



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

Priority Health Choice, Inc.

NAIC Group Code 3383 3383 NAIC Company Code 11520 Employer's ID Number 32-0016523
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 06/03/2002 Commenced Business 10/01/2002

Statutory Home Office 1231 East Beltline NE, Grand Rapids, MI, US 49525-4501
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1231 East Beltline NE
(Street and Number)
Grand Rapids, MI, US 49525-4501, 616-464-8931
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 1231 East Beltline NE
(Street and Number)
Grand Rapids, MI, US 49525-4501, 616-464-8131
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.priorityhealth.com

Statutory Statement Contact James Becker, 616-575-7588
(Name) (Area Code) (Telephone Number)
james.becker2@corewellhealth.org, 616-942-7916
(E-mail Address) (FAX Number)

OFFICERS

President Praveen Gope Thadani Secretary Kimberly Lynn Thomas
Treasurer Nicholas Patrick Gates

OTHER

DIRECTORS OR TRUSTEES

Praveen Gope Thadani Michael Adam Jasperson James Dwight Forshee
Kimberly Lynn Thomas Chelsee Lee Stark Nicholas Patrick Gates
Joyce Chan Russell

State of Michigan SS:
County of _____

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

Praveen Gope Thadani
President

Nicholas Patrick Gates
Treasurer

Kimberly Lynn Thomas
Secretary

Subscribed and sworn to before me this _____ day of _____

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

STATEMENT AS OF MARCH 31, 2024 OF THE Priority Health Choice, Inc.

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	1,109,417		1,109,417	1,103,413
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	148,842,288		148,842,288	146,298,755
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 (\$159,375,666), cash equivalents (\$167,323,468) and short-term investments (\$ 63,719,255)	390,418,389		390,418,389	200,028,646
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			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)	540,370,094	0	540,370,094	347,430,814
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	642,422		642,422	732,654
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,359,819		2,359,819	3,160,283
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 (\$6,509,801) and contracts subject to redetermination (\$)	6,509,801		6,509,801	3,664,351
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	3,515,976		3,515,976	436,212
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	223,987		223,987	223,987
17. Amounts receivable relating to uninsured plans	5,296,309		5,296,309	3,575,245
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	1,043,571		1,043,571	12,439
24. Health care (\$ 20,178,692) and other amounts receivable	20,178,692		20,178,692	20,238,542
25. Aggregate write-ins for other than invested assets	34,503,762	643,697	33,860,065	33,860,065
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	614,644,433	643,697	614,000,736	413,334,592
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	614,644,433	643,697	614,000,736	413,334,592
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. Prepays	643,697	643,697	0	0
2502. Insurance Providers Assessment	33,860,065		33,860,065	33,860,065
2503.				
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)	34,503,762	643,697	33,860,065	33,860,065

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	96,040,367		96,040,367	95,601,506
2. Accrued medical incentive pool and bonus amounts	15,673,003		15,673,003	14,265,307
3. Unpaid claims adjustment expenses	1,529,406		1,529,406	1,366,305
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	270,802		270,802	144,569
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	432,317		432,317	380,656
9. General expenses due or accrued	44,820,548		44,820,548	44,990,151
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.....	2,025,618		2,025,618	2,088,712
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	199,934,001		199,934,001	20,111,471
16. Derivatives			0	0
17. Payable for securities	1,183,438		1,183,438	235,936
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	8,270,487		8,270,487	125,184
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	370,179,987	0	370,179,987	179,309,797
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	10,000	10,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	11,326,877	11,326,877
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	1,000,000	1,000,000
31. Unassigned funds (surplus)	XXX	XXX	231,483,873	221,687,918
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	243,820,750	234,024,795
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	614,000,737	413,334,592
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. Appropriated Retained Earnings	XXX	XXX	1,000,000	1,000,000
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	1,000,000	1,000,000

