



QUARTERLY STATEMENT

AS OF MARCH 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE

HAP CareSource

NAIC Group Code	01311	01311	NAIC Company Code	95814	Employer's ID Number	38-3123777
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Hospital, Medical & Dental Service or Indemnity [ ]	
	Dental Service Corporation [ ]		Vision Service Corporation [ ]		Health Maintenance Organization [ X ]	
	Other [ ]				Is HMO Federally Qualified? Yes [ ] No [ X ]	
Incorporated/Organized	01/01/1994		Commenced Business		01/01/1994	
Statutory Home Office	3031 West Grand Boulevard			Detroit, MI, US 48202		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	3031 West Grand Boulevard		Detroit, MI, US 48202		313-872-8100	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	3031 West Grand Boulevard		Detroit, MI, US 48202			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	230 North Main Street		Dayton, OH, US 45402		937-224-3300	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	https://www.caresource.com/mi/plans/					
Statutory Statement Contact	Andrea Watroba			937-224-3300		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	Andrea.Watroba@caresource.com			937-487-1744		
	(E-Mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
Michael Allen Genord M.D.	President and CEO	Merrill J Hausenfluck	Treasurer
Archana Rajendra Esq.	Secretary	Marjorie A Staten J.D.	Assistant Secretary

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Margaret M Anderson	Stephanie A Williams	Michael Allen Genord M.D.	Merrill J Hausenfluck
Scott Markovich			

State of .....Michigan.....  
County of .....Wayne..... 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.

Michael Allen Genord M.D. President and CEO	Merrill J Hausenfluck Treasurer	Archana Rajendra Assistant Secretary
Subscribed and sworn to before me this _____ day of _____,		a. Is this an original filing? Yes [ X ] No [ ]
_____		b. If no:
		1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....			0	0
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....12,076,245 ), cash equivalents (\$ .....29,764,964 ) and short-term investments (\$ .....28,303,563 ) .....	70,144,772		70,144,772	74,114,030
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	70,144,772	0	70,144,772	74,114,030
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	148,814		148,814	296,897
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	9,076,122		9,076,122	5,015,834
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ .....1,221,629 ) and contracts subject to redetermination ( \$ ..... ) .....	1,221,629		1,221,629	1,039,344
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	7,353
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	197,593		197,593	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	1,316,931		1,316,931	1,536,573
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	2,731,115		2,731,115	1,398,694
24. Health care ( \$ .....8,310,838 ) and other amounts receivable .....	8,906,834	595,995	8,310,838	6,558,488
25. Aggregate write-ins for other-than-invested assets .....	13,163,781	0	13,163,781	13,445,883
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	106,907,592	595,995	106,311,596	103,413,096
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	106,907,592	595,995	106,311,596	103,413,096
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Expense .....			0	0
2502. Michigan income tax refund due .....	361,921		361,921	644,023
2503. MDHHS receivable for IPA tax .....	12,801,860		12,801,860	12,801,860
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	13,163,781	0	13,163,781	13,445,883

