



# HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

## Trinity Health Plan of Michigan, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

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

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

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

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

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

Internet Website Address www.medigold.com

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

### OFFICERS

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

### OTHER

David Lee Vis, Secretary & Treasurer

### DIRECTORS OR TRUSTEES

David Lee Vis John Charles Randolph Robert Frederick Casalou

State of \_\_\_\_\_ County of \_\_\_\_\_ 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.

John Charles Randolph  
President & CEO

David Lee Vis  
Vice President & CFO

Fatou Kine Ndoye  
Assistant Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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

STATEMENT AS OF MARCH 31, 2024 OF THE Trinity Health Plan of Michigan, 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 .....	1,397,606		1,397,606	1,390,111
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 (\$ ..... (12,128) ), cash equivalents (\$ ..... 4,338,204 ) and short-term investments (\$ ..... ) .....	4,326,077		4,326,077	1,871,826
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) .....	5,723,683	0	5,723,683	3,261,937
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	9,771		9,771	8,138
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	4,207		4,207	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon ....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	500,000
24. Health care (\$ ..... 236,195 ) and other amounts receivable .....	236,195		236,195	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	5,973,856	0	5,973,856	3,770,075
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	5,973,856	0	5,973,856	3,770,075
<b>DETAILS OF WRITE-INS</b>				
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. ....				
2502. ....				
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)	0	0	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	1,152,995		1,152,995	0
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	22,890		22,890	0
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	1,425,000		1,425,000	1,900,000
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 .....	1,072		1,072	0
9. General expenses due or accrued .....	185,221		185,221	0
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 .....	573,552		573,552	350
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 .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	137,142	0	137,142	0
24. Total liabilities (Lines 1 to 23) .....	3,497,872	0	3,497,872	1,900,350
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	4,947,637	3,700,000
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(2,471,653)	(1,830,275)
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	2,475,984	1,869,725
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	5,973,856	3,770,075
<b>DETAILS OF WRITE-INS</b>				
2301. 2024 Part D Settlement .....	150,165		150,165	
2302. 2024 MYRA Part C .....	(627)		(627)	
2303. April Retroactivity .....	(12,396)		(12,396)	
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)	137,142	0	137,142	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. ....	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	4,014		
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	2,689,521		
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX			
5. Risk revenue .....	XXX			
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	2,689,521	0	0
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		1,412,336		
10. Other professional services .....		834,751		
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		278,366		
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....	0	2,525,453	0	0
<b>Less:</b>				
17. Net reinsurance recoveries .....				
18. Total hospital and medical (Lines 16 minus 17) .....	0	2,525,453	0	0
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ .....247,476 cost containment expenses .....		430,108		0
21. General administrative expenses .....		889,202		
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .		(475,000)		1,900,000
23. Total underwriting deductions (Lines 18 through 22).....	0	3,369,763	0	1,900,000
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(680,242)	0	(1,900,000)
25. Net investment income earned .....		38,864	17,443	69,725
26. Net realized capital gains (losses) less capital gains tax of \$ .....				
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	38,864	17,443	69,725
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	(641,378)	17,443	(1,830,275)
31. Federal and foreign income taxes incurred .....	XXX			
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(641,378)	17,443	(1,830,275)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
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	0	0	0
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 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	1,869,725	1,503,690	1,503,690
34. Net income or (loss) from Line 32 .....	(641,378)	17,443	(1,830,275)
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....			0
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 .....	1,247,637	0	2,200,000
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....	0	(3,690)	(3,690)
48. Net change in capital & surplus (Lines 34 to 47) .....	606,259	13,753	366,035
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,475,984	1,517,443	1,869,725
<b>DETAILS OF WRITE-INS</b>			
4701. Misc Adjustment .....		(3,690)	(3,690)
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	(3,690)	(3,690)

STATEMENT AS OF MARCH 31, 2024 OF THE Trinity Health Plan of Michigan, Inc.

**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 .....	2,211,386	0	1,900,000
2. Net investment income .....	29,736	158,867	49,881
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	2,241,122	158,867	1,949,881
5. Benefit and loss related payments .....	1,133,653	0	1,900,000
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	1,111,199	0	0
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	489	489
10. Total (Lines 5 through 9) .....	2,244,852	489	1,900,489
11. Net cash from operations (Line 4 minus Line 10) .....	(3,730)	158,378	49,392
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	150,614
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	150,614
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	1,378,218
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	1,378,218
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) .....	0	0	(1,227,604)
<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 .....	1,247,637	0	2,200,000
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	0
16.6 Other cash provided (applied) .....	1,210,344	(8)	(503,348)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	2,457,981	(8)	1,696,652
<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) .....	2,454,251	158,370	518,440
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	1,871,826	1,353,386	1,353,386
19.2 End of period (Line 18 plus Line 19.1) .....	4,326,077	1,511,756	1,871,826

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

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STATEMENT AS OF MARCH 31, 2024 OF THE Trinity Health Plan of Michigan, 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											
<b>Total Members at end of:</b>														
1. Prior Year .....	0													
2. First Quarter .....	1,362							1,362						
3. Second Quarter .....	0													
4. Third Quarter .....	0													
5. Current Year	0													
6. Current Year Member Months	4,014							4,014						
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician .....	1,261							1,261						
8. Non-Physician .....	420							420						
9. Total	1,681	0	0	0	0	0	0	1,681	0	0	0	0	0	0
10. Hospital Patient Days Incurred	274							274						
11. Number of Inpatient Admissions	30							30						
12. Health Premiums Written (a) .....	2,709,820							2,709,820						
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned.....	2,708,748							2,708,748						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	1,372,459							1,372,459						
18. Amount Incurred for Provision of Health Care Services	2,525,453							2,525,453						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,709,820

**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
<b>Claims Unpaid (Reported)</b>						
Caremark	132,554					132,554
0199999. Individually listed claims unpaid	132,554	0	0	0	0	132,554
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered						0
0499999 Subtotals	132,554	0	0	0	0	132,554
0599999 Unreported claims and other claim reserves						1,020,441
0699999 Total amounts withheld						
0799999 Total claims unpaid						1,152,995
0899999 Accrued medical incentive pool and bonus amounts						



## 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 .....		1,372,459		1,152,995	0	0
8. Title XIX - Medicaid .....					0	0
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) .....	0	1,372,459	0	1,152,995	0	0
14. Health care receivables (a) .....					0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....					0	0
17. Totals (Lines 13 - 14 + 15 + 16)	0	1,372,459	0	1,152,995	0	0

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

# NOTES TO FINANCIAL STATEMENTS

## 1- Summary of Significant Accounting Policies and Going Concern

### A. Accounting Practices

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

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

The DIFS Regulation recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Michigan State Insurance law. The National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Michigan. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations exist.