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	740,285	808,090	3,227,029
2. Net premium income (including \$ non-health premium income).....	XXX	292,324,080	293,201,236	1,201,770,021
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			(144,569)
4. Fee-for-service (net of \$ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	16,930,033	23,814,049	67,720,130
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	309,254,113	317,015,285	1,269,345,582
Hospital and Medical:				
9. Hospital/medical benefits		174,648,494	167,310,048	660,263,367
10. Other professional services		12,305,817	4,128,059	38,449,226
11. Outside referrals		2,289,818	2,350,807	10,817,576
12. Emergency room and out-of-area		13,449,952	13,313,448	56,081,686
13. Prescription drugs		70,067,715	75,828,225	297,245,122
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		(1,798,398)	20,036,950	14,004,086
16. Subtotal (Lines 9 to 15)	0	270,963,398	282,967,537	1,076,861,063
Less:				
17. Net reinsurance recoveries		3,468,426	1,336,265	1,283,790
18. Total hospital and medical (Lines 16 minus 17)	0	267,494,972	281,631,272	1,075,577,273
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 4,127,353 cost containment expenses		8,470,382	7,695,913	32,889,585
21. General administrative expenses		29,407,974	35,430,176	117,280,044
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .				0
23. Total underwriting deductions (Lines 18 through 22).....	0	305,373,328	324,757,361	1,225,746,902
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	3,880,785	(7,742,076)	43,598,680
25. Net investment income earned		5,175,238	3,861,027	19,708,938
26. Net realized capital gains (losses) less capital gains tax of \$			(1,043,874)	(17,740,184)
27. Net investment gains (losses) (Lines 25 plus 26)	0	5,175,238	2,817,153	1,968,754
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....				
29. Aggregate write-ins for other income or expenses	0	0	0	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	9,056,023	(4,924,923)	45,567,434
31. Federal and foreign income taxes incurred	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	9,056,023	(4,924,923)	45,567,434
DETAILS OF WRITE-INS				
0601. Insurance Providers Assessment	XXX	16,930,033	23,814,049	67,720,130
0602.	XXX			
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	16,930,033	23,814,049	67,720,130
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. Other Income			0	0
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 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	234,024,795	226,971,763	226,971,763
34. Net income or (loss) from Line 32.....	9,056,023	(4,924,923)	45,567,434
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....	1,383,629	4,966,239	25,700,583
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	(643,697)	168,625	785,015
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.....			
44. Capital Changes:			
44.1 Paid in.....			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	0	0	0
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			(65,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	9,795,955	209,941	7,053,032
49. Capital and surplus end of reporting period (Line 33 plus 48)	243,820,750	227,181,704	234,024,795
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

STATEMENT AS OF MARCH 31, 2024 OF THE Priority Health Choice, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	290,456,987	306,772,616	1,201,852,325
2. Net investment income	5,259,467	3,735,932	19,464,052
3. Miscellaneous income	16,930,033	23,814,049	67,720,130
4. Total (Lines 1 to 3)	312,646,487	334,322,597	1,289,036,507
5. Benefit and loss related payments	268,668,329	252,738,156	1,074,311,635
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	31,460,619	27,230,450	168,754,902
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	0
10. Total (Lines 5 through 9)	300,128,948	279,968,606	1,243,066,537
11. Net cash from operations (Line 4 minus Line 10)	12,517,539	54,353,991	45,969,970
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	2,993,954	3,027,644
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	947,502	3,511,244	3,530,680
12.8 Total investment proceeds (Lines 12.1 to 12.7)	947,502	6,505,198	6,558,324
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	1	0
13.2 Stocks	1,159,905	3,892,746	17,571,148
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)	1,159,905	3,892,747	17,571,148
14. Net increase (or 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)	(212,403)	2,612,451	(11,012,824)
Cash from Financing and Miscellaneous Sources			
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	0
16.5 Dividends to stockholders	0	0	65,000,000
16.6 Other cash provided (applied)	178,084,607	3,316,669	19,422,759
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	178,084,607	3,316,669	(45,577,241)
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)	190,389,743	60,283,111	(10,620,095)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	200,028,646	210,648,741	210,648,741
19.2 End of period (Line 18 plus Line 19.1)	390,418,389	270,931,852	200,028,646