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	39,819,486		39,819,486	38,512,209
2. Accrued medical incentive pool and bonus amounts .....	1,809,647		1,809,647	3,013,569
3. Unpaid claims adjustment expenses .....	426,463		426,463	435,932
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	1,331,324		1,331,324	331,324
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	608,516		608,516	816,676
9. General expenses due or accrued .....	12,865,506		12,865,506	12,931,734
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	8,341,424		8,341,424	9,639,241
16. Derivatives.....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....	3,700,427		3,700,427	4,507,045
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	68,902,793	0	68,902,793	70,187,731
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX		0
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	24,234,402	24,234,402
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	13,174,402	8,990,962
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	37,408,804	33,225,364
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	106,311,596	103,413,096
DETAILS OF WRITE-INS				
2301. ....			0	0
2302. ....			0	0
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	111,840	130,427	509,440
2. Net premium income (including \$ ..... non-health premium income).....	XXX	67,919,896	67,942,522	280,066,090
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	6,400,929	4,865,094	25,603,716
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	74,320,825	72,807,616	305,669,806
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		44,529,995	36,505,139	190,464,007
10. Other professional services .....		5,527,393	8,071,382	13,086,275
11. Outside referrals .....			1,160,076	0
12. Emergency room and out-of-area .....			2,180,408	0
13. Prescription drugs .....		8,232,979	8,449,941	38,055,471
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		(1,690,697)	284,788	(12,014)
16. Subtotal (Lines 9 to 15) .....	0	56,599,671	56,651,734	241,593,739
<b>Less:</b>				
17. Net reinsurance recoveries .....		(7,353)	7,353	7,353
18. Total hospital and medical (Lines 16 minus 17) .....	0	56,607,024	56,644,381	241,586,386
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ ..... 681,053 cost containment expenses.....		1,067,868	1,446,272	5,258,654
21. General administrative expenses.....		13,368,301	13,486,255	65,831,413
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....			(1,850,000)	(7,400,000)
23. Total underwriting deductions (Lines 18 through 22) .....	0	71,043,193	69,726,908	305,276,452
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	3,277,632	3,080,708	393,354
25. Net investment income earned .....		1,026,801	846,241	3,590,877
26. Net realized capital gains (losses) less capital gains tax of \$.....			0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,026,801	846,241	3,590,877
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	4,304,433	3,926,949	3,984,231
31. Federal and foreign income taxes incurred .....	XXX	219,642	224,657	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	4,084,791	3,702,292	3,984,231
<b>DETAILS OF WRITE-INS</b>				
0601. Reimbursement for MCO Tax.....	XXX	6,400,929	4,928,996	25,603,716
0602. Child & Adolescent Program Fee.....	XXX		(63,902)	
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	6,400,929	4,865,094	25,603,716
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	33,225,364	29,912,082	29,912,081
34. Net income or (loss) from Line 32 .....	4,084,791	3,702,292	3,984,231
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....		0	0
39. Change in nonadmitted assets .....	98,649	(116,679)	(670,948)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	4,183,440	3,585,613	3,313,283
49. Capital and surplus end of reporting period (Line 33 plus 48)	37,408,804	33,497,695	33,225,364
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	64,469,162	71,083,066	279,937,722
2. Net investment income .....	1,174,884	728,914	3,453,142
3. Miscellaneous income .....	6,400,929	4,865,094	25,603,716
4. Total (Lines 1 to 3) .....	72,044,975	76,677,074	308,994,580
5. Benefit and loss related payments .....	58,213,042	53,278,742	236,139,927
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	15,516,078	12,003,135	70,456,323
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	0	224,657	(1,282,740)
10. Total (Lines 5 through 9) .....	73,729,120	65,506,534	305,313,510
11. Net cash from operations (Line 4 minus Line 10) .....	(1,684,145)	11,170,540	3,681,071
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	0
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	0
14. Net increase/(decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	0	0
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(2,285,114)	(2,613,208)	1,992,772
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(2,285,114)	(2,613,208)	1,992,772
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(3,969,258)	8,557,332	5,673,843
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	74,114,030	68,440,187	68,440,187
19.2 End of period (Line 18 plus Line 19.1)	70,144,772	76,997,519	74,114,030

STATEMENT AS OF MARCH 31, 2024 OF THE HAP CareSource

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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
Total Members at end of:														
1. Prior Year .....	38,383	.0	.0	.0	.0	.0	.0	4,241	34,142	.0	.0	.0	.0	.0
2. First Quarter .....	37,070	.0	.0	.0	.0	.0	.0	4,138	32,932	.0	.0	.0	.0	.0
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year	0													
6. Current Year Member Months	111,840							12,747	99,093					
Total Member Ambulatory Encounters for Period:														
7. Physician .....	19,642							3,731	15,911					
8. Non-Physician .....	66,482							15,697	50,785					
9. Total	86,124	0	0	0	0	0	0	19,428	66,696	0	0	0	0	0
10. Hospital Patient Days Incurred	6,062							2,370	3,692					
11. Number of Inpatient Admissions	1,219							390	829					
12. Health Premiums Written (a).....	68,128,826							33,360,011	34,768,815					
13. Life Premiums Direct .....	.0													
14. Property/Casualty Premiums Written .....	.0													
15. Health Premiums Earned .....	68,128,826							33,360,011	34,768,815					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	58,213,041							24,355,139	33,857,902					
18. Amount Incurred for Provision of Health Care Services	56,599,671							26,255,569	30,344,102					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 33,360,011

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]



UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 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 Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					.0	.0
2. Comprehensive (hospital and medical) group .....					.0	.0
3. Medicare Supplement .....					.0	.0
4. Vision only .....					.0	.0
5. Dental only .....					.0	.0
6. Federal Employees Health Benefits Plan .....					.0	.0
7. Title XVIII - Medicare .....	10,222,628	12,692,308	4,959,144	18,694,179	15,181,772	20,321,854
8. Title XIX - Medicaid .....	10,509,850	23,014,592	3,318,065	12,848,098	13,827,915	18,190,355
9. Credit A&H .....					.0	.0
10. Disability income .....					.0	.0
11. Long-term care .....					.0	.0
12. Other health .....					.0	.0
13. Health subtotal (Lines 1 to 12).....	20,732,478	35,706,900	8,277,209	31,542,277	29,009,687	38,512,209
14. Health care receivables (a) .....	4,958,058	3,948,775			4,958,058	7,190,110
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....	1,650,025	130,991	1,530,808	278,838	3,180,833	3,013,569
17. Totals (Lines 13-14+15+16)	17,424,445	31,889,116	9,808,017	31,821,115	27,232,462	34,335,669

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

STATEMENT AS OF MARCH 31, 2024 OF THE HAP CareSource

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

- A. Accounting Practices  
**Basis of Presentation** – The accompanying financial statements of HAP CareSource (“Company”) (formerly known as HAP Empowered Health Plan, Inc.) have been prepared in accordance with the National Association of Insurance Commissioners’ (“NAIC”) *Accounting Practices and Procedures Manual* (“NAIC AP&P”) and the NAIC Annual Statement Instructions (“NAIC”) to the extent that these accounting practices, procedures and reporting standards are not modified by 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 the financial condition and results of operation of an insurance company. NAIC AP&P has been adopted as a component of prescribed or permitted practices by DIFS.

