apollo Advisors VI (EH), L.P.
Apollo Advisors VII (EH-GP), Ltd.
Apollo Advisors VII (EH), L.P.
AAA Life Re Carry, L.P.
Apollo ANRP Advisors (IH-GP), LLC
Apollo ANRP Advisors (IH), L.P.
Financial Credit I Capital Management, LLC
Financial Credit Investment Advisors I, L.P.
Apollo SPN Capital Management, LLC
Apollo SPN Advisors, L.P.
Apollo SPN Investments I, L.P.
AAA MIP Limited
AAA Associates, L.P.
AP Caps II Holdings GP, LLC
Acropolis Infrastructure Acquisition Sponsor, L.P.
APSG Sponsor, L.P.
APSG Sponsor II, L.P.
APSG Sponsor III, L.P.

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

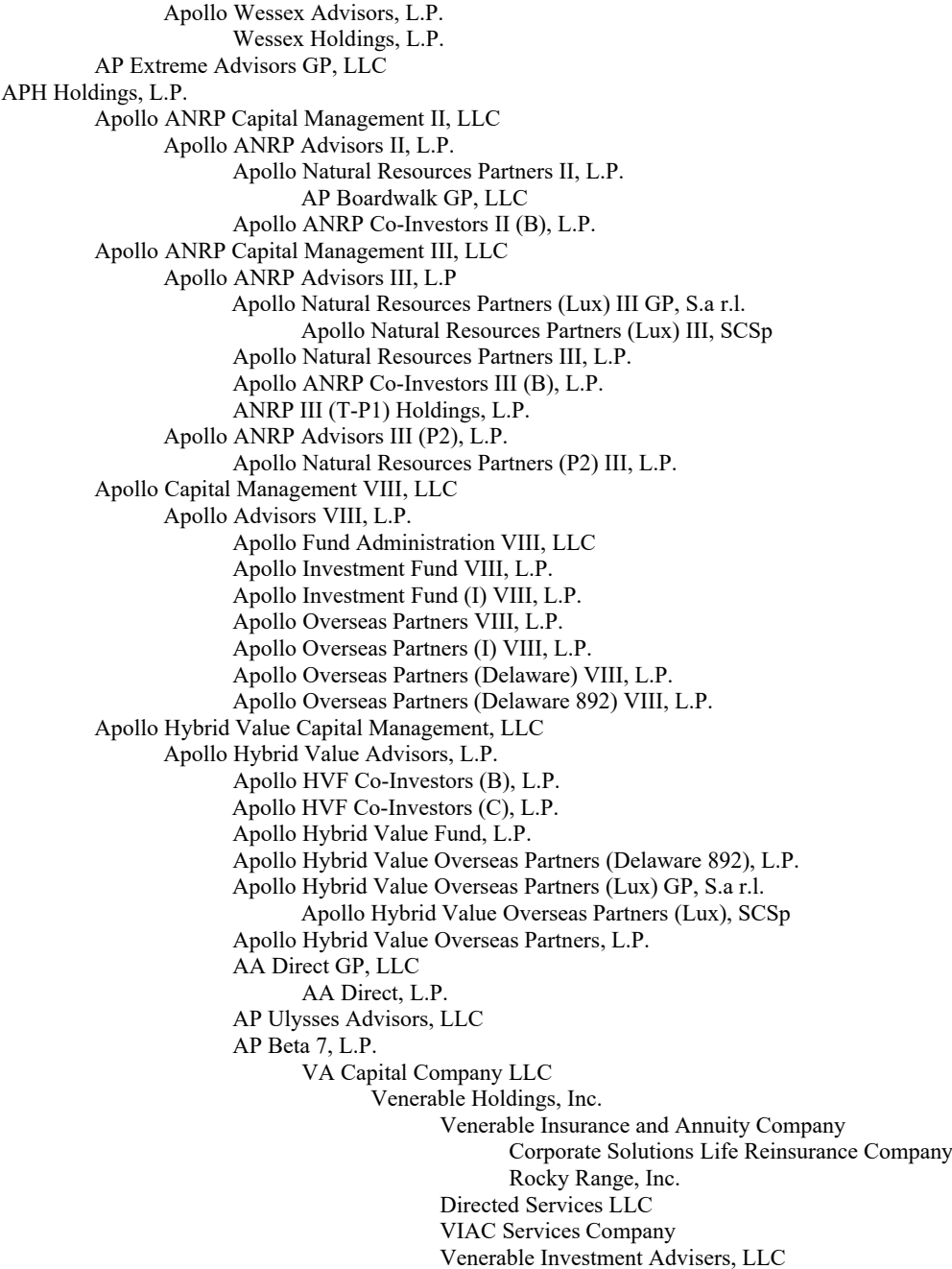


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

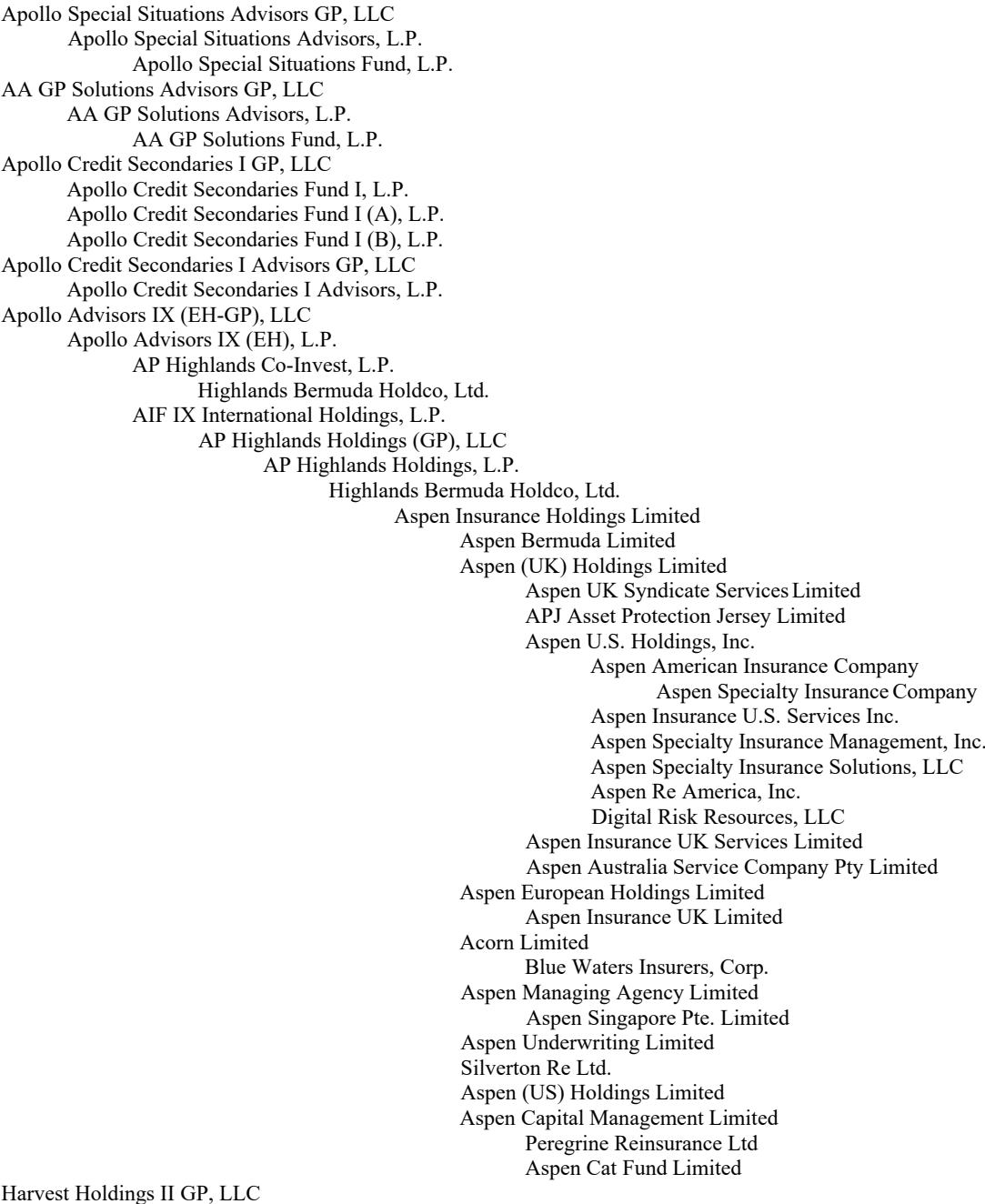
Catalina Services Switzerland AG
Catalina Foxtrot Holdings Limited
Catalina Insurance Ireland dac
Catalina Oxenwood Real Estate II Ltd
OXW Capital LP
Oxenwood Real Estate LLP
OXW Capital Management Limited
OXW Partners LP
Oxenwood JV Capital Limited
Oxenwood Luxembourg S.à r.l.
OXW Partners 2 LP