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

--	--	--	--

STATEMENT AS OF MARCH 31, 2024 OF THE Priority Health Choice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	252,344	0	0	0	0	0	0	15,900	236,444	0	0	0	0	0
2. First Quarter	241,668							15,224	226,444					
3. Second Quarter	0													
4. Third Quarter	0													
5. Current Year	0													
6. Current Year Member Months	740,285							48,747	691,538					
Total Member Ambulatory Encounters for Period:														
7. Physician	604,719							39,820	564,899					
8. Non-Physician	109,239							7,193	102,046					
9. Total	713,958	0	0	0	0	0	0	47,013	666,945	0	0	0	0	0
10. Hospital Patient Days Incurred	39,380							11,698	27,682					
11. Number of Inpatient Admissions	6,176							1,452	4,724					
12. Health Premiums Written (a)	292,666,693							58,453,541	234,213,152					
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	292,666,693							58,453,541	234,213,152					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	265,648,415							45,845,741	219,802,674					
18. Amount Incurred for Provision of Health Care Services	270,963,399							46,084,960	224,878,439					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 58,453,541

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	37,290,224					37,290,224
0499999 Subtotals	37,290,224	0	0	0	0	37,290,224
0599999 Unreported claims and other claim reserves						58,750,143
0699999 Total amounts withheld						
0799999 Total claims unpaid						96,040,367
0899999 Accrued medical incentive pool and bonus amounts						15,673,003

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 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 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	14,024,750	37,334,914	1,583,216	17,320,844	15,607,966	17,626,327
8. Title XIX - Medicaid	59,280,564	167,265,173	16,029,646	61,106,661	75,310,210	77,975,179
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)	73,305,314	204,600,087	17,612,862	78,427,505	90,918,176	95,601,506
14. Health care receivables (a)		9,050,891			0	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	190,118	(3,396,212)	13,851,419	1,821,584	14,041,537	14,265,307
17. Totals (Lines 13 - 14 + 15 + 16)	73,495,432	192,152,984	31,464,281	80,249,089	104,959,713	109,866,813

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

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern
A. Accounting Practices

The accompanying financial statements have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS). DIFS requires that insurance contracts domiciled in Michigan prepare their statutory-basis financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, subject to any deviations prescribed or permitted by DIFS.

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 9,056,023	\$ 45,567,434
(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	\$ 9,056,023	\$ 45,567,434
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 243,820,750	\$ 234,024,795
(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	\$ 243,820,750	\$ 234,024,795

C. Accounting Policy

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method Investments in bonds are carried at amortized cost. The cost of bonds is adjusted for amortization of premiums and discounts to maturity using a level-yield method. Realized gains and losses are determined using the specific identification method and are included in operations. The fair value of investments is determined based upon quoted market prices.

(6) Basis for Loan-Backed Securities and Adjustment Methodology
Loan-backed securities as well as other asset-backed securities are held and are reported at their amortized cost.

D. Going Concern
NONE

NOTE 2 Accounting Changes and Corrections of Errors

No significant changes

NOTE 3 Business Combinations and Goodwill

No significant changes

NOTE 4 Discontinued Operations

No significant changes

NOTE 5 Investments

- D. Loan-Backed Securities - NOT APPLICABLE
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
 - (3) Collateral Received - 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
- M. Working Capital Finance Investments
 - 2. Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs - NOT APPLICABLE
 - 3. Any Events of Default or Working Capital Finance Investments - NOT APPLICABLE
- N. Offsetting and Netting of Assets and Liabilities - NOT APPLICABLE
- R. Reporting Entity's Share of Cash Pool by Asset Type - NOT APPLICABLE

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

No significant changes.

NOTE 7 Investment Income

No significant changes.

NOTE 8 Derivative Instruments

- A. Derivatives under SSAP No. 86—Derivatives
 - (8) Total Premium Costs for Contracts - NOT APPLICABLE
- B. Derivatives under SSAP No. 108—Derivative Hedging Variable Annuity Guarantees
 - (2) Recognition of gains/losses and deferred assets and liabilities - NOT APPLICABLE

NOTES TO FINANCIAL STATEMENTS

NOTE 9 Income Taxes

No significant changes.

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

No significant changes.

NOTE 11 Debt

B. FHLB (Federal Home Loan Bank) Agreements - NOT APPLICABLE

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan - NOT APPLICABLE

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No significant changes.