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

	SSAP #	F/S Page	F/S Line #	2024	2023
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 4) .....	XXX	XXX	XXX	.....(641,378)	.....(1,830,275)
(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	.....(641,378)	.....(1,830,275)
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4) .....	XXX	XXX	XXX	.....2,475,984	.....1,869,725
(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	.....2,475,984	.....1,869,725

### A. Use of Estimates in the Preparation of the Financial Statements

Not applicable

### B. Accounting Policy

The Company uses the following accounting policies:

(1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximate fair value due to the short-term maturities of the investments.

(2) – (4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds are carried at amortized cost.

The Company regularly evaluates investment securities for impairment. The related investment is written down to its estimated value.

Amortization of bond premium or discount is computed using the effective yield method.

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

(5) The Company does not have any mortgage loans on real estate investments.

(6) The Company does not have any loan-backed security investments.

(7) The Company does not have any investments in subsidiaries.

(8) The Company does not have any joint venture investments.

(9) Not applicable.

(10) - (11) Not applicable

(12) Not applicable

(13) Not applicable

## 2 - Accounting Changes and Corrections of Errors

Not applicable

## 3 - Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable

B. Statutory merger

Not Applicable

C. Assumption Reinsurance

Not Applicable

D. Impairment Loss

Not Applicable

4 - Discontinued Operations

Not applicable

5 - Investments

A - Investments Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable

B - Investments Debt Restructuring

Not applicable

C - Investments Reverse Mortgages

Not applicable

D - Investments Loan Backed Securities

Not applicable

E - Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable

F - Investments Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

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

Not applicable

H - Investments Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

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

Not applicable

J - Real Estate

Not applicable

K - Low Income Housing tax Credits (LIHTC)

Not applicable

L - Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown			0		0	0.000	0.000
b. Collateral held under security lending agreements			0		0	0.000	0.000
c. Subject to repurchase agreements			0		0	0.000	0.000
d. Subject to reverse repurchase agreements			0		0	0.000	0.000
e. Subject to dollar repurchase agreements			0		0	0.000	0.000
f. Subject to dollar reverse repurchase agreements			0		0	0.000	0.000
g. Placed under option contracts			0		0	0.000	0.000
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock			0		0	0.000	0.000
i. FHLB capital stock			0		0	0.000	0.000
j. On deposit with states	193,468	190,767	2,701	193,468	0	3.239	0.000
k. On deposit with other regulatory bodies			0		0	0.000	0.000
l. Pledged collateral to FHLB (including assets backing funding agreements)			0		0	0.000	0.000
m. Pledged as collateral not captured in other categories			0		0	0.000	0.000
n. Other restricted assets			0		0	0.000	0.000
<b>o. Total Restricted Assets</b>	<b>193,468</b>	<b>190,767</b>	<b>2,701</b>	<b>193,468</b>		<b>3.239</b>	<b>12.142</b>

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

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

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

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

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not applicable

M - Investments Working Capital Finance Investments

Not applicable

N - Investments Offsetting and Netting of Assets and Liabilities

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(1) Assets			
Due from Centers for Medicare & Medicaid Services .....	13,023	13,023	0

\* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D, Section 1

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(2) Liabilities			
Due to Centers for Medicare & Medicaid Services .....	150,165	13,023	137,142

\* For derivative assets and derivative liabilities, the amount offset shall agree to Schedule DB, Part D, Section 1

O - Investments SGI Securities

Not applicable

P - Investments Short Sales

Not applicable

Q - Investments Prepayment Penalty and Acceleration Fees

Not applicable

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

Asset Type	Percent Share
(1) Cash .....	(0.3)%
(2) Cash Equivalents .....	100.3%
(3) Short-Term Investments.....	0.0%
(4) Total .....	100.0%

6 - Joint Ventures, Partnerships and Limited Liability Companies

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

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

7 - Investment Income

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

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

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

Interest Income Due and Accrued	Amount
1. Gross .....	9,771
2. Nonadmitted .....	0
3. Admitted .....	9,771

8 - Derivative Instruments

Not applicable

9 - Income Taxes

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

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

The Company is owned one hundred percent by Mount Carmel Health Plan, Inc. which contributed cash of \$1,500,000 as paid in capital to meet Michigan State Capital and Surplus requirements. Mount Carmel Health Plan, Inc. made additional cash contributions in 2024 of \$1,247,637. See Schedule Y for additional related party entities.

- A. – C. The Company is provided by agreement certain management, administrative, and marketing services by Mount Carmel Health Plan, Inc. ("MCHP"). Expenses related to services provided to the Company by MCHP were \$190,986 as of March 31, 2024.
- D. The Company owed \$573,552 to Mount Carmel Health System (MCHS) and its affiliates as of March 31, 2024.
- E. Mount Carmel Health Plan (MCHP), the parent to THP-MI, has agreed to provide administrative services to THP-MI related to the operation of Medicare Advantage products offered by THP-MI.
- F. Not Applicable
- G. All outstanding shares of the Company are owned by MCHP, a non-profit corporation domiciled in the State of Ohio. In addition, MCHS is sole owner of MCHP.
- H. Not Applicable
- I. Not Applicable
- J. Not Applicable
- K. Not Applicable
- L. Not Applicable
- M. Not Applicable
- N. Not Applicable
- O. Not applicable

11 - Debt

- A. Debt Including Capital Notes  
The company has no outstanding debt with third parties.
- B. Federal Home Loan Bank (FHLB) Agreements  
The Company does not have any FHLB agreements.