Oxenwood JV Capital 2 Limited
Oxenwood Luxembourg 2 S.à r.l.
OLF1 Partners LP
Catalina Oxenwood European Investments Ltd
Oxenwood Catalina III Limited
OXW Catalina European Holdco S.a.r.l.
Oxenwood Catalina (Germany II) S.à.r.l.
Oxenwood Catalina Neuss S.a.r.l.
OXW Catalina PropCo 1 S.à r.l.
OXW Catalina PropCo 2 S.à r.l.
Catalina Permian Ltd
Catalina Acra Zurich Reinsurance Trust
Catalina Oxenwood Investments Ltd
Propco (Newport) Limited
Propco (Greenock) Limited
Propco (Yeovil) Limited
Catalina Oxenwood Investments Ltd
OXW Catalina UK Limited
OXW Catalina (Logistics XVII) Limited
OXW Catalina (Logistics XXV) Limited
OXW Catalina (Logistics XXVI) Limited
OXW Catalina (Logistics XXVII) Limited
AD Land Exeter Ltd
Catalina Holdings UK Limited
Catalina Worthing Insurance Limited
Catalina Oxenwood Investments Ltd
Propco (Swansea) Limited
Catalina Services UK Limited Catalina
London Limited
Lightning Top-Up Trust
Catalina Oxenwood European Investments Ltd.
Catalina Oxenwood Investments Ltd.
Propco (Telford) Limited