A reconciliation of the Company’s net income and capital and surplus between NAIC AP&P and practices prescribed and permitted by the State of Michigan is shown below:

	SSAP #	F/S Page	F/S Line #	2024	2023
<u>NET INCOME</u>					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 4,084,791	\$ 3,984,231
(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	\$ 4,084,791	\$ 3,984,231
<u>SURPLUS</u>					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 37,408,804	\$ 33,225,364
(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	\$ 37,408,804	\$ 33,225,364

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

No change.

- C. Accounting Policy

(2) Bonds not backed by other loans are principally stated at amortized cost using the interest method. Realized capital gains and losses are determined using the first in, first out method.

(6) The Company does not hold mortgage-backed/asset-backed securities.

- D. Going Concern

Management has evaluated the company’s abilities to continue as a going concern. There is no substantial doubt about its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

Not Applicable

3. Business Combinations and Goodwill

Not Applicable

4. Discontinued Operations

Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans  
Not Applicable
- B. Debt Restructuring  
Not Applicable
- C. Reverse Mortgages  
Not Applicable
- D. Loan-Backed Securities  
Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions  
Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale  
Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
Not Applicable
- J. Real Estate  
Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC)  
Not Applicable
- L. Restricted Assets  
No significant change.
- M. Working Capital Finance Investments  
Not Applicable
- N. Offsetting and Netting of Assets and Liabilities  
Not Applicable
- O. 5GI Securities  
Not Applicable
- P. Short Sales  
Not Applicable
- Q. Prepayment Penalty and Acceleration Fees  
Not Applicable
- R. Reporting Entity’s Share of Cash Pool by Asset type.  
Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

7. Investment Income

No significant change.

8. Derivative Instruments

Not Applicable

9. Income Taxes

No significant change.



STATEMENT AS OF MARCH 31, 2024 OF THE HAP CareSource

22.

Events Subsequent

No significant change.
23.

Reinsurance

No change.
24.

Retrospectively Rated Contracts & Contracts Subject to Redetermination

A.

Method Used to Estimate Accrued Retrospective Premium Adjustments

No significant change.

B.

Accrued Retrospective Premiums Recorded Through Written Premium or as an Adjustment to Earned Premium

No significant change.

C.

Amount of Net Premiums Written Subject to Retrospective Rating Features

No significant change.

D.

Medical loss ratio rebates required pursuant to the Public Health Service Act

Not Applicable

E.

Risk-Sharing Provisions of the Affordable Care Act (ACA)

Not Applicable
25.

Changes in Incurred Claims and Claim Adjustment Expenses

A.

Reasons for changes in the Provision for Incurred Loss and Loss Adjustment Expenses

Reserves as of December 31, 2023 were \$34.8 million. As of March 1, 2024, \$17.9 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$9.8 million therefore, there has been a \$7.1 million favorable prior-year development since December 31, 2023 to March 31, 2024. The change is generally the result of ongoing analysis of recent development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

B.

Information about Significant Changes in Methodologies and Assumptions

The Company had no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.
26.

Intercompany Pooling Arrangements

Not Applicable
27.

Structured Settlements

Health Entities should not complete this Note.
28.

Health Care Receivables

No significant change.
29.

Participating Policies

Not Applicable
30.

Premium Deficiency Reserves

No change.
31.

Anticipated Salvage and Subrogation

Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

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 ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☐ No ☒
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of 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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2021
- 6.2

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.

12/31/2021
- 6.3

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).

06/22/2023
- 6.4

By what department or departments?