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

- B. – D. Defined Benefit Plan  
Not Applicable
- E. Defined Contribution Plans  
Not Applicable
- F. Multiemployer Plans  
Not Applicable
- G. Consolidated/Holding Company Plans  
Not Applicable
- H. Postemployment Benefits and Compensated Absences  
Not Applicable
- I. Impact of Medicare Modernization Act on Postretirement Benefits  
Not Applicable

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

- (1) The Company has no common stock shares. See Note 10 for capitalization of the Company.
- (2)-(13) Not applicable

14 - Liabilities, Contingencies and Assessments

- A – F None

15 - Leases

- A. Lessee Operating Lease  
Not Applicable
- B. Lessor Leases  
Not Applicable

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

- Not applicable

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

- A. Transfer of Receivables Reported as Sales  
Not Applicable

B. Transfer and Servicing of financial Assets

Not Applicable

C. Wash Sales

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

A. ASO Plans

Not Applicable

B. ASC Plans

Not Applicable

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

Not Applicable

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

Not applicable

20 – Fair Value Measurement

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Cash and Cash equivalents	4,326,077				4,326,077
Total assets at fair value/NAV	4,326,077	0	0	0	4,326,077

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

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

Description	Beginning Balance at 01/01/2024	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 03/31/2024
a. Assets										
Total Assets	0	0	0	0	0	0	0	0	0	0

Description	Beginning Balance at 01/01/2024	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 03/31/2024
b. Liabilities										
Total Liabilities	0	0	0	0	0	0	0	0	0	0

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
US Government and Agency	1,391,520	1,397,606	1,391,520		0	0	
Cash and Cash Equivalents	4,326,077	4,326,077	4,326,077		0	0	

D. Not Practicable to Estimate Fair Value

Not applicable

21 – Other Items

A. Extraordinary Item

Not Applicable

B. Troubled Debt Restructuring Debtors

Not Applicable

C. Other Disclosures and Unusual Items

D. Business Interruption Insurance Recoveries

Not Applicable

E. State Transferable and Non-transferable Tax Credits

Not Applicable

F. Subprime-Mortgage-Related Risk Exposure

Not Applicable

G. Retained Assets

Not applicable

22 – Subsequent Events

Type I – Recognized Subsequent Events:

Subsequent events have been considered through May 14, 2024, for the statutory statement filed on May 15, 2024.

The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist at March 31, 2024 but arose after that date, which would have a material effect on its financial condition.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through May 14, 2024, for the statutory statement filed on May 15, 2024.

The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist at March 31, 2024 but arose after that date, which would have a material effect on its financial condition.

23 - Reinsurance

A – D Not applicable

24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

A – C Not applicable

25 - Change in Incurred Claims and Claim Adjustment Expenses

Not applicable

26 - Intercompany Pooling Arrangements

Not applicable

27 - Structured Settlements

Not applicable

Note 28 - Health Care Receivables

Not applicable

29 - Participating Policies

Not applicable

30 - Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves ..... 1,425,000
2. Date of the most recent evaluation of this liability ..... 12/31/2023
3. Was anticipated investment income utilized in the calculation? ..... Yes [ X ] No [ ]

31 - Anticipated Salvage and Subrogation

Not applicable

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 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. ....
- 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. ....
- 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). ....
- 6.4 By what department or departments?  
.....
- 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 [ ] No [ ] N/A [ X ]
- 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 [  ] 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: ..... \$ .....

### 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 [  ]
- 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: ..... \$ .....
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 [  ]
- 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 .....	\$ .....	\$ .....

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [  ] No [  ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [  ] No [  ] N/A [  ]  
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
Norther Trust Corporation .....	50 South La Salle Street Chicago, Illinois 60603 .....

- 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

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

- 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 percent ..... 103.0 %
  - 1.2 A&H cost containment percent ..... 9.0 %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 94.0 %
  
- 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 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	2,709,820							2,709,820	
24. Minnesota	MN	N								0	
25. Mississippi	MS	N								0	
26. Missouri	MO	N								0	
27. Montana	MT	N								0	
28. Nebraska	NE	N								0	
29. Nevada	NV	N								0	
30. New Hampshire	NH	N								0	
31. New Jersey	NJ	N								0	
32. New Mexico	NM	N								0	
33. New York	NY	N								0	
34. North Carolina	NC	N								0	
35. North Dakota	ND	N								0	
36. Ohio	OH	N								0	
37. Oklahoma	OK	N								0	
38. Oregon	OR	N								0	
39. Pennsylvania	PA	N								0	
40. Rhode Island	RI	N								0	
41. South Carolina	SC	N								0	
42. South Dakota	SD	N								0	
43. Tennessee	TN	N								0	
44. Texas	TX	N								0	
45. Utah	UT	N								0	
46. Vermont	VT	N								0	
47. Virginia	VA	N								0	
48. Washington	WA	N								0	
49. West Virginia	WV	N								0	
50. Wisconsin	WI	N								0	
51. Wyoming	WY	N								0	
52. American Samoa	AS	N								0	
53. Guam	GU	N								0	
54. Puerto Rico	PR	N								0	
55. U.S. Virgin Islands	VI	N								0	
56. Northern Mariana Islands	MP	N								0	
57. Canada	CAN	N								0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	2,709,820	0	0	0	0	0	2,709,820	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									0	
61. Totals (Direct Business)	XXX	0	2,709,820	0	0	0	0	0	2,709,820	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 – ORGANIZATION CHART**