Apollo Rose II (I), L.P.
Wessex GP LLC
Athene Wessex Investor A, L.P.
Apollo Wessex Advisors GP, LLC

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



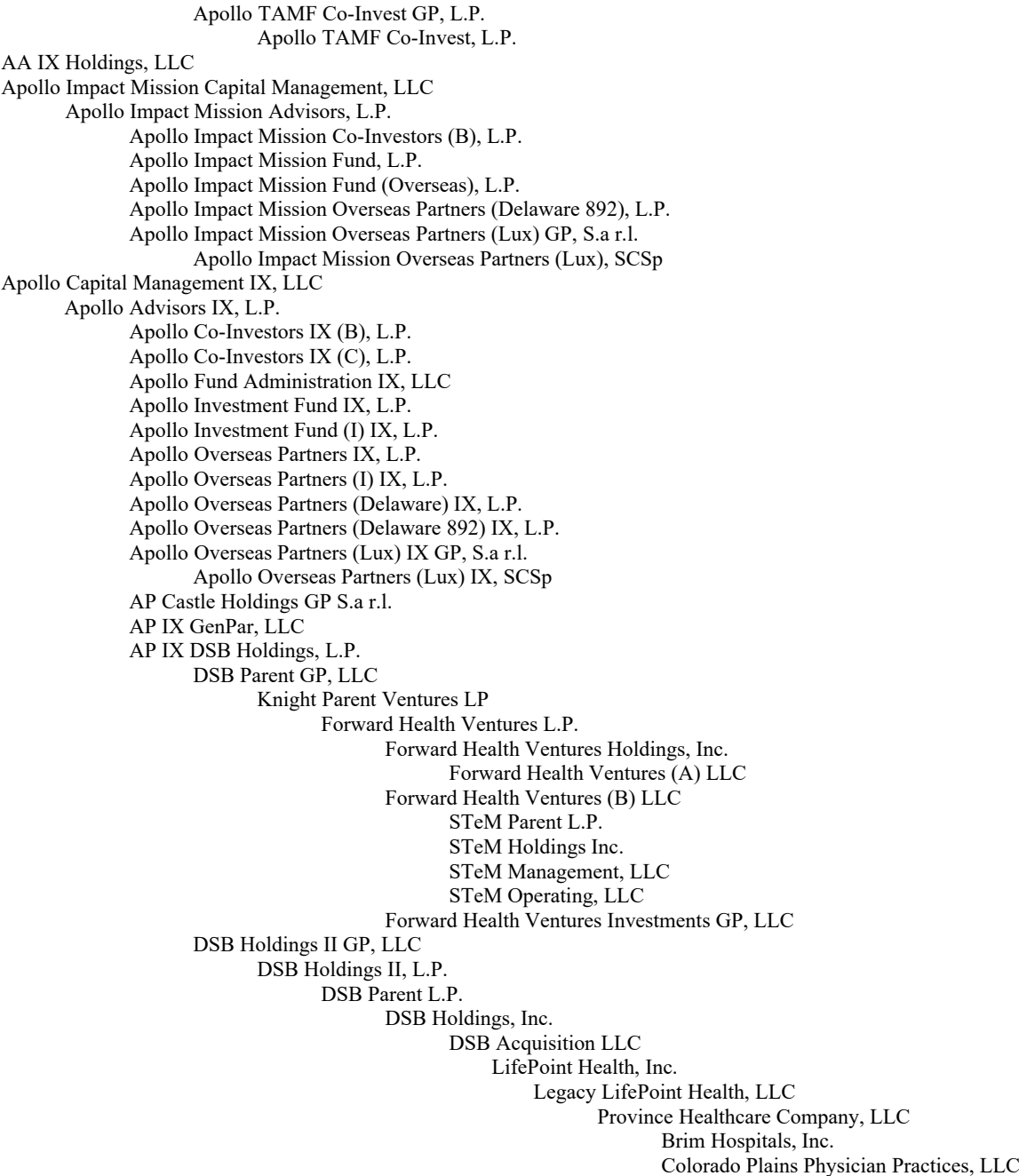
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