Michigan Department of Insurance and Financial Services.
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.].
- |                |                           |     |     |      |     |
|----------------|---------------------------|-----|-----|------|-----|
| 1              | 2                         | 3   | 4   | 5    | 6   |
| Affiliate Name | Location<br>(City, State) | FRB | OCC | FDIC | SEC |
|                |                           |     |     |      |     |
- 9.1

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 ☒ No ☐
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes ☐ No ☒
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes ☒ No ☐
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 2,731,115

GENERAL INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....0

13. Amount of real estate and mortgages held in short-term investments: .....\$ .....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....0	\$ .....0
14.22 Preferred Stock .....	\$ .....0	\$ .....0
14.23 Common Stock .....	\$ .....0	\$ .....0
14.24 Short-Term Investments .....	\$ .....0	\$ .....0
14.25 Mortgage Loans on Real Estate .....	\$ .....0	\$ .....0
14.26 All Other .....	\$ .....0	\$ .....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....0	\$ .....0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] NA [X]  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:  
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0  
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0  
16.3 Total payable for securities lending reported on the liability page .....\$ .....0

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address
Comerica.....	2850 W Grand Blvd Detroit, MI 48202.....
Huntington Bank.....	41 S. High Street Columbus, OH 43215.....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

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

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

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

1 Name of Firm or Individual	2 Affiliation
Justin Bell.....	I.....
Jared Hillenbrand.....	I.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity's invested assets? ..... Yes [ ] No [X]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? ..... Yes [ ] No [X]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

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

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

18.2 If no, list exceptions: .....  
.....

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

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

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

20. 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.

GENERAL INTERROGATORIES

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

Has the reporting entity self-designated PLGI securities?.....

Yes [ ] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?.....

Yes [ ] No [X]

GENERAL INTERROGATORIES  
PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

84.3 %

1.2 A&H cost containment percent

1.0 %

1.3 A&H expense percent excluding cost containment expenses

19.7 %

2.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes ☐ No ☒

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes ☐ No ☒



## SCHEDULE S - CEDED REINSURANCE

[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
States, Etc.		1  Active Status (a)	Direct Business Only								
			2  Accident & Health Premiums	3  Medicare Title XVIII	4  Medicaid Title XIX	5  CHIP Title XXI	6  Federal Employees Health Benefits Program Premiums	7  Life & Annuity Premiums & Other Considerations	8  Property/ Casualty Premiums	9  Total Columns 2 Through 8	10  Deposit-Type Contracts
1. Alabama	AL	N								.0	
2. Alaska	AK	N								.0	
3. Arizona	AZ	N								.0	
4. Arkansas	AR	N								.0	
5. California	CA	N								.0	
6. Colorado	CO	N								.0	
7. Connecticut	CT	N								.0	
8. Delaware	DE	N								.0	
9. Dist. Columbia	DC	N								.0	
10. Florida	FL	N								.0	
11. Georgia	GA	N								.0	
12. Hawaii	HI	N								.0	
13. Idaho	ID	N								.0	
14. Illinois	IL	N								.0	
15. Indiana	IN	N								.0	
16. Iowa	IA	N								.0	
17. Kansas	KS	N								.0	
18. Kentucky	KY	N								.0	
19. Louisiana	LA	N								.0	
20. Maine	ME	N								.0	
21. Maryland	MD	N								.0	
22. Massachusetts	MA	N								.0	
23. Michigan	MI	L		33,360,011	34,768,815				68,128,826		
24. Minnesota	MN	N								.0	
25. Mississippi	MS	N								.0	
26. Missouri	MO	N								.0	
27. Montana	MT	N								.0	
28. Nebraska	NE	N								.0	
29. Nevada	NV	N								.0	
30. New Hampshire	NH	N								.0	
31. New Jersey	NJ	N								.0	
32. New Mexico	NM	N								.0	
33. New York	NY	N								.0	
34. North Carolina	NC	N								.0	
35. North Dakota	ND	N								.0	
36. Ohio	OH	N								.0	
37. Oklahoma	OK	N								.0	
38. Oregon	OR	N								.0	
39. Pennsylvania	PA	N								.0	
40. Rhode Island	RI	N								.0	
41. South Carolina	SC	N								.0	
42. South Dakota	SD	N								.0	
43. Tennessee	TN	N								.0	
44. Texas	TX	N								.0	
45. Utah	UT	N								.0	
46. Vermont	VT	N								.0	
47. Virginia	VA	N								.0	
48. Washington	WA	N								.0	
49. West Virginia	WV	N								.0	
50. Wisconsin	WI	N								.0	
51. Wyoming	WY	N								.0	
52. American Samoa	AS	N								.0	
53. Guam	GU	N								.0	
54. Puerto Rico	PR	N								.0	
55. U.S. Virgin Islands	VI	N								.0	
56. Northern Mariana Islands	MP	N								.0	
57. Canada	CAN	N								.0	
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal	.XXX	.0	33,360,011	34,768,815	.0	.0	.0	.0	68,128,826	.0	.0
60. Reporting entity contributions for Employee Benefit Plans	.XXX									.0	
61. Total (Direct Business)	XXX	0	33,360,011	34,768,815	0	0	0	0	68,128,826	0	0
DETAILS OF WRITE-INS											
58001.		.XXX									
58002.		.XXX									
58003.		.XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.		.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	.0