<b>Trinity Health Corporation (an Indiana nonprofit); FEIN: 35-1443425 (PARENT CORPORATION)</b>									
	Civica, Inc. (DE Nonprofit Nonstock Corporation); FEIN: 83-1246927 (Trinity has no ownership or membership interest in Civica – only voting rights and rights to appoint BOD members attendant to our position as a 'Governing Member.')								
	HealthRise Business Intelligence LLC; FEIN:84-5053960 (51% Controlled by Trinity Health Corporation)								
	Nuco Health LLC; FEIN: 84-0951661 (51% Controlled by Trinity Health Corporation)								
	Agile Health Solutions LLC ; FEIN: 84-3562661 (100% Controlled by Nuco Health LLC)								
	Greenstone Solutions LLC ; FEIN: (60% Controlled by Nuco Health LLC)								
	Trinity Health Pharmacy Services, LLC; FEIN: 84-3130212 (100% Controlled by Immediate Parent)								
	Mercy Care Center; FEIN: 85-3904921 (100% Controlled by Trinity Health Corporation)								
	Saint Agnes Health; FEIN: 92-1339454 (100% Controlled by Trinity Health Corporation)								
	Allegheny Franciscan Ministries, Inc. [Florida]; FEIN: 58-1492325 (100% Controlled by Trinity Health)								
	Global Health Ministry d/b/a Global Health Volunteers [MI]; FEIN: 42-1753527 (100% Controlled by Trinity Health)								
	Maxis Health System [Pennsylvania]; FEIN: 91-1940902 (100% Controlled by Trinity Health)								
	Maxis Health Trenton, Inc.; FEIN: 88-4267557 (100% Controlled by Maxis Health System)								
	St. James Mercy Health System [New York]; FEIN: 22-3127184 (100% Controlled by Trinity Health)								
	[SIM Properties, Inc.]; FEIN: 16-1294991 (100% Controlled by Immediate Parent)								
	THRE Services LLC; FEIN: 45-2603654 (99% interest held by Trinity Health Corporation; 1% interest held by Matthew Kufta)								
	PLEASE NOTE - Effective 12.1.2023, Misericordia Assurance Company, Ltd. Merged into Trinity Assurance, LTD: Trinity Assurance, LTD (Cayman Island) (100% Controlled by Trinity Health Corporation)								
	Michigan Co-Tenancy Laboratory (Tenants in Common Co-Tenancy ); Trinity Health Corporation holds a 6.09% Tenants in Common interest; THC together with its subsidiaries holds a 59.97% Tenants in Common interest								
	Truveta Inc.; FEIN 85-2537298 (4.754% Controlled by Trinity Health Corporation)								
	Premier Health Holdings, LLC; FEIN: 47-2665226 (55.7% Controlled by Trinity Health Corporation; 23.8% by St. Louis Holdings, LLC; 20.50% by Franciscan Missionaries of Our Lady Health System, Inc.)								
	Premier Health Consultants, LLC; FEIN: 20-5972761 (100% Controlled by Premier Health Holdings, LLC)								
	THPH Urgent Care, LLC; FEIN: 85-2464958 (51% Controlled by Trinity Health Corporation; 49% Controlled by Premier Health Consultants, LLC)								
	Total Urgent Care, LLC; FEIN: 84-3755134 (100% Controlled by Premier Health Consultants, LLC)								
	Total Urgent Care and Occupational Medicine, L.L.C.; FEIN: 27-1618580 (100% Controlled by Premier Health Consultants, LLC)								
	Lake Charles Urgent Care, L.L.C.; FEIN: 27-2272979 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by MMarque, Inc.)								
	LCUC Family Physicians Urgent Care, LLC; FEIN: 81-3301419 (55% Controlled by Lake Charles Urgent Care, LLC; 45% Controlled by Family Physicians Urgent Care, LLC)								
	Lake Charles Primary Care and Wellness, LLC; FEIN: 93-1394886 (50% Controlled by Premier Health Consultants, LLC and 50% Controlled by MMarque, Inc.)								
	Rapides After Hours Clinic, L.L.C.; FEIN : 45-1772383 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Rapides Healthcare System, L.L.C.)								
	Lake Urgent Care Ascension, L.L.C.; FEIN : 35-2463092 (33.34% Controlled by Premier Health Consultants, LLC; 66.66% Controlled by Our Lady of the Lake (trade name of Our Lady of the Lake Hospital, Inc.))								
	Lourdes After Hours, L.L.C. FEIN : 20-1367299 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Our Lady of Lourdes Regional Medical Center, Inc.)								
	Convenient Care, L.L.C. FEIN: 72-1439481 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Our Lady of the Lake Regional Medical Center (trade name of Our Lady of the Lake Hospital, Inc.))								
	St. Joseph's/Candler Urgent Care Centers, LLC; FEIN: 82-4301751 (49% Controlled by Premier Health Consultants, LLC; 51% Controlled by St. Joseph's/Candler Health System, Inc.)								
	LCMC Urgent Care, LLC; FEIN: 30-0951534 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Crescent City Physicians, Inc.)								
	St. Francis Urgent Care, L.L.C.; FEIN: 47-4013731 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by St. Francis Medical Center, Inc.)								
	Seton Urgent Care, LLC; FEIN: 32-0511311 (This Captive Affiliated JV Entity is 33.33% Controlled by Premier Health Consultants, LLC; 33.33% Controlled HH/Killeen Health System, LLC; 33.33% Controlled by Keystone Administration Management, LLC)								
	Freedom Urgent Care PLLC; FEIN: 27-1208614 (100% of Beneficial Ownership of Equity Interests held by Jay McKenna, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)								
	CP Premier Urgent Care JV, LLC; FEIN: 32-0569183 (This Captive Affiliated JV Entity is 50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Cedar Park Health System. L.P.)								
	Family First Express Care, PLLC; FEIN: 84-2395528; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)								
	Topeka Urgent Care, LLC; FEIN: 85-0536501 (This Captive Affiliated JV Entity is 50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Topeka Health System, LLC)								
	UK St. Francis Urgent Care, LLC; FEIN: 85-0732004; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)								
	Trinity Health Of New England Urgent Care, PLLC; FEIN: 85-3033413; (100% of Beneficial Ownership of Equity Interests held by Kurt Myers, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)								
	Holy Cross Health Urgent Care, Inc.; FEIN: 86-1216596; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)								
	Mercy Health Urgent Care, PLLC; FEIN: 85-4260462; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)								
	THPH Urgent Care, LLC; FEIN: 85-2464958 (51% Controlled by Trinity Health Corporation; 49% Controlled by Premier Health Consultants, LLC)								
	THPH Of New England, LLC; FEIN: 85-1888365 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC )								
	THPH of Ft. Lauderdale, LLC; FEIN: 85-4185977 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC )								