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

- Harvest Holdings II (C), L.P.
- Harvest Holdings II (V), L.P.
- Karpos Investments II (C), L.P.
- Karpos Investments II (V), L.P.
- Apollo Infra Equity Advisors (IH-GP), LLC
 - Apollo Infra Equity Advisors (IH UT), L.P.
 - Apollo Infra Equity Advisors (IH), L.P.
 - Apollo Infra Equity Feeder Fund (TE Debt), L.P.
 - Apollo Infra Equity International Fund, L.P.
- Apollo FIG Carry Pool Aggregator GP, LLC
 - Apollo FIG Carry Pool Aggregator, L.P.
 - Apollo FIG Carry Pool Intermediate, L.P.
 - Apollo FIG Carry Pool Intermediate (FC), L.P.
- Apollo Advisors VIII (EH-GP), Ltd.
 - Apollo Advisors VIII (EH), L.P.
 - Apollo Co-Investors VIII (EH-E), L.P.
- Financial Credit II Capital Management, LLC
 - Financial Credit Investment Advisors II, L.P.
 - Financial Credit Investment II, L.P.
- Financial Credit III Capital Management, LLC
 - Financial Credit Investment Advisors III, L.P.
 - Financial Credit Investment III, L.P.
- Financial Credit IV Capital Management, LLC
 - Financial Credit Investment Advisors IV, L.P.
 - Financial Credit Investment IV, L.P.
 - Financial Credit Investment IV (Feeder), L.P.
 - Financial Credit Investment (PF) IV, L.P.
- Apollo ADIP Capital Management, LLC
 - Apollo ADIP Advisors, L.P.
 - Apollo/Athene Dedicated Investment Program (A), L.P.
 - Apollo/Athene Dedicated Investment Program (B), L.P.
 - Apollo/Athene Dedicated Investment Program (C), L.P.
 - Apollo/Athene Dedicated Investment Program (D), L.P.
 - Apollo/Athene Dedicated Investment Program (E), L.P.
 - Apollo ADIP (Lux) GP, S.a r.l.
 - Apollo/Athene Dedicated Investment Program (Lux), SCSp
- Apollo Hybrid Value Capital Management II, LLC
 - Apollo Hybrid Value Advisors II, L.P.
 - Apollo Grizzly Bear Co-Invest Ultimate GP, LLC
 - Apollo HVF Co-Investors II (B), L.P.
 - Apollo Hybrid Value Fund II, L.P.
 - Apollo Hybrid Value Fund (MS I) II, L.P.
 - Apollo Hybrid Value Overseas Partners II, L.P.
 - Apollo Hybrid Value Overseas Partners (Delaware 892) II, L.P.
 - Apollo Hybrid Value Overseas Partners (Lux) GP II, S.a r.l.
 - Apollo Hybrid Value Overseas Partners (Lux) II, SCSp
 - Apollo Hybrid Value Overseas Partners (MS I) II, L.P.
 - Apollo TAMF Co-Invest Ultimate GP, LLC

