



# HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2024

OF THE CONDITION AND AFFAIRS OF THE

## Priority Health

NAIC Group Code 3383 3383 NAIC Company Code 95561 Employer's ID Number 38-2715520  
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 03/07/1986 Commenced Business 10/15/1986

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

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

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

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

Internet Website Address www.priorityhealth.com

Statutory Statement Contact Stephanie Savic, 616-464-8205  
(Name) (Area Code) (Telephone Number)  
Stephanie.Savic@corewellhealth.org, 616-942-7916  
(E-mail Address) (FAX Number)

### OFFICERS

President / Chief Executive Officer Praveen Gope Thadani Secretary Kimberly Lynn Thomas  
Treasurer / Chief Financial Officer Nicholas Patrick Gates

### OTHER

### DIRECTORS OR TRUSTEES

<u>Matthew Elson Cox</u>	<u>Christina Michelle Freese Decker</u>	<u>Richard Lee DeVore</u>
<u>Doug Allen Dozeman</u>	<u>Linda Hughley Gillum</u>	<u>Ann Mutzabaugh Harten</u>
<u>Joshua William Hulst #</u>	<u>Birgit Maria Klohs</u>	<u>Howard Neal Morof</u>
<u>Edwin Anders Ness</u>	<u>Ora Hirsch Pescovitz</u>	<u>Garrick John Rochow</u>
<u>Mina Patel Sooch</u>	<u>Michael Frederic Sytsma</u>	<u>Praveen Gope Thadani</u>
<u>Alicia Margarita Torres</u>	<u>Elaine Coston Wood</u>	

State of Michigan SS:  
County of \_\_\_\_\_

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

Praveen Gope Thadani  
President

Nicholas Patrick Gates  
Treasurer

Kimberly Lynn Thomas  
Secretary

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

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

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health

**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 .....	633,232,521		633,232,521	621,665,017
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	646,342,842	6,699,999	639,642,843	624,139,435
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 (\$ .....(93,262,761) ), cash equivalents (\$ .....464,140,781 ) and short-term investments (\$ .....341,550,743 ) .....	712,428,761		712,428,761	519,838,606
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....	5,000,000		5,000,000	2,000,000
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) .....	1,997,004,124	6,699,999	1,990,304,125	1,767,643,058
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	6,405,465		6,405,465	6,205,148
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	17,413,163	2,600,590	14,812,573	14,848,551
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 (\$ ..... 65,240,229 ) .....	65,240,229		65,240,229	41,334,866
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	3,197,728		3,197,728	3,487,226
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	931,000		931,000	931,000
17. Amounts receivable relating to uninsured plans .....	4,450,110		4,450,110	37,145,011
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 .....	14,769,605		14,769,605	20,412,672
24. Health care (\$ .....162,765,029 ) and other amounts receivable .....	179,086,446	16,308,683	162,777,763	183,293,065
25. Aggregate write-ins for other than invested assets .....	58,864,128	58,864,128	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,347,361,998	84,473,400	2,262,888,598	2,075,300,597
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	2,347,361,998	84,473,400	2,262,888,598	2,075,300,597
<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. Prepaid expenses .....	58,864,128	58,864,128	0	0
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)	58,864,128	58,864,128	0	0