	Holy Cross Urgent Care, LLC; FEIN: 85-4026585 (This Captive Medical Practice is 100% Controlled by THPH Urgent Care, LLC and Managed by Premier Health Consultants, LLC)								
	THPH of Columbus, LLC; FEIN: 85-4041862 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC)								
	Mount Carmel Urgent Care, LLC; FEIN: 85-3883823 (This Captive Medical Practice is 100% Controlled by THPH Urgent Care, LLC and Managed by Premier Health Consultants, LLC)								
	THPH of Athens, LLC; FEIN: 86-2848438 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC)								
	Saint Mary's Health Care System Urgent Care, LLC; FEIN: 86-2944408 (This Captive Medical Practice is 100% Controlled by THPH Urgent Care, LLC and Managed by Premier Health Consultants, LLC)								
	THPH of Maryland, LLC; FEIN: 86-2380369 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC)								
	THPH of Iowa, LLC; FEIN: 88-2108958 (100% Controlled by THPH Urgent Care, LLC)								
	MercyOne Urgent Care, LLC; FEIN: 88-2052422 (100% controlled by THPH Urgent Care, LLC)								
	<b>Mount Carmel Health System [Ohio]; FEIN: 31-1439334 (100% Controlled by Trinity Health Corporation)</b>								
	Mount Carmel East (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)								
	Mount Carmel St. Ann's (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)								
	Mount Carmel New Albany Hospital (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)								
	Mount Carmel Grove City (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)								
	Mount Carmel Health System Foundation; FEIN: 31-1113966 (100% Controlled by Immediate Parent)								
	Mount Carmel Health Plan, Inc. (HMO); FEIN: 31-1471229 (100% Controlled by Immediate Parent)								
	Mount Carmel Health Plan of Connecticut, Inc.; FEIN: 87-3948434 (100% Controlled by Mount Carmel Health Plan, Inc.)								
	Mount Carmel Health Plan of Idaho, Inc.; FEIN: 83-1422704 (100% Controlled by Immediate Parent)								
	Trinity Health Plan of Michigan, Inc.; FEIN: 84-3836552 (100% Controlled by Immediate Parent)								
	Mount Carmel Health Plan of New York, Inc.; FEIN: 83-3278543 (100% Controlled by Immediate Parent)								
	Mount Carmel Health Insurance Company (PPO); FEIN: 25-1912781 (100% Controlled by Immediate Parent)								
	Mount Carmel College of Nursing; FEIN: 31-1308555 (100% Controlled by Immediate Parent)								
	Mount Carmel Behavioral Healthcare LLC; FEIN: (14.10% Controlled by Mount Carmel Health System)								
	PLEASE NOTE - ENTITY'S ASSETS INCLUDING THE DBA "COLUMBUS CONNECTION" WERE SOLD 10/4/2023 BUT ENTITY REMAINS: Patient Transport Services of Columbus LLC dba Columbus Connection; FEIN: 26-4601285 (50% Controlled by Immediate Parent)								
	OSU/Mount Carmel Health Alliance; FEIN: 31-1654603 (50% Controlled by Immediate Parent)								
	Madison County Community Hospital; FEIN: 31-1657206 (40% Controlled by Immediate Parent)								
	Diley Ridge Medical Center; FEIN: 34-2032340 (70% Controlled by Immediate Parent)								
	Mount Carmel Health Partners, LLC; FEIN: 47-1139205 (100% Controlled by Immediate Parent)								
	Central Ohio Medical Textiles; FEIN: 38-3643188 (50% Controlled by Immediate Parent)								
	Mount Carmel HealthProviders, Inc. dba Mount Carmel Medical Group; FEIN: 31-1382442 (100% Controlled by Immediate Parent)								
	Mount Carmel HealthProviders Two, LLC; FEIN: 20-1983271 (100% Controlled by Immediate Parent)								
	Mount Carmel Health Providers III, LLC; FEIN: 20-4145781 (100% Controlled by Immediate Parent)								
	Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (76.92% Controlled by Immediate Parent)								
	MCHS Big Run Condominium Association; FEIN: 31-1571567 (50% Controlled by Immediate Parent)								
	Taylor Station Surgical Center, LTD; FEIN: 31-1459910 (40% Controlled by Immediate Parent)								
	Columbus Cyberknife, LLC; FEIN: 27-0865251 (35% Controlled by Immediate Parent)								
	New Albany Surgery Center, LLC; FEIN: 45-1617821 (35% Controlled by Immediate Parent)								
	MCE MOB IV Limited Partnership; FEIN: 42-1544707 (49.63% Controlled by Immediate Parent)								
	St Ann's Medical Office Building II Limited Partnership; FEIN: 31-1603660 (48.95% Controlled by Immediate Parent)								
	Encompass Health Rehabilitation Hospital of Westerville, LLC dba Mount Carmel Rehabilitation Hospital, an Affiliate of Encompass Health; FEIN: 47-4200156 (20.4% Controlling Interest held by Immediate Parent)								
	Orange ASC, Ltd.; FEIN: (50% Controlled by Immediate Parent)								
	<b>Holy Cross Health, Inc. [Maryland]; FEIN: 52-0738041 (100% Controlled by Trinity Health Corporation)</b>								
	Holy Cross Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)								
	Holy Cross Germantown Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)								
	Holy Cross Health Network (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)								
	Maryland Care Group, Inc.; FEIN: 52-1815313 (100% Controlled by Immediate Parent)								
	Holy Cross Health Foundation, Inc.; FEIN: 20-8428450 (100% Controlled by Immediate Parent)								
	Chesapeake Potomac Regional Cancer Center, LLC; FEIN: 20-3762277 (20% Controlled by Immediate Parent)								
	Doctors' Regional Cancer Center, LLC; FEIN: 20-8889327 (25% Controlled by Immediate Parent)								
	Maryland Care, Inc. d/b/a Maryland Physician Care MCO; FEIN: 22-3476498 (25% Controlled by Immediate Parent)								
	Maryland Care Management, Inc. dba Maryland Physician Care MCO; FEIN: 20-4771530 (25% Controlled by Immediate Parent)								
	The Blue Door Pharmacy, LLC; FEIN: 47-3638756 (25% Controlled by Immediate Parent)								
	Holy Cross Health Centers, LLC; FEIN: 82-2340203 (100% Controlled by Immediate Parent)								
	Holy Cross Health Partners, LLC; FEIN 82-2391212 (100% Controlled by Immediate Parent)								
	<b>Mercy Health Network, Inc. d/b/a MercyOne [Iowa] FEIN: 42-1478417 (100% Controlled by Trinity Health Corporation)</b>								
	Genesis Health System (IU); FEIN: 36-3616314 (100% Controlled by Mercy Health Network, Inc. d/b/a Mercy One)								
	Genesis Medical Center, Silvis (dba of Genesis Health System (IU)); FEIN: 36-3616314 (100% Controlled by Genesis Health System (IU))								
	Genesis Medical Center, Aledo; FEIN: 45-4475683 (100% Controlled by Genesis Health System (IU))								
	GenRad Imaging Illinois, LLC; FEIN: 47-3785124 (50% Controlled by Genesis Health System (IU))								