NOTE 14 Liabilities, Contingencies and Assessments

B. Assessments

Effective October 1, 2018 the Plan is required to pay the annual Insurance Provider Assessment. The assessment for each HMO is based on the amount determined by the Michigan Department of Health and Human Services ("MDHHS") and applied to the prior year member months for the Medicaid line of business. The assessment is fully reimbursed by MDHHS. The Plan recognized \$16,930,033 as an aggregate write-in for other healthcare related revenues and \$16,930,033 as general administrative expenses for the quarter ended September 30, 2023. The Plan has \$33,860,065 recorded as an aggregate write-in for other than invested assets and \$33,860,065 recorded as general expenses due or accrued on the Statutory Statements of Admitted Assets, Liabilities, and Capital and Surplus at March 31, 2024 related to the fourth and first quarter payments and reimbursement due on the 2023 and 2024 assessments.

NOTE 15 Leases

No significant changes.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant changes.

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

B. Transfer and Servicing of Financial Assets - NOT APPLICABLE

C. Wash Sales - NOT APPLICABLE

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

A. ASO Plans:

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during 2024:

	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			\$ -
b. Total net other income or expenses (including interest paid to or received from plans)			\$ -
c. Net gain or (loss) from operations (a+b)	\$ -	\$ -	\$ -
d. Total claim payment volume	\$ 163,516,326		\$ 163,516,326

All amounts received by the Plan have been paid out to the required parties. No administrative fees have been collected on these amounts and no amounts have been retained as reimbursement for any administrative costs incurred by the Plan. The total claim payment volume above reflects the total pass through amounts relating to the Plan through the reporting period. This total includes \$143,707,603 HRA, \$17,160,139 SNAF, and \$2,648,584 GME. No net gain or loss as it relates to funds received for ASO uninsured plans has been recorded as of March 31, 2024.

B. ASC Plans - NOT APPLICABLE

C. Medicare or Similarly Structured Cost Based Reimbursement Contract - NOT APPLICABLE

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

No significant changes.

NOTE 20 Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Common Stock	\$ 148,842,288	\$ -	\$ -	\$ -	\$ 148,842,288
Total assets at fair value/NAV	\$ 148,842,288	\$ -	\$ -	\$ -	\$ 148,842,288

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

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy - NOT APPLICABLE

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements - NOT APPLICABLE

NOTES TO FINANCIAL STATEMENTS

C. Fair Value Level - NOT APPLICABLE

D. Not Practicable to Estimate Fair Value - NOT APPLICABLE

E. NAV Practical Expedient Investments - NOT APPLICABLE

NOTE 21 Other Items

No significant changes.

NOTE 22 Events Subsequent

Subsequent events have been considered through May 15, 2024 for these statutory financial statements which are to be issued on May 15, 2024.

NOTE 23 Reinsurance

No significant changes.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

E. Risk Sharing Provisions of the Affordable Care Act - NOT APPLICABLE

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

Adjustments to previously rendered claims reserve estimates are reflected in the statement of operations in the period in which the estimates are revised. Such reserve adjustments consist of restatements of claim estimates and release of any margin associated with these estimates. Reserve adjustments have decreased by \$4,684,000 from \$95,602,000 in 2023 to \$90,918,000 in 2024.

NOTE 26 Intercompany Pooling Arrangements

No significant changes.

NOTE 27 Structured Settlements

No significant changes.

NOTE 28 Health Care Receivables

No significant changes.

NOTE 29 Participating Policies

No significant changes.

NOTE 30 Premium Deficiency Reserves

No significant changes.

NOTE 31 Anticipated Salvage and Subrogation

No significant changes.

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 [X]
- 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 [X]
- 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 [X] 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 [X]
- 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 [X]
- 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 [X]
- 4.2 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

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 [X] N/A []
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. 12/31/2022
- 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. 12/31/2022
- 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). 02/12/2024
- 6.4 By what department or departments?
State of 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 [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 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 [X]
- 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 [X]
- 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 [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

- 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 [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 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 [X]
- 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 [X]
- 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 [X] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

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 [X] No []
- 11.2 If yes, give full and complete information relating thereto:
On Deposit with State of Michigan
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$
- 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	\$
14.22 Preferred Stock	\$ 0	\$
14.23 Common Stock	\$ 0	\$
14.24 Short-Term Investments	\$ 0	\$
14.25 Mortgage Loans on Real Estate	\$ 0	\$
14.26 All Other	\$ 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	\$	\$

- 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 [] N/A [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

GENERAL INTERROGATORIES

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 [] 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
Northern Trust	Chicago, IL

- 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 []

- 17.4 If yes, give full 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
SLC Management LLC	U.....