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



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

Las Cruces Cardiology Group, LLC
Las Cruces Endoscopy Partner, LLC
 Las Cruces Endoscopy, LLC
 Lohman Endoscopy Center, LLC
Las Cruces Physician Practices, LLC
Los Alamos Physician Practices, LLC
Martinsville Physician Practices, LLC
Memorial Prompt Care, LLC
Northeastern Nevada Physician Practices, LLC
PHC-Aviation, Inc.
PHC-Elko, Inc.
PHC-Fort Mohave, Inc.
PHC-Fort Morgan, Inc.
PHC-Lake Havasu, Inc.
 Havasu Regional Medical Center, LLC
 HRMC, LLC
PHC-Lakewood, Inc
 PHC-Morgan City, L.P.
PHC-Las Cruces, Inc.
PHC-Los Alamos, Inc.
PHC-Minden G.P., Inc
 PHC-Minden, LLC
PHC-Morgan Lake, Inc.
 PHC-Morgan City, L.P.
PHC-Selma, LLC
PHC-Tennessee, Inc.
Principal-Needles, Inc.
Teche Regional Physician Practices, LLC
Valley View Physician Practices, LLC
Historic LifePoint Hospitals, LLC
 LifePoint Hospitals Holdings, LLC
 AdvantagePoint Health Alliance, LLC
 AdvantagePoint Health Alliance – Blue Ridge, LLC
 AdvantagePoint Health Alliance – Bluegrass, LLC
 AdvantagePoint Health Alliance - Hot Springs, LLC
 AdvantagePoint Health Alliance - Mesilla Valley, LLC
 AdvantagePoint Health Alliance - Paris, LLC
 AdvantagePoint Health Alliance – Tennessee Valley, LLC
 AdvantagePoint Health Alliance – Great Lakes, LLC
 AdvantagePoint Health Alliance – Laurel Highlands, LLC
 AdvantagePoint Health Alliance – Northwest, LLC
 AdvantagePoint Health Alliance – Western North Carolina, LLC
Ashley Valley Medical Center, LLC
Ashley Valley Physician Practice, LLC
Castleview Medical, LLC
 Castleview Hospital, LLC
 Castleview Physician Practice, LLC
HealthyHub, LLC

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

Home Health Partner, LLC
HSC Credentialing Support Services, LLC
HSCGP, LLC
 LifePoint Corporate Services, General Partnership
 America Management Companies, LLC
 LifePoint Billing Services, LLC
 Forward Health Ventures (A) LLC
 Forward Health Ventures (B) LLC
LifePoint CSLP, LLC
 LifePoint Corporate Services, General Partnership
 Forward Health Ventures (A) LLC
 Forward Health Ventures (B) LLC
LifePoint Holdings 2, LLC
 Acquisition Bell Hospital, LLC
 Upper Peninsula Health Plan, LLC
 Upper Peninsula Managed Care, LLC
 AMG-Crockett, LLC
 AMG-Southern Tennessee, LLC
 AMG-Trinity, LLC
 Athens Physicians Practice, LLC
 Athens Regional Medical Center, LLC
 Athens Surgery Center Partner, LLC
 Athens Surgery Center, LLC
 Bell JV, LLC
 Bell Physician Practices, Inc.
 Clark Regional Physician Practices, LLC
 Community Medical, LLC
 Community-Based Services, LLC
 Crockett Hospital, LLC
 Crockett PHO, LLC
 Danville Diagnostic Imaging Center, LLC
 Danville Physician Practices, LLC
 Danville Regional Medical Center, LLC
 Danville Regional Medical Center School of Health Professions, LLC
 Gateway Health Alliance, Inc.
 Memorial Hospital of Martinsville & Henry County Ambulatory Surgery Center, LLC
 Two Rivers Physician Practices, LLC
DLP Partner, LLC
 DLP Healthcare, LLC
 DLP Marquette Holding Company, LLC
 DLP Marquette Health Plan, LLC
 Upper Peninsula Health Plan, LLC
 Upper Peninsula Managed Care, LLC
 DLP Marquette General Hospital, LLC
 DLP Marquette JV, LLC
 U.P. Imaging Management Services, LLC
 DLP Marquette Physician Practices, Inc.
 DLP Cardiac Partners, LLC