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

	PLEASE NOTE THAT THE DBA FARRER CARE CENTER HAS CEASED OPERATIONS, BUT THE CORPORATE ENTITY, TCCS-MA, STILL REMAINS: Trinity Continuing Care Services - Massachusetts dba Farrer Care Center (PLEASE NOTE: PER THE FEBRUARY 2018 TRANSFER OF ASSETS AND SERVICES OF FARRER CARE CENTER, INC. (MA) TO TCCS - MA, FARRER CARE CENTER IS A DBA OF TCCS - MA; AND, AS THE FEIN FOR FARRER CARE CENTER, INC. (MA) WAS NOT TRANSFERRED, THIS SHELL ENTITY WAS PREVIOUSLY A SUB OF THOME (The Mercy Hospital, Inc. (Sisters of Providence Health System, Inc. which merged into The Mercy Hospital, Inc. on 12/30/2016); BUT, FARRER CARE CENTER, INC. (MA) FILED RESTATED ARTICLES OF ORGANIZATION ON 3/1/2022 CHANGING ITS CORPORATE MEMBER TO TRINITY CONTINUING CARE SERVICES); FEIN: 82-4005577 (100% Controlled by Immediate Parent)
	Farrer Care Center, Inc. (MA); FEIN: 04-2501711 (100% Controlled by TCCS)
	Trinity Home Health Services (multistate operation - incorporated in Michigan); FEIN: 38-2621935 (100% Controlled by Trinity Health Corporation)
	Hospice of North Ottawa Community, Inc.; FEIN: 38-2370192 (100% Controlled by Trinity Home Health Services)
	Hospice of Muskegon County, Inc.; FEIN: 38-2415247 (20% Controlled by Trinity Home Health Services)
	Mercy General Health Partners, Amicare Homecare dba North Ottawa at Home; FEIN: 38-3321856 (100% Controlled by Immediate Parent)
	Saint Mary's Amicare Home Healthcare; FEIN: 38-3320700 (100% Controlled by Immediate Parent)
	PLEASE NOTE THAT THIS SYRACUSE, NY HOME HEALTH AGENCY WILL CLOSE AND THE ENTITY WILL BECOME OPERATIONALLY INACTIVE EFFECTIVE 10.22.2023: St. Joseph's Health at Home, Inc.; FEIN: 87-1012253 (100% Controlled by Trinity Home Health Services)
	Mercy Home Health; FEIN: 23-1352099 (100% Controlled by Trinity Home Health Services)
	Trinity Health PACE; FEIN: 47-3073124 (100% Controlled by Immediate Parent) (multistate operation - incorporated in Michigan)
	Trinity Health PACE Alexandria, Inc.; FEIN: 92-3433625 (100% Controlled by Trinity Health PACE)
	Trinity Health PACE of Montgomery County, Inc.; FEIN: 92-3450659; (100% Controlled by Trinity Health PACE)
	Trinity Health PACE of Pensacola, Inc.; FEIN: 92-2940854 (100% Controlled by Trinity Health PACE)
	Mercy LIFE; FEIN: 23-2840137 (100% Controlled by Immediate Parent)
	LIFE St. Mary; FEIN: 26-2976184 (100% Controlled by Immediate Parent)
	LIFE at St. Francis Healthcare, Inc.; FEIN: 45-2569214 (100% Controlled by Immediate Parent)
	Saint Joseph PACE Inc.; FEIN: 47-3129127 (100% Controlled by Immediate Parent)
	LIFE St. Joseph of the Pines, Inc.; FEIN: 27-2159847 (100% Controlled by Immediate Parent)
	Trinity Health LIFE Pennsylvania Inc. dba Mercy LIFE - West Philadelphia ; FEIN: 47-5244984 (100% Controlled)
	Mercy LIFE of Alabama; FEIN: 27-3163002 (100% Controlled by Immediate Parent)
	Mercy LIFE, Inc.; FEIN: 45-3086711 (100% Controlled by Immediate Parent)
	LIFE at Lourdes Inc. dba Trinity Health LIFE New Jersey; FEIN: 26-1854750 (100% Controlled by Immediate Parent)
	Trinity Health ACO, Inc.; FEIN: 47-3794666 (100% Controlled by Trinity Health)
	Trinity Integrated Care, LLC; FEIN: 81-2772183 (100% Controlled by Immediate Parent)
	PLEASE NOTE - THIS ENTITY IS OPERATIONALLY INACTIVE: Trinity Accountable Care, LLC; FEIN: 81-2780900 (100% Controlled by Immediate Parent)
	PLEASE NOTE - THIS ENTITY IS OPERATIONALLY INACTIVE: Trinity Accountable Care II, LLC; FEIN: 84-2508775 (100% Controlled by Immediate Parent)
	Trinity Health of the Mid-Atlantic Region (Effective 7.1.19; formerly Mercy Health System of Southeastern Pennsylvania) (Pennsylvania); FEIN: 23-2212638 (100% Controlled by Trinity Health)
	Mercy Health Foundation of Southeastern Pennsylvania; FEIN: 23-2829864 (100% Controlled by Immediate Parent)
	Mercy Catholic Medical Center of Southeastern Pennsylvania; FEIN: 23-1352191 (100% Controlled by Immediate Parent)
	Mercy Fitzgerald Hospital (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Controlled by Trinity Health of the Mid-Atlantic Region)
	PLEASE NOTE ASSETS WERE SOLD TO PHMC WEST ON 3/24/2021, BUT ENTITY/FICTITIOUS NAME STILL REMAINS: Mercy Catholic Medical Center - Mercy Philadelphia Campus (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Controlled by Trinity Health of the Mid-Atlantic Region)
	Mercy Suburban Hospital (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-1396763 (100% Controlled by Immediate Parent)
	Nazareth Hospital; FEIN: 23-2794121 (100% Controlled by Immediate Parent)
	Nazareth Medical Office Building Associates, L.P.; FEIN: 23-2388040 (63.85% Controlled by Immediate Parent)
	PLEASE NOTE THAT THE NAME CHANGE OF LANGHORNE PHYSICIAN SERVICES TO TRINITY HEALTH MID-ATLANTIC MEDICAL GROUP AND THE ENTITY'S CORPORATE MEMBER CHANGE TO TRINITY HEALTH OF THE MID-ATLANTIC REGION WERE FILED 4/7/2023, EFFECTIVE 1/1/2024 - ENTITY IS MOVED UNDER THMA REGION; Trinity Health Mid-Atlantic Medical Group; FEIN: 23-2571699 (100% Controlled by Immediate Parent)
	PLEASE NOTE - DELAWARE CARE COLLABORATION ("DCC") LLC and MERCY ACCOUNTABLE CARE, LLC MERGED INTO THIS ENTITY AND THE ENTITY'S CORPORATE MEMBER CHANGED FROM ST. MARY MEDICAL CENTER TO THMA REGION EFFECTIVE 1/1/2024 - MOVE ENTITY UNDER THMA REGION EFF. 1/1/2024: Quality Health Alliance LLC; FEIN: 46-5686622 (100% Controlled by Immediate Parent)
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Mercy Accountable Care Network, LLC; FEIN: 46-2774097 (100% Controlled by Immediate Parent)
	Nazareth Physician Services, Inc.; FEIN: 20-3261266 (100% Controlled by Immediate Parent)
	Mercy Management of Southeastern Pennsylvania; FEIN: 23-2627944 (100% Controlled by Immediate Parent)
	Mercy Eastwick, Inc.; FEIN: 23-2184261 (100% Controlled by Immediate Parent)
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Mercy Home Health Services; FEIN: 23-2325058 (100% Controlled by Immediate Parent)
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Mercy Family Support; FEIN: 23-2325059 (100% Controlled by Immediate Parent)
	St. Mary Medical Center (Pennsylvania); FEIN: 23-1913910 (100% Controlled by Trinity Health of the Mid-Atlantic Region)
	St. Mary Emergency Medical Services; FEIN: 46-5354512 (100% Controlled by Immediate Parent)
	St. Mary Building and Development; FEIN: 46-1827502 (100% Controlled by Immediate Parent)
	Langhorne Services, Inc.; FEIN: 23-2625981 (100% Controlled by Immediate Parent)
	Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Controlled by Immediate Parent)
	Langhorne MOB Partners, L.P.; FEIN: 23-2622772 (42.857% Controlled by Immediate Parent)
	The Ambulatory Surgery Center at St. Mary, LLC; FEIN: 23-2871206 (51% Controlled by Immediate Parent)
	SMMC MOB II, Limited Partnership; FEIN: 36-4559869 (65.75% Controlled by Immediate Parent)
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Quality Health Alliance - ACO LLC; FEIN: 46-5675954 (100% Controlled by Immediate Parent)
	Endoscopy Center at St. Mary Management, LLC; FEIN: (16.524% Controlled by St. Mary Medical Center)
	Endoscopy Center at St. Mary, LP; FEIN: 20-5253361 (16.349% Controlled by St. Mary Medical Center; 1% Controlled by Endoscopy Center at St. Mary Management, LLC (General Partner))
	St. Mary Rehabilitation Hospital, LLP; FEIN: 27-3938747 (59% Controlled by SMMC)
	PLEASE NOTE THIS ENTITY IS OPERATIONALLY INACTIVE BUT NOT YET DISSOLVED - ST. MARY MEDICAL CENTER TERMINATED THE CO-MGMT AGRMT WITH THIS ENTITY EFF 10/30/2018: Heart Institute of St. Mary, LLC; FEIN: 45-4903701 (10% Controlled by SMMC)
	St. Francis Hospital, Inc. (Delaware); FEIN: 51-0064326 (100% Controlled by Trinity Health of the Mid-Atlantic Region)
	St. Francis Emergency Medical Services, LLC; FEIN: 92-0924799 (100% Controlled by St. Francis Hospital, Inc.)