(a) Active Status Counts

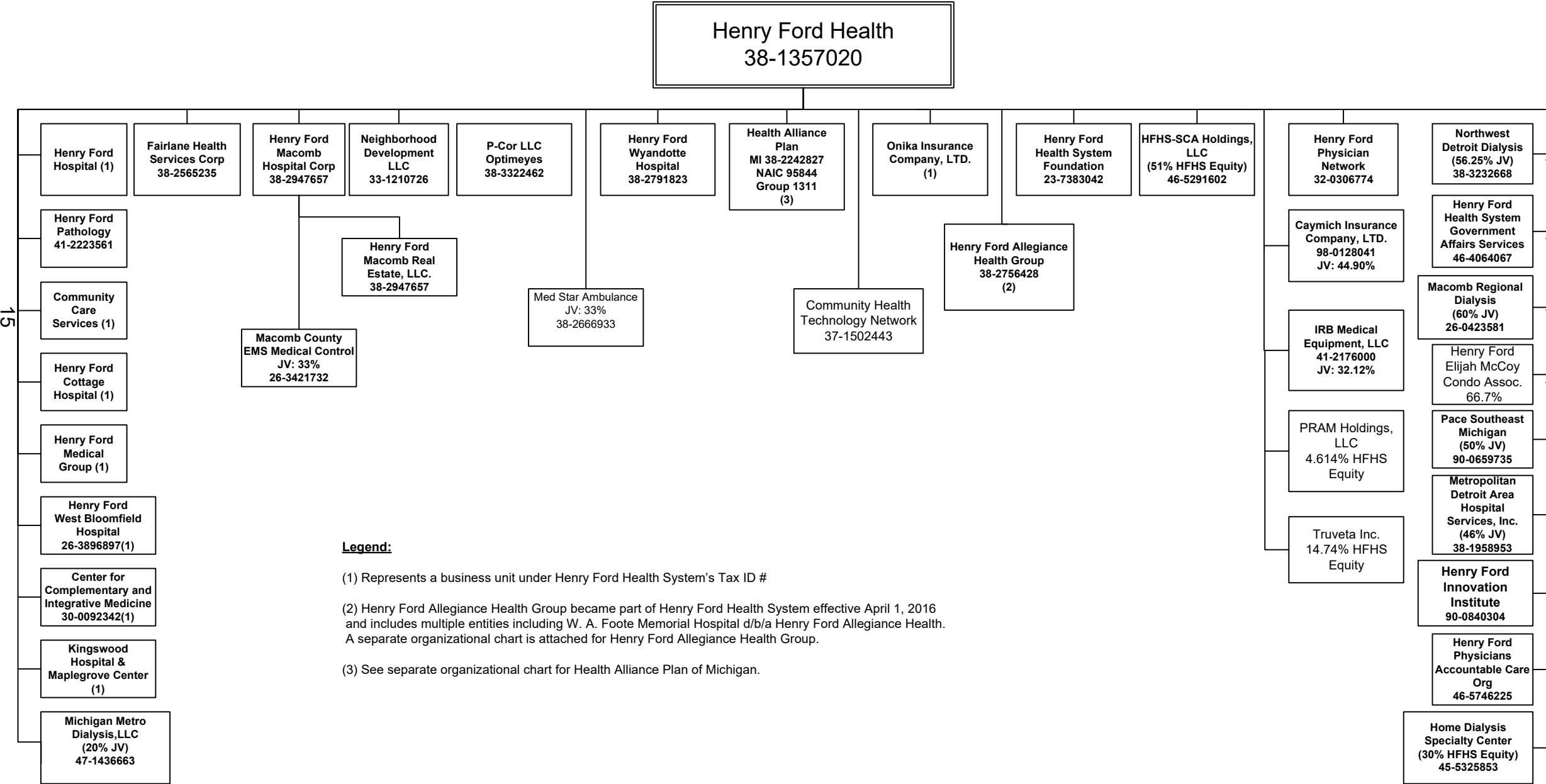
1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG .....1

2. R – Registered – Non-domiciled RRGs .....0

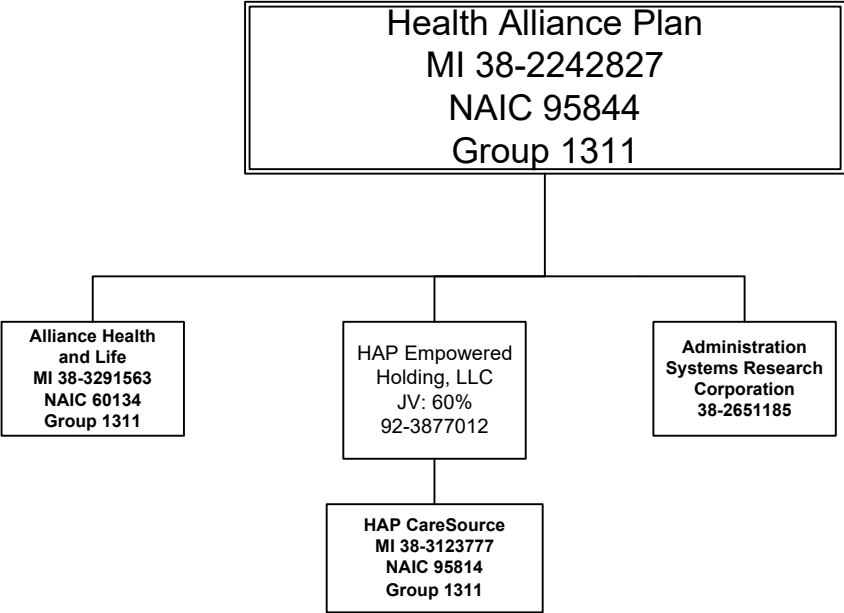
3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state .....0
4. Q – Qualified – Qualified or accredited reinsurer .....0