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	471,645,499	29,245,949	500,891,448	481,111,233
2. Accrued medical incentive pool and bonus amounts .....	9,210,171		9,210,171	21,937,457
3. Unpaid claims adjustment expenses .....	8,519,665	528,291	9,047,956	7,374,655
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....	157,141,536		157,141,536	104,540,271
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 .....	18,414,987		18,414,987	25,248,502
9. General expenses due or accrued .....	43,423,593		43,423,593	39,678,003
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 .....	3,549,076		3,549,076	4,038,056
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	6,144,681		6,144,681	5,307,391
16. Derivatives .....			0	0
17. Payable for securities .....	4,406,643		4,406,643	1,181,312
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 .....	34,869,113		34,869,113	26,647,177
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	757,324,964	29,774,240	787,099,204	717,064,057
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	1,000,000	1,000,000
26. Common capital stock .....	XXX	XXX	8,471	8,471
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	35,821,001	35,821,001
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	1,438,959,922	1,321,407,068
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	1,475,789,394	1,358,236,540
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,262,888,598	2,075,300,597
<b>DETAILS OF WRITE-INS</b>				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. Appropriated Retained Earnings .....	XXX	XXX	1,000,000	1,000,000
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	1,000,000	1,000,000
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	4,626,219	4,525,776	9,065,438
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	2,909,536,071	2,679,194,434	5,371,088,277
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	12,279	(162,397)	(2,330,739)
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX			
5. Risk revenue .....	XXX			
6. Aggregate write-ins for other health care related revenues .....	XXX	1,445,415	645,419	1,573,681
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	2,910,993,765	2,679,677,456	5,370,331,219
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		1,998,093,447	1,767,621,376	3,702,375,588
10. Other professional services .....		45,201,026	41,145,888	79,717,537
11. Outside referrals .....		55,842,125	55,602,619	101,860,315
12. Emergency room and out-of-area .....		102,173,051	94,175,641	197,465,356
13. Prescription drugs .....		388,402,324	334,058,099	635,383,661
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		5,073,861	47,943,739	94,802,900
16. Subtotal (Lines 9 to 15) .....	0	2,594,785,834	2,340,547,362	4,811,605,357
<b>Less:</b>				
17. Net reinsurance recoveries .....		3,074,300	2,677,768	4,860,244
18. Total hospital and medical (Lines 16 minus 17) .....	0	2,591,711,534	2,337,869,594	4,806,745,113
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ .....40,314,233 cost containment expenses .....		82,735,105	73,784,081	159,077,636
21. General administrative expenses .....		221,795,784	212,102,655	424,976,139
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .				0
23. Total underwriting deductions (Lines 18 through 22).....	0	2,896,242,423	2,623,756,330	5,390,798,888
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	14,751,342	55,921,126	(20,467,669)
25. Net investment income earned .....		32,279,397	25,981,922	57,826,715
26. Net realized capital gains (losses) less capital gains tax of \$ .....		9,137,700	(8,899,199)	36,490,087
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	41,417,097	17,082,723	94,316,802
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	56,168,439	73,003,849	73,849,133
31. Federal and foreign income taxes incurred .....	XXX			
32. Net income (loss) (Lines 30 minus 31)	XXX	56,168,439	73,003,849	73,849,133
<b>DETAILS OF WRITE-INS</b>				
0601. Wellness Revenue .....	XXX	1,445,415	645,419	1,573,681
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	1,445,415	645,419	1,573,681
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.....	1,358,236,540	1,211,443,847	1,211,443,847
34. Net income or (loss) from Line 32.....	56,168,439	73,003,849	73,849,133
35. Change in valuation basis of aggregate policy and claim reserves.....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....	29,852,287	74,965,760	75,762,620
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax.....			
39. Change in nonadmitted assets.....	31,532,128	9,232,929	(14,593,585)
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	0	5	(1)
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	0	11,774,526
48. Net change in capital & surplus (Lines 34 to 47).....	117,552,854	157,202,543	146,792,693
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,475,789,394	1,368,646,390	1,358,236,540
<b>DETAILS OF WRITE-INS</b>			
4701. Prior Period Adjustment Goodwill Amortization.....			11,774,526
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	11,774,526

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health

**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 .....	2,930,726,849	2,994,617,633	5,386,449,763
2. Net investment income .....	31,792,992	25,247,927	56,561,811
3. Miscellaneous income .....	1,445,415	645,419	1,573,681
4. Total (Lines 1 to 3) .....	2,963,965,256	3,020,510,979	5,444,585,255
5. Benefit and loss related payments .....	2,524,839,497	2,332,245,806	4,827,321,737
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	258,195,161	233,001,107	588,103,538
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0	0
10. Total (Lines 5 through 9) .....	2,783,034,658	2,565,246,913	5,415,425,275
11. Net cash from operations (Line 4 minus Line 10) .....	180,930,598	455,264,066	29,159,980
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	56,293,163	76,980,715	126,885,046
12.2 Stocks .....	30,000,000	0	19,577,743
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	(159,824)
12.7 Miscellaneous proceeds .....	3,225,331	8,259,102	4,800,000
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	89,518,494	85,239,817	151,102,965
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	70,058,791	106,439,284	153,386,911
13.2 Stocks .....	4,029,855	2,054,785	29,134,410
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 .....	3,000,000	0	2,071,392
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	77,088,646	108,494,069	184,592,713
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) .....	12,429,848	(23,254,252)	(33,489,748)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	4	(1)
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) .....	(770,291)	9,881,578	58,819,247
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(770,291)	9,881,582	58,819,246
<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) .....	192,590,155	441,891,396	54,489,478
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	519,838,606	465,349,128	465,349,128
19.2 End of period (Line 18 plus Line 19.1) .....	712,428,761	907,240,524	519,838,606

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

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STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health

**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 .....	761,509	136,437	370,081	17,528	0	0	2,026	235,437	0	0	0	0	0	0
2. First Quarter .....	775,495	153,370	364,560	16,986	0	0	2,029	238,550	0	0	0	0	0	0
3. Second Quarter .....	778,050	156,536	361,915	17,140			1,999	240,460						
4. Third Quarter .....	0													
5. Current Year	0													
6. Current Year Member Months	4,626,219	907,784	2,176,113	101,638			12,041	1,428,643						
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician .....	5,771,679	769,702	1,844,187	193,444			11,129	2,953,217						
8. Non-Physician .....	567,176	75,638	181,226	19,009			1,094	290,209						
9. Total	6,338,855	845,340	2,025,413	212,453	0	0	12,223	3,243,426	0	0	0	0	0	0
10. Hospital Patient Days Incurred	278,971	25,026	47,820	11,145			289	194,691						
11. Number of Inpatient Admissions	39,065	4,202	9,832	1,448			150	23,433						
12. Health Premiums Written (a) .....	2,913,122,640	439,075,634	1,035,345,927	21,307,825			6,457,207	1,410,936,047						
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned.....	2,913,134,920	439,075,634	1,035,345,927	21,307,825			6,457,207	1,410,948,327						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	2,584,658,607	356,705,412	905,713,389	18,112,107			5,154,519	1,298,973,180						
18. Amount Incurred for Provision of Health Care Services	2,594,785,836	366,097,499	894,672,470	17,934,494			5,398,917	1,310,682,456						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 1,410,936,047