- 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 []

- 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 []

- 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	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
109684	SLC Management LLC	5493001YLOMBHWNPEN55	SEC	NO.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [] 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 []

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.
- 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 []

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 []

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent92.9 %
 - 1.2 A&H cost containment percent 1.4 %
 - 1.3 A&H expense percent excluding cost containment expenses 13.0 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 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 [X]
- 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 [X]
- 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 [X]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

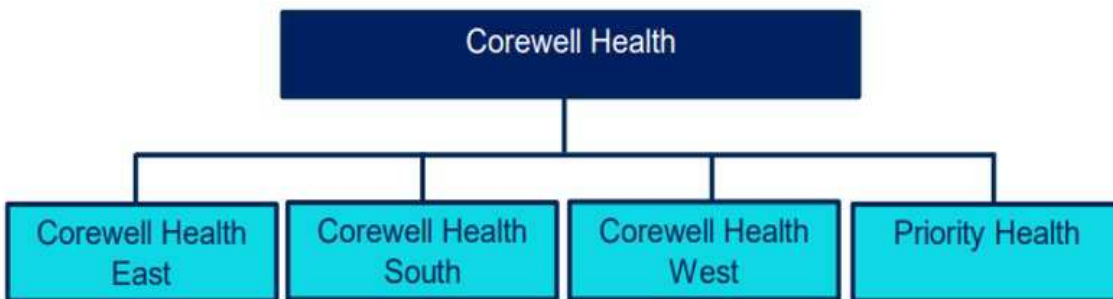
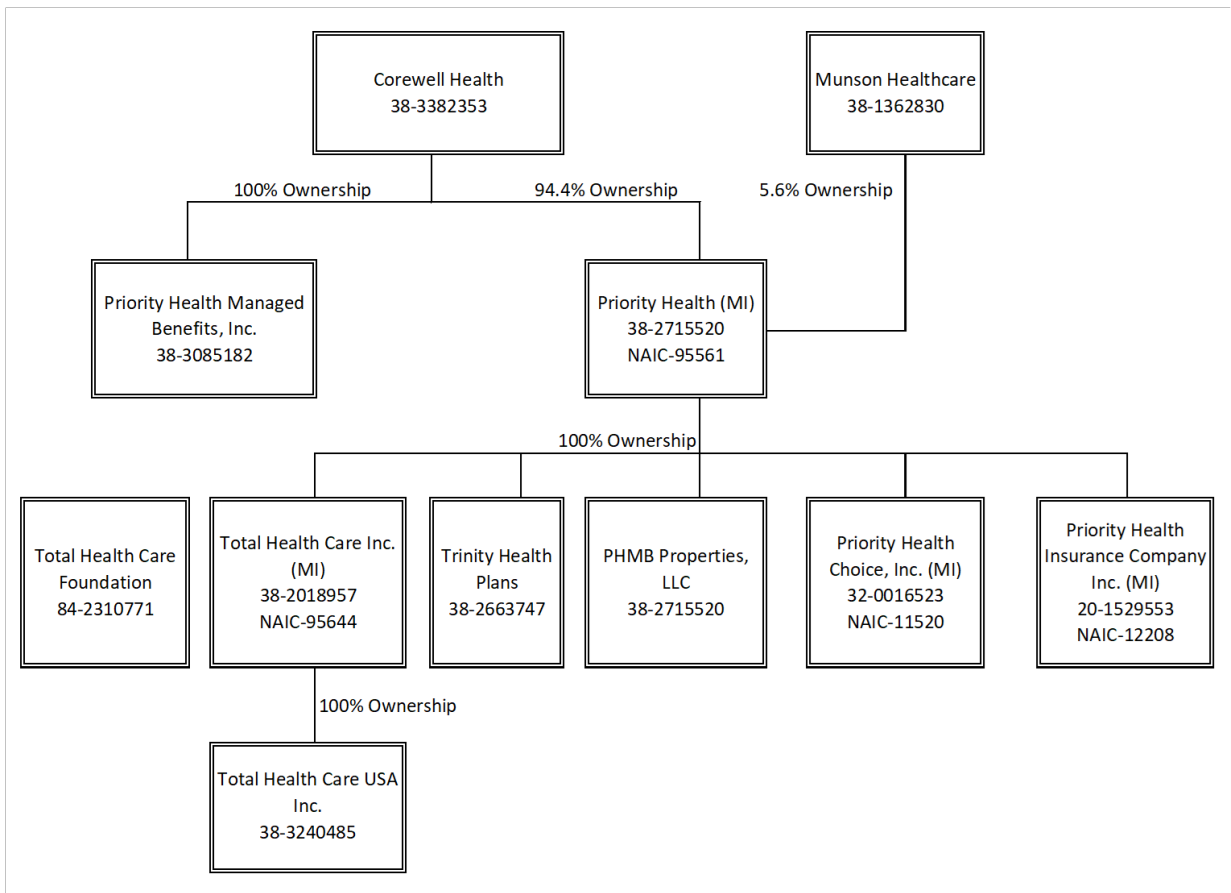
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama AL	.N.									.0	
2. Alaska AK	.N.									.0	
3. Arizona AZ	.N.									.0	
4. Arkansas AR	.N.									.0	
5. California CA	.N.									.0	
6. Colorado CO	.N.									.0	
7. Connecticut CT	.N.									.0	
8. Delaware DE	.N.									.0	
9. District of Columbia DC	.N.									.0	
10. Florida FL	.N.									.0	
11. Georgia GA	.N.									.0	
12. Hawaii HI	.N.									.0	
13. Idaho ID	.N.									.0	
14. Illinois IL	.N.									.0	
15. Indiana IN	.N.									.0	
16. Iowa IA	.N.									.0	
17. Kansas KS	.N.									.0	
18. Kentucky KY	.N.									.0	
19. Louisiana LA	.N.									.0	
20. Maine ME	.N.									.0	