5. N – None of the above – Not allowed to write business in the state .....56

STATEMENT AS OF MARCH 31, 2024 OF THE HAP CareSource  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



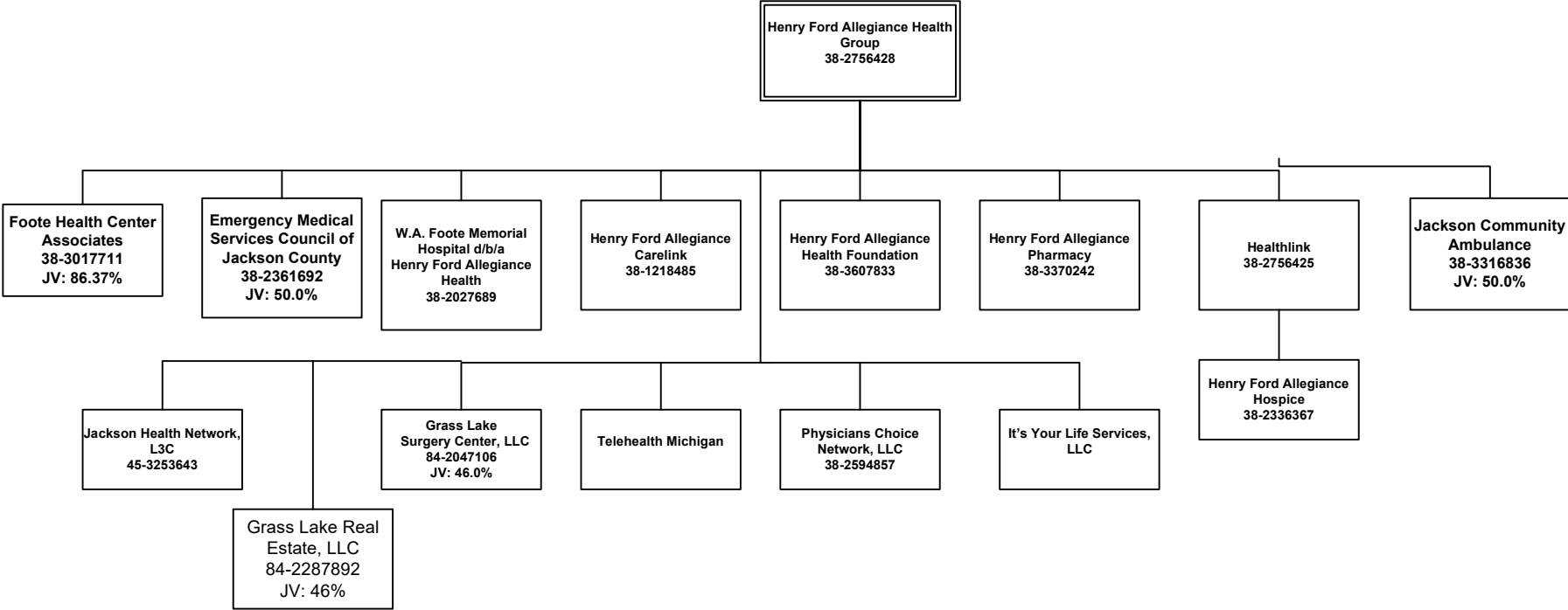
STATEMENT AS OF MARCH 31, 2024 OF THE HAP CareSource  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