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

- DLP Central NC Holding Company, LLC
 - DLP Central Carolina Medical Center, LLC
 - DLP Central Carolina Family Medicine, LLC
 - DLP Central Carolina Medical Group, LLC
 - DLP Central Carolina Physician Practices, LLC
 - DLP Central NC JV, LLC
 - Guardian Health Service, L.L.C.
 - DLP Frye Regional Medical Center, LLC
 - DLP Cardiology Associates, LLC
 - DLP Cardiology Physicians, LLC
 - DLP Frye Medical Group, LLC
 - DLP Frye Regional Physician Practices, LLC
 - DLP Graystone Family Practice Associates, LLC
 - DLP Hickory Family Practice Associates, LLC
- DLP Good Shepherd Holding Company, LLC
 - DLP Good Shepherd JV, LLC
 - DLP Gregg County Hospital, LLC
 - DLP Marshall Medical Center, LLC
- DLP Harris JV, LLC
- DLP Harris Regional Hospital, LLC
 - DLP Western Carolina Physician Practices, LLC
- DLP Haywood Regional Medical Center, LLC
- DLP Maria Parham Medical Center, LLC
 - DLP Maria Parham Physician Practices, LLC
- DLP Person Memorial Hospital, LLC
 - DLP Person Physician Practices, LLC
 - DLP Person Urgent Care, LLC
- DLP Rutherford Regional Health System, LLC
 - DLP Rutherford Physician Practices, LLC
- DLP Swain County Hospital, LLC
- DLP Twin County Holding Company, LLC
 - DLP Twin County Physician Practices, LLC
 - DLP Twin County Regional Healthcare, LLC
- DLP Wilson Holding Company, LLC
 - DLP WilMed Nursing Care and Rehabilitation Center, LLC
 - DLP Wilson Medical Center, LLC
 - DLP Wilson Physician Practices, LLC
- DLP Partner Central Carolina, LLC
- DLP Partner Conemaugh, LLC
- DLP Partner Frye, LLC
- DLP Partner Marquette, LLC
- DLP Partner MedWest, LLC
- DLP Partner Twin County, LLC
- DLP Partner Wilson Rutherford, LLC
- Fauquier Partner, LLC
 - Fauquier Holding Company, LLC
 - Fauquier Diagnostic Imaging Center, LLC
 - Fauquier Long-Term Care, LLC