21. Maryland MD	.N.									.0	
22. Massachusetts MA	.N.									.0	
23. Michigan MI	.L		58,453,541	234,213,152						292,666,693	
24. Minnesota MN	.N.									.0	
25. Mississippi MS	.N.									.0	
26. Missouri MO	.N.									.0	
27. Montana MT	.N.									.0	
28. Nebraska NE	.N.									.0	
29. Nevada NV	.N.									.0	
30. New Hampshire NH	.N.									.0	
31. New Jersey NJ	.N.									.0	
32. New Mexico NM	.N.									.0	
33. New York NY	.N.									.0	
34. North Carolina NC	.N.									.0	
35. North Dakota ND	.N.									.0	
36. Ohio OH	.N.									.0	
37. Oklahoma OK	.N.									.0	
38. Oregon OR	.N.									.0	
39. Pennsylvania PA	.N.									.0	
40. Rhode Island RI	.N.									.0	
41. South Carolina SC	.N.									.0	
42. South Dakota SD	.N.									.0	
43. Tennessee TN	.N.									.0	
44. Texas TX	.N.									.0	
45. Utah UT	.N.									.0	
46. Vermont VT	.N.									.0	
47. Virginia VA	.N.									.0	
48. Washington WA	.N.									.0	
49. West Virginia WV	.N.									.0	
50. Wisconsin WI	.N.									.0	
51. Wyoming WY	.N.									.0	
52. American Samoa AS	.N.									.0	
53. Guam GU	.N.									.0	
54. Puerto Rico PR	.N.									.0	
55. U.S. Virgin Islands VI	.N.									.0	
56. Northern Mariana Islands MP	.N.									.0	
57. Canada CAN	.N.									.0	
58. Aggregate Other Aliens OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal	.XXX	.0	58,453,541	234,213,152	.0	.0	.0	.0	292,666,693	.0	.0
60. Reporting Entity Contributions for Employee Benefit Plans	.XXX								.0		
61. Totals (Direct Business)	.XXX	0	58,453,541	234,213,152	0	0	0	0	292,666,693	0	0
DETAILS OF WRITE-INS											
58001. ....	.XXX										
58002. ....	.XXX										
58003. ....	.XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	.XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