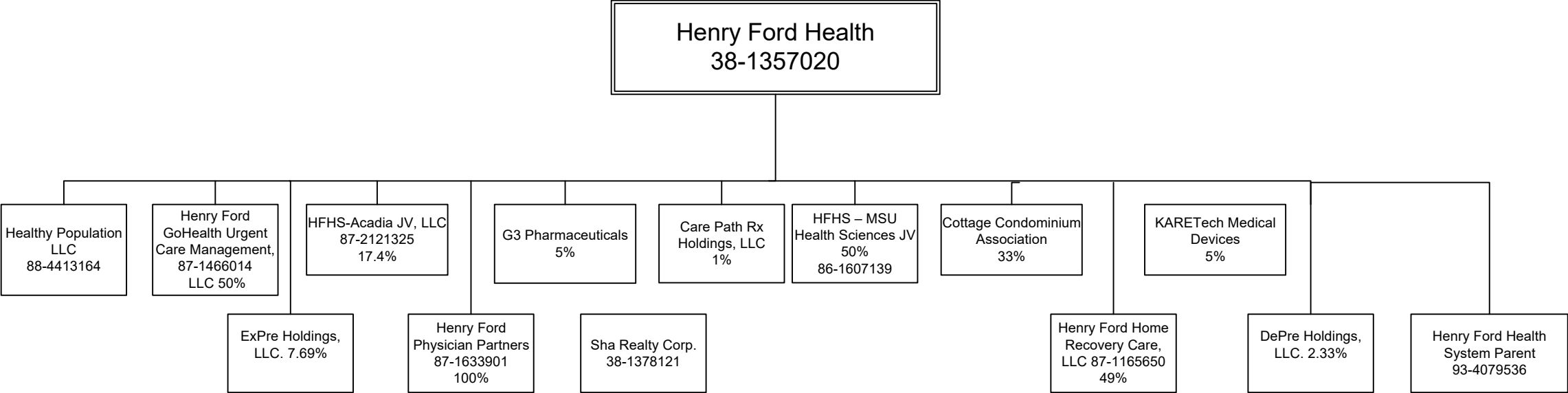
**Legend:**

- (1) Represents a business unit under Henry Ford Health System's Tax ID #
- (2) Henry Ford Allegiance Health Group became part of Henry Ford Health System effective April 1, 2016 and includes multiple entities including W.A. Foote Memorial Hospital d/b/a Henry Ford Allegiance Health. A separate organizational chart is attached.

STATEMENT AS OF MARCH 31, 2024 OF THE HAP CareSource  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



STATEMENT AS OF MARCH 31, 2024 OF THE HAP CareSource  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01311	Henry Ford Health Systems Group	95844	38-2242827				Health Alliance Plan of Michigan	MI	UIP	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
01311	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	IA	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health	YES	.0
00000	Henry Ford Health Systems Group	00000	38-2651185				Administration System Research Corporation		NIA	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health	NO	.0
01311	Henry Ford Health Systems Group	95814	38-3123777				HAP CareSource	MI	RE	HAP Empowered Holding, LLC	Ownership	100.0	Henry Ford Health	YES	.0
00000	Henry Ford Health Systems Group	00000	92-3877012				HAP Empowered Holding, LLC		UDP	Health Alliance Plan of Michigan	Ownership	60.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1357020				Henry Ford Health		UIP			100.0		NO	.0
00000	Henry Ford Health Systems Group	00000	93-4079536				Henry Ford Health System Parent		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2791823				Henry Ford Wyandotte Hospital Corp.		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2947657				Henry Ford Macomb Real Estate, LLC		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2565235				Fairlane Health Services Corp.		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health	Ownership	46.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1958953				Metropolitan Detroit Area Hospital Services, Inc		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health	Ownership	56.3	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3232668				Northwest Detroit Dialysis Centers		NIA	Henry Ford Health	Ownership	30.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health	Ownership	60.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	26-0423581				Macomb Regional Dialysis Centers LLC		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1378121				Sha Realty Corp.		NIA	Henry Ford Health	Ownership	50.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	90-0659735				Pace Southeast Michigan		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health	Ownership	100.0	Henry Ford Health	NO	.0