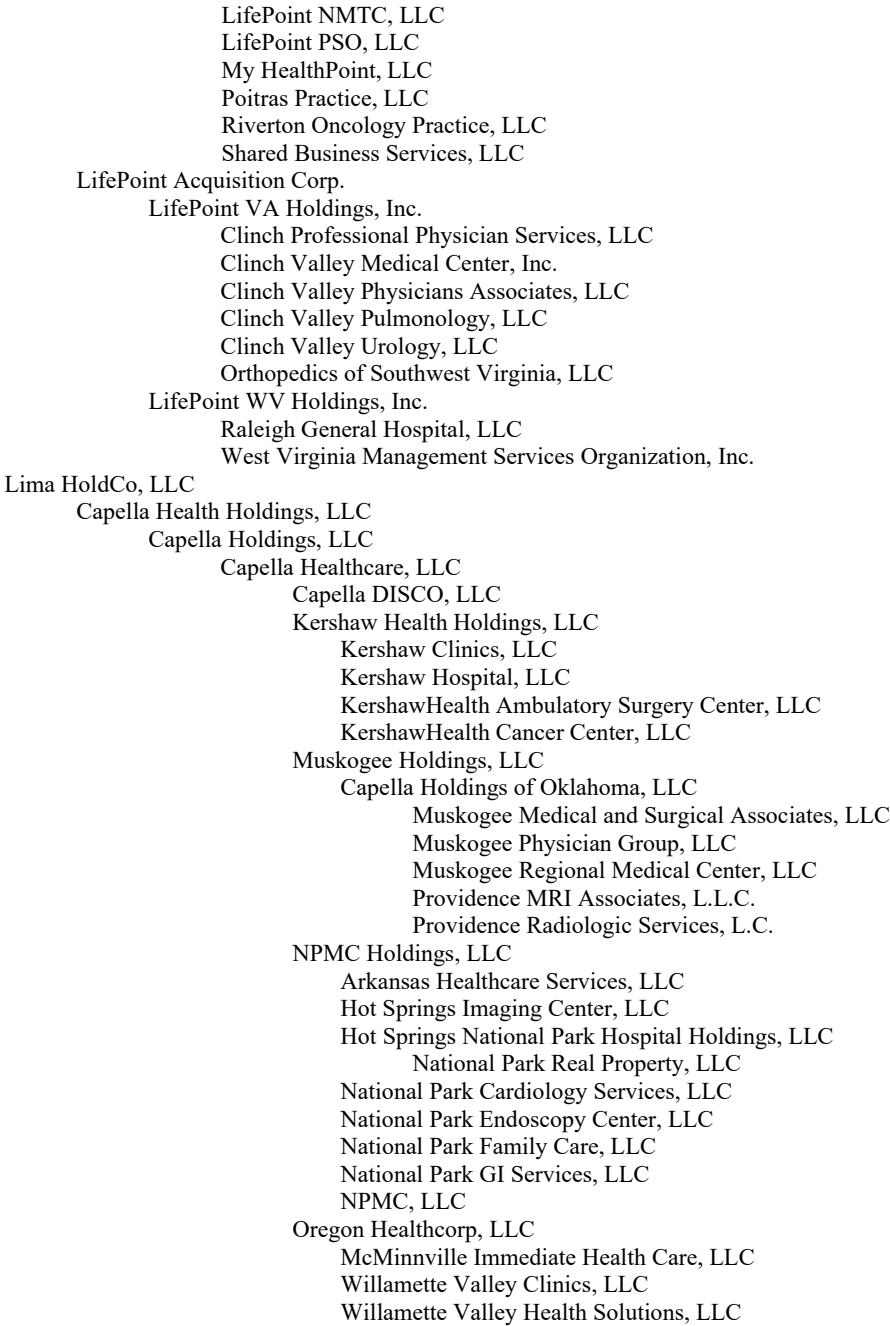
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Fauquier Medical Center, LLC
Fauquier Physician Practices, LLC
Georgetown Rehabilitation, LLC
HDP Andalusia, LLC
HDP Georgetown, LLC
HighPoint Partner, LLC
 HighPoint Healthcare, LLC
 Riverview Medical Center, LLC
 Riverview Physician Practices, LLC
 Sumner Partner, LLC
 Sumner Ambulatory Surgery Center, LLC
 Sumner Physician Practices, LLC
 Sumner Regional Medical Center, LLC
 Trousdale Medical Center, LLC
 Trousdale Physician Practices, LLC
Hillside Hospital, LLC
HSC Manager, LLC
Kansas Healthcare Management Company, Inc.
 Kansas Healthcare Management Services, LLC
Kansas Healthcare Management Services, LLC
Kentucky Hospital, LLC
Kentucky Medserv, LLC
Kentucky Physician Services, Inc. LHSC, LLC
LifePoint Medical Group – Hillside, Inc.
 AMG-Hillside, LLC
LifePoint of Kentucky, LLC
 Bourbon Community Hospital, LLC
 Bourbon Physician Practice, LLC
 Buffalo Trace Radiation Oncology Associates, LLC
 Fleming Medical Center, LLC
 Georgetown Community Hospital, LLC
 HCK Logan Memorial, LLC
 Kentucky MSO, LLC
 Meadowview Physician Practice, LLC
 Meadowview Regional Medical Center, LLC
 Meadowview Regional Medical Center Pain Management, LLC
 PineLake Physician Practice, LLC
 PineLake Regional Hospital, LLC
 R. Kendall Brown Practice, LLC
 Silechnik Practice, LLC
 Woodford Hospital, LLC
LifePoint of Lake Cumberland, LLC
 LCMC PET, LLC
 Somerset Surgery Partner, LLC
 Lake Cumberland Surgery Center, LP
 Lake Cumberland Cardiology Associates, LLC
 Lake Cumberland Physician Practices, LLC
 LCMC MRI, LLC