	Per CT Audit, ENTITY IS VOID IN DE AS OF 3/1/2016- WAITING TO HEAR FINAL DISPOSITION FROM MINISTRY AND WHETHER ENTITY WILL BE REINSTATED; Franciscan ElderCare Corporation; FEIN: 22-3008680 (100% Controlled by Immediate Parent)
	Trinity Health Georgia, Inc. (Georgia); FEIN: 88-0878641 (100% Controlled by Trinity Health Corporation)
	Good Samaritan Hospital, Inc. dba St. Mary's Good Samaritan Hospital; FEIN: 26-1720984 (100% Controlled by Trinity Health Georgia, Inc.)
	St. Mary's Sacred Heart Hospital, Inc. dba HealthWorks; FEIN: 47-3752176 (100% Controlled by Trinity Health Georgia, Inc.)
	Sacred Heart Enterprises, LLC; FEIN: 35-2534772 (100% Controlled by St. Mary's Sacred Heart Hospital, Inc.)
	Cobb Enterprises, LLC; FEIN: 20-8356011 (100% Controlled by Sacred Heart Enterprises, LLC)
	St. Mary's Hospital, Inc.; FEIN: 58-0566223 (100% Controlled by Trinity Health Georgia, Inc.)
	St. Mary's Medical Group, Inc.; FEIN: 26-1858563 (100% Controlled by Trinity Health Georgia, Inc.)
	St. Mary's Foundation, Inc.; FEIN: 58-2542732 (100% Controlled by Trinity Health Georgia, Inc.)
	St. Mary's Good Samaritan Foundation, Inc.; FEIN: 81-1660088 (100% Controlled by Trinity Health Georgia, Inc.)
	St. Mary's Highland Hills, Inc. dba St. Mary's Highland Hills Village and dba Highland Hills Village; FEIN: 02-0576648 (100% Controlled by Trinity Health Georgia, Inc.)
	Athens Residential Properties, LLC; FEIN: Not Issued (100% Controlled by Trinity Health Georgia, Inc.)
	Accountable Care of Georgia, LLC; FEIN: 46-5491058 (100% Controlled by Trinity Health Georgia, Inc.)
	St. Peter's Health Partners (New York); FEIN: 45-3570715 (100% Controlled by Trinity Health)
	Capital Region UC LLC (d/b/a WellNow; FEIN: 38-4124497; (25% Interest Held by SPHP)
	Innovative Health Alliance of New York, LLC (100% Controlled by Immediate Parent); FEIN: 46-5676066
	St. Peter's Hospital Foundation, Inc.; FEIN: 22-2262982 (100% Controlled by Immediate Parent)
	Manning Medical, PLLC (Nominally Controlled by SPHP Physician in accordance with NY law; SPHP exercises control through an Agreement and Reserve Powers); FEIN: 46-4331512
	Albany Advanced Imaging, P.L.L.C. dba St. Peter's Health Partners Imaging (Manning Medical PLLC controls 44.65%; Albany Radiology Partners, PLLC controls 55.35%); FEIN: 14-1813068
	St. Peter's Health Partners Medical Associates, P.C.; FEIN: 46-1177336 (100% Controlled by Immediate Parent)
	St. Peter's Hospital of the City of Albany dba St. Peter's Hospital; FEIN: 14-1348692 (100% Controlled by Immediate Parent)
	Villa Mary Immaculate d/b/a St Peter's Nursing & Rehabilitation Center; FEIN: 14-1438749 (100% Controlled by Immediate Parent)
	St. Peter's Ambulatory Surgery Center LLC (St. Peter's Hospital 50%; AGC Associates, Inc. 50%); FEIN: 46-0463892
	Everett Road ASC, LLC; FEIN: 83-3542382 (SPHCA holds 20% Interest)
	St. Peter's Hospital College of Nursing; FEIN: 84-3744949 (100% Controlled by SPHCA)
	The Community Hospice, Inc.; FEIN: 14-1608921 (100% Controlled by Immediate Parent)
	The Community Hospice Foundation, Inc.; FEIN: 22-2692940 (100% Controlled by Immediate Parent)
	Samaritan Hospital of Troy, New York dba Samaritan Hospital; FEIN: 14-1338544 (100% Controlled by Immediate Parent)
	Alliance for Better Health Care, LLC; FEIN: 47-2920659 (JV Samaritan Hospital 20%; Ellis Hospital 20%; Hometown Health 20%; St. Mary Hospital of Amsterdam 20%; Whitney M. Young Health Center 20%)
	Healthy Alliance IPA, LLC; FEIN: (20% Controlled by Samaritan Hospital of Troy, New York)
	Samaritan Hospital - St. Mary's Campus (dba of Samaritan Hospital); FEIN: 14-1338544 (100% Controlled by Immediate Parent)
	Samaritan Hospital - Albany Memorial Campus (dba of Samaritan Hospital); FEIN: 14-1338544 (100% Controlled by Immediate Parent)
	Samaritan Hospital and The Eddy Foundation; 22-2743478 (100% Controlled by Immediate Parent)
	Sunnyview Hospital and Rehabilitation Center; FEIN: 14-1338386 (100% Controlled by Immediate Parent)
	Sunnyview Hospital and Rehabilitation Center Foundation, Inc.; FEIN: 22-2505127 (100% Controlled by Immediate Parent)
	LTC (Eddy), Inc. dba The Eddy; FEIN: 22-2564710 (100% Controlled by Immediate Parent)
	Our Lady of Mercy Life Center; FEIN: 14-1743506 (100% Controlled by Immediate Parent)
	The James A. Eddy Memorial Geriatric Center, Inc. dba Eddy Memorial Geriatric Center; FEIN: 22-2570478 (100% Controlled by Immediate Parent)
	Capital Region Geriatric Center, Inc. dba Eddy Village Green; FEIN: 14-1701597 (100% Controlled by Immediate Parent)
	Heritage House Nursing Center, Inc. dba Eddy Heritage House Nursing and Rehabilitation Center; FEIN: 14-1725101(100% Controlled by Immediate Parent)
	Senior Care Connection, Inc. dba Eddy Senior Care; FEIN: 14-1708754 (100% Controlled by Immediate Parent)
	Home Aide Service of Eastern New York, Inc. dba Eddy Visiting Nurse Association; FEIN: 14-1514867 (100% Controlled by Immediate Parent)
	Beverwyck, Inc. dba Eddy Village Green at Beverwyck; FEIN: 14-1717028 (100% Controlled by Immediate Parent)
	Glen Eddy, Inc.; FEIN: 14-1794150 (100% Controlled by Immediate Parent)
	The Glen at Hilland Meadows, Inc.; FEIN: 16-1529639 (50% Controlled by Immediate Parent)
	Hawthorne Ridge, Inc. dba Eddy Hawthorne Ridge; FEIN: 80-0102840 (100% Controlled by Immediate Parent)
	The Marjorie Doyle Rockwell Center, Inc.; FEIN: 14-1793885(100% Controlled by Immediate Parent)
	Beechwood, Inc. dba Eddy Property Services; FEIN: 14-1651563 (100% Controlled by Immediate Parent)
	Samaritan Medical Office Building, Inc.; FEIN: 14-1607244 (100% Controlled by Immediate Parent)
	Eddy Licensed Home Care Agency, Inc.; FEIN: 14-1818568 (100% Controlled by Immediate Parent)
	Empire Home Infusion Service, Inc. dba Northeast Home Medical Equipment; FEIN: 14-1795732 (100% Controlled by Immediate Parent)
	Seton Health at Schuyler Ridge Residential Healthcare dba Schuyler Ridge; FEIN: 14-1756230 (100% Controlled by Immediate Parent)
	BayCare Health System, Inc. (JOA - 50.4% Controlled by Trinity Health, not all facilities Controlled; Other Parties to the JOA include Morton Plant Mease Health Care, Inc. and South Florida Baptist Hospital, Inc.) (Florida); FEIN: 59-2796965
	Morton Plant Mease Health Care, Inc.; FEIN: 59-2374556 (Entity is a Party to the JOA BayCare Health System; Membership of this entity is a Directors Model - the members of the Board of Directors of Morton Plant Mease Health Care, Inc. are the Members of this Corporation's Immediate Parent)
	Trustees of Mease Hospital, Inc. d/b/a Mease Countryside Hospital; FEIN: 59-0855412 (100% Controlled by Immediate Parent)
	Trustees of Mease Hospital, Inc. d/b/a Mease Dunedin Hospital; FEIN: 59-0855412 (100% Controlled by Immediate Parent)
	Morton Plant Hospital Association, Inc. d/b/a Morton Plant Hospital; FEIN: 59-0624462 (100% Controlled by Immediate Parent)
	Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Hospital; FEIN: 59-0624462 (100% Controlled by Immediate Parent)
	Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Hospital Recovery Center; FEIN: 59-0624462 (100% Controlled by Immediate Parent)
	Morton Plant Hospital Association, Inc. d/b/a Morton Plant Rehabilitation Center; FEIN: 59-0624462 (100% Controlled by Immediate Parent)
	South Florida Baptist Hospital, Inc.; FEIN: 59-0594631 (Entity is a Party to the JOA BayCare Health System; Membership of this entity consists of 21 individuals who are members of Missionary Baptist Churches in FL. 100% Controlled by Immediate Parent)
	Bartow Regional Medical Center, Inc.; FEIN: 47-5387418 (100% Controlled by Immediate Parent)
	Winter Haven Hospital, Inc.; FEIN: 59-0724462 (100% Controlled by Immediate Parent)
	Winter Haven Hospital, Inc. dba Winter Haven Women's Hospital; FEIN: 59-0724462 (100% Controlled by Immediate Parent)