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000	Henry Ford Health Systems Group	00000	41-2223561				Henry Ford Pathology..... Henry Ford Physicians Accountable Care Organization, LLC		NIA	Henry Ford Health.....	Ownership.....	100.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	46-5746225				Center for Complementary and Integrative Medicine.....		NIA	Henry Ford Health.....	Ownership.....	100.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	30-0092342				Henry Ford Health System Government Affairs Services.....		NIA	Henry Ford Health.....	Ownership.....	100.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	46-4064067				Henry Ford Elijah McCoy Condominium Association.....		NIA	Henry Ford Health.....	Ownership.....	66.7	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000							NIA	Henry Ford Health.....	Ownership.....	51.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	46-5291602				HFHS-SCA Holdings, LLC.....		NIA	Henry Ford Health.....	Ownership.....	20.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	47-1436663				Michigan Metro Dialysis, LLC.....		NIA	Henry Ford Health.....	Ownership.....	44.9	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	98-0128041				Caymich Insurance Company, LTD.....		IA	Henry Ford Health.....	Ownership.....	32.1	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	41-2176000				IRB Medical Equipment, LLC.....		NIA	Henry Ford Health.....	Ownership.....	33.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2666933				Med Star Ambulance.....		NIA	Henry Ford Health.....	Ownership.....	33.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	26-3421732				Macomb County EMS Medical Control Authority.....		NIA	Henry Ford Health.....	Ownership.....	100.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	37-1502443				Community Health Technology Network.....		NIA	Henry Ford Health.....	Ownership.....	17.4	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	87-2121325				HFHS-Acadia Joint Venture, LLC.....		NIA	Henry Ford Health.....	Ownership.....	5.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					G3 Pharmaceuticals.....		NIA	Henry Ford Health.....	Ownership.....	33.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					Cottage Condominium Association.....		NIA	Henry Ford Health.....	Ownership.....	5.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					KARETech Medical Devices.....		NIA	Henry Ford Health.....	Ownership.....	33.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					PRAM Holdings, LLC.....		NIA	Henry Ford Health.....	Ownership.....	5.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					Truveta, Inc.....		NIA	Henry Ford Health.....	Ownership.....	4.6	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					Henry Ford Physician Partners.....		NIA	Henry Ford Health.....	Ownership.....	14.7	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	87-1165650				Henry Ford Home Recovery Care, LLC.....		NIA	Henry Ford Health.....	Ownership.....	100.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					HFHS - MSU Health Sciences.....		NIA	Henry Ford Health.....	Ownership.....	49.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000					CarePath Rx Holdings, LLC.....		NIA	Henry Ford Health.....	Ownership.....	50.0	Henry Ford Health.....	NO	.0
00000	Henry Ford Health Systems Group	00000	87-1466014				Henry Ford GoHealth Urgent Care Mgmt, LLC.....		NIA	Henry Ford Health.....	Ownership.....	1.0	Henry Ford Health.....	NO	.0



STATEMENT AS OF MARCH 31, 2024 OF THE HAP CareSource

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000	Henry Ford Health Systems Group	00000					DePre Holdings, LLC		NIA	Henry Ford Health	Ownership	50.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000					ExPre Holdings, LLC		NIA	Henry Ford Health	Ownership	2.3	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	88-4413164				Healthy Population LLC		NIA	Henry Ford Health	Ownership	7.7	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2756428				Henry Ford Allegiance Health Group		NIA	Henry Ford Health	Ownership	0.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2024689				Henry Ford Allegiance Health		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1218485				Henry Ford Allegiance Carelink		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3607833				Henry Ford Allegiance Health Foundation		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3370242				Henry Ford Allegiance Pharmacy		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2756425				Healthlink		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	45-3253643				Jackson Health Network, L3C		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000					Telehealth Michigan		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2594857				Physicians Choice Network, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000					It's Your Life Services, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2336367				Henry Ford Allegiance Hospice		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	84-2047106				Grass Lake Surgery Center, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	46.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3316836				Jackson Community Ambulance		NIA	Henry Ford Allegiance Health Group	Ownership	50.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3017711				Foote Health Center Associates		NIA	Henry Ford Allegiance Health Group	Ownership	86.4	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2361692				Emergency Medical Services Council of Jackson County		NIA	Henry Ford Allegiance Health Group	Ownership	50.0	Henry Ford Health	NO	.0
00000	Henry Ford Health Systems Group	00000	84-2287892				Grass Lake Real Estate, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	46.0	Henry Ford Health	NO	.0

Asterisk	Explanation
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....NO.....
<b>AUGUST FILING</b>	
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	.....N/A.....

Explanation:

Bar Code:

1.



95814202436500001

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other-than-temporary impairment recognized .....		0
8. Deduct current year's depreciation .....		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase/(decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....		0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase/(decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	0	0
2. Cost of bonds and stocks acquired .....		0
3. Accrual of discount .....		0
4. Unrealized valuation increase/(decrease) .....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration for bonds and stocks disposed of .....		0
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	0	40,638,541	6,250,000	151,423	34,539,964	0	0	0
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	0	40,638,541	6,250,000	151,423	34,539,964	0	0	0
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0	0	0	0
9. NAIC 2 .....	0				0	0	0	0
10. NAIC 3 .....	0				0	0	0	0
11. NAIC 4 .....	0				0	0	0	0
12. NAIC 5 .....	0				0	0	0	0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	0	40,638,541	6,250,000	151,423	34,539,964	0	0	0

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....34,539,964 ; NAIC 2 \$ ..... ;

NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999 Totals	28,303,563	XXX	28,209,303		

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of short-term investments acquired .....	28,209,303	0
3. Accrual of discount .....	94,260	0
4. Unrealized valuation increase/(decrease).....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....		0
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	28,303,563	0
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	28,303,563	0

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	63,918,595	59,742,470
2. Cost of cash equivalents acquired .....	84,403,156	104,118,595
3. Accrual of discount .....	57,163	0
4. Unrealized valuation increase/(decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....	118,613,951	99,942,470
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	29,764,964	63,918,595
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	29,764,964	63,918,595



Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

## SCHEDULE E - PART 1 - CASH

# E13

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

E14