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

Lake Cumberland Regional Hospital, LLC
Lake Cumberland Regional Physician Hospital Organization, LLC
LifePoint RC, Inc.
Logan Medical, LLC
Meadowview Rights, LLC
Northwest Medical Center-Winfield, LLC
Norton Partner, LLC
NWMC-Winfield Hospitalist Physicians, LLC
NWMC-Winfield Physician Practices, LLC
Piedmont Partner, LLC
Portage Holding Company, LLC
 PH Copper Country Apothecaries, LLC
 Portage Hospital, LLC
 Portage Calumet MOB, LLC
 Portage JV, LLC
 Ontonagon Community Health Center, Inc.
 Upper Peninsula Health Plan, LLC
 Upper Peninsula Managed Care, LLC
 Portage Physician Practices, Inc.
Portage Partner, LLC
Professional Billing Services, LLC
Providence Holding Company, LLC
 Providence Group Practices, LLC
 Providence Group Practices II, LLC
 Providence Hospital, LLC
 PERS Legacy, LLC
 Providence Imaging Center, LLC
 Providence Professional Services, LLC
 Providence Physician Practices, LLC
River Parishes Hospital, LLC
River Parishes Partner, LLC
River Parishes Physician Practices, LLC
Rockdale Clinically Integrated Medical Care Organization, LLC
Rockdale Hospital, LLC
Rockdale Physician Practices, LLC
Smith County Memorial Hospital, LLC
Southern Tennessee EMS, LLC
Southern Tennessee Medical Center, LLC
Southern Tennessee PHO, LLC
Spring View Hospital, LLC
Spring View Physician Practices, LLC
Springhill Medical Center, LLC
Sumner Real Estate Holdings, LLC
 SST Community Health, L.L.C.
THM Physician Practice, LLC
Ville Platte Medical Center, LLC
 Wythe County Community Hospital, LLC
 Wythe County Physician Practices, LLC

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



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

Willamette Valley Medical Center, LLC
Willamette Radiology Billing Services, LLC
RCCH PMDS, LLC
RCCH Trios Health Holdings, LLC
RCCH Washington Holdings, LLC
CMCH Holdings, LLC
Lourdes Holdings, LLC
Lourdes Hospital, LLC
Lourdes Physician Services, LLC
PNWCIN LLC
RCCH-Northwest, LLC
RCCH-UW Medicine Healthcare Holdings, LLC
CCMC Holdco, LLC
RCCH Trios Health, LLC
High Desert Surgery Center, L.L.C.
RCCH Trios Physicians, LLC
Saline County Hospital, LLC
St. Joseph Holdings, LLC
St. Joseph Hospital, LLC
SJRMC Interventional Radiology Services, LLC
St. Joseph Physician Services, LLC
St. Mary’s Holdings, LLC
Russellville Holdings, LLC
Saint Mary’s Primary Care Network, LLC
St. Mary’s Physician Services, LLC
St. Mary’s Specialty, LLC
Saline County Medical Center Joint Venture, LLC
Saline Clinics, LLC
Saline Hospital, LLC
Saline FirstCare, Inc.
DLP Lima Partner, LLC
DLP Conemaugh Holding Company, LLC
DLP Conemaugh Memorial Medical Center, LLC
DLP Conemaugh Miners Medical Center, LLC
DLP Conemaugh Meyersdale Medical Center, LLC
DLP Conemaugh Physician Practices, LLC
DLP Conemaugh JV, LLC
Nason Medical Center, LLC
Nason Physician Practices, LLC
RCHP-Ottumwa Holdings, Inc.
Ottumwa Physicians, LLC
Ottumwa ER, LLC
Ottumwa Health Group, LLC
RCHP-Ottumwa, LLC
Collaborative Laboratory Services, L.L.C.
RRL Ottumwa, LLC
Western Plains Regional Hospital, LLC
Dodge City Healthcare Group, LLC

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