# 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 Trinity Health Plan of Michigan, 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 .....	1,390,111	150,614
2. Cost of bonds and stocks acquired .....	0	1,378,218
3. Accrual of discount .....	7,495	11,893
4. Unrealized valuation increase/(decrease) .....	0	
5. Total gain (loss) on disposals .....	0	
6. Deduct consideration for bonds and stocks disposed of .....	0	150,614
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) .....	1,397,606	1,390,111
12. Deduct total nonadmitted amounts .....	0	
13. Statement value at end of current period (Line 11 minus Line 12)	1,397,606	1,390,111

STATEMENT AS OF MARCH 31, 2024 OF THE Trinity Health Plan of Michigan, 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
<b>BONDS</b>								
1. NAIC 1 (a) .....	1,390,111	0	0	7,495	1,397,606	0	0	1,390,111
2. NAIC 2 (a) .....	0	0	0	0	0	0	0	0
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	1,390,111	0	0	7,495	1,397,606	0	0	1,390,111
<b>PREFERRED STOCK</b>								
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	1,390,111	0	0	7,495	1,397,606	0	0	1,390,111

(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 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

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**SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Premium	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
7709999999 Totals		XX			

**NONE**

**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	149,277
2. Cost of short-term investments acquired .....	0	0
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 .....	0	149,277
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) .....	0	0
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0



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 .....	1,771,953	204,000
2. Cost of cash equivalents acquired .....	195,010,099	6,395,276
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 .....	192,443,848	4,827,323
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) .....	4,338,204	1,771,953
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	4,338,204	1,771,953

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**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

**N O N E**

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**