**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 Priority Health Choice, Inc.

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

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

Asterisk	Explanation
1	Corewell Health (EIN 38-3382353), Class A Shareholder - 94.4%; Munson Healthcare (EIN 38-1362830), Class B Shareholder - 5.6%

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

AUGUST FILING

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:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

NONE

STATEMENT AS OF MARCH 31, 2024 OF THE Priority Health Choice, Inc.

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	147,402,165	124,874,922
2. Cost of bonds and stocks acquired	1,159,905	17,571,148
3. Accrual of discount	6,003	23,340
4. Unrealized valuation increase/(decrease)	1,383,629	8,970,583
5. Total gain (loss) on disposals	0	(1,010,184)
6. Deduct consideration for bonds and stocks disposed of	0	3,027,644
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	149,951,702	147,402,165
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	149,951,702	147,402,165

STATEMENT AS OF MARCH 31, 2024 OF THE Priority Health Choice, Inc.

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
BONDS								
1. NAIC 1 (a)	54,586,106	19,036,057	17,455,000	375,257	56,542,420	0	0	54,586,106
2. NAIC 2 (a)	8,090,339	884,457	750,000	61,455	8,286,251	0	0	8,090,339
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	62,676,445	19,920,514	18,205,000	436,712	64,828,671	0	0	62,676,445
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	62,676,445	19,920,514	18,205,000	436,712	64,828,671	0	0	62,676,445

(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 \$ 55,433,003 ; NAIC 2 \$ 8,286,252 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

S102

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	63,719,255	xxx	62,900,964	178,396	20,395

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	61,525,593	56,659,456
2. Cost of short-term investments acquired	19,920,514	61,946,268
3. Accrual of discount	431,796	1,073,778
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	18,205,000	58,139,000
7. Deduct amortization of premium	1,088	14,909
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	63,671,815	61,525,593
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	63,671,815	61,525,593

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	142,150,488	156,262,831
2. Cost of cash equivalents acquired	430,164,650	1,186,690,062
3. Accrual of discount	0	0
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	404,991,670	1,200,802,405
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	167,323,468	142,150,488
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	167,323,468	142,150,488

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

STATEMENT AS OF MARCH 31, 2024 OF THE Priority Health Choice, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
2509999997. Total - Bonds - Part 3						0	0	0	XXX
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
2509999999. Total - Bonds						0	0	0	XXX
4509999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks						0	XXX	0	XXX
057071-85-4	BAIRD AGGREGATE BD FD		03/27/2024	DIVIDEND REINVESTMENT	43,886.000	425,231		0	
693390-55-1	PIMCO TOTAL RET II-INST		03/28/2024	DIVIDEND REINVESTMENT	55,114.550	451,327		0	
72201F-49-0	PIMCO INC FD-INS		03/28/2024	DIVIDEND REINVESTMENT	25,869.110	273,775		0	
922908-87-6	VANGUARD SMALL CAP IX FD		03/25/2024	DIVIDEND REINVESTMENT	89.170	9,572		0	
5329999999. Subtotal - Common Stocks - Mutual Funds - Designations Not Assigned by the SVO						1,159,905	XXX	0	XXX
5989999997. Total - Common Stocks - Part 3						1,159,905	XXX	0	XXX
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						1,159,905	XXX	0	XXX
5999999999. Total - Preferred and Common Stocks						1,159,905	XXX	0	XXX
6009999999 - Totals						1,159,905	XXX	0	XXX

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

N O N E

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
INTEREST RECEIVED DURING QTR ON DISPOSED HOLDINGS		0.000	0	0	0	0	0	.XXX.
PNC Bank					(14,776,369)	(2,457,973)	159,375,666	.XXX.
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	(14,776,369)	(2,457,973)	159,375,666	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	(14,776,369)	(2,457,973)	159,375,666	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	(14,776,369)	(2,457,973)	159,375,666	XXX