## 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	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	72,790,436	307,799,716	3,493,969	90,162,443	76,284,405	87,676,188
2. Comprehensive (hospital and medical) group .....	179,268,567	775,106,484	15,032,986	172,264,496	194,301,553	195,823,910
3. Medicare Supplement .....	4,021,192	14,090,915	176,042	4,864,536	4,197,234	5,218,191
4. Vision only .....					0	0
5. Dental only .....					0	0
6. Federal Employees Health Benefits Plan .....	779,219	4,375,300	90,138	690,551	869,357	536,291
7. Title XVIII - Medicare .....	178,406,808	1,246,036,333	7,880,898	206,235,388	186,287,706	191,856,654
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) .....	435,266,222	2,347,408,748	26,674,033	474,217,414	461,940,255	481,111,234
14. Health care receivables (a) .....		215,817,510			0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	23,769,584	(5,968,437)	6,073,748	3,136,424	29,843,332	21,937,457
17. Totals (Lines 13 - 14 + 15 + 16)	459,035,806	2,125,622,801	32,747,781	477,353,838	491,783,587	503,048,691

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

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Practices**

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

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 56,168,439	\$ 73,849,133
(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	\$ 56,168,439	\$ 73,849,133
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 1,475,789,394	\$ 1,358,236,540
(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	\$ 1,475,789,394	\$ 1,358,236,540

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

The preparation of financial statements of HMOs requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known, which could impact the amounts reported and disclosed herein.

**C. Accounting Policy**

(1) Basis for Short-Term Investments

All short-term investments have been classified in accordance with National Association of Insurance Commissioners (NAIC) guidelines and are stated at amortized cost for financial statement disclosure.

(2) Basis for Bonds and Amortization Schedule

Investments in bonds are carried at amortized cost. The cost of bonds is adjusted for amortization of premiums and discounts to maturity using a level-yield method. Realized gains and losses are determined using the specific identification method and are included in operations. The fair value of investments is determined based upon quoted market prices.

(3) Basis for Common Stocks

Investments in Common Stocks are reported at fair market value based upon quoted market prices.

(4) Basis for Preferred Stocks

NOT APPLICABLE

(5) Basis for Mortgage Loans

NOT APPLICABLE

(6) Basis for Loan-Backed Securities and Adjustment Methodology

Loan-backed securities as well as other asset-backed securities are held and are reported at their amortized cost.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

NOT APPLICABLE

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

NOT APPLICABLE

(9) Accounting Policies for Derivatives

NOT APPLICABLE

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The Plan utilizes anticipated investment income as a factor in the premium deficiency calculation.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

Under traditional arrangements, health care costs are recognized as expenses when services are rendered including, based on historical data, an estimate of costs incurred but not reported at the balance sheet date. Under capitation arrangements and risk-savings/sharing programs, health care costs are recognized when accruable under the providers' respective agreements. Adjustments to previously rendered claims reserve estimates are reflected in the statement of operations in the period in which the estimates are revised. Such reserve adjustments consist of restatements of claims estimates and changes in margin associated with these estimates and could be material in the future. Given the nature of the health care costs and provider billing requirements, as defined by the participating providers' agreements, amounts accrued at year-end are paid predominantly in the following year.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Plan has had no change in capitalization policy.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

The Plan estimates pharmaceutical rebate receivables based on historic collection experience and reporting provided by pharmacy benefit managers.

**D. Going Concern**

NONE.

**NOTE 2 Accounting Changes and Corrections of Errors**

No significant changes.

**NOTE 3 Business Combinations and Goodwill**

No significant changes.

**NOTE 4 Discontinued Operations**

No significant changes.

**NOTE 5 Investments**

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health  
**NOTES TO FINANCIAL STATEMENTS**

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

**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**

No significant changes.

**NOTE 7 Investment Income**

No significant changes.

**NOTE 8 Derivative Instruments**

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

**NOTE 9 Income Taxes**

The Company is exempt from federal income taxes as an organization described under Internal Revenue Code Section 501(C)(4). Therefore, income tax expense has not been recorded.

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

No significant changes.

**NOTE 11 Debt**

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

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

- A. Defined Benefit Plan - NOT APPLICABLE

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

No significant changes.

**NOTE 14 Liabilities, Contingencies and Assessments**

- A. Contingent Commitments

The Company has committed to its wholly owned subsidiaries, Priority Health Insurance Company, Inc., Priority Health Choice, Inc., Total Health Care Inc., and Total Health Care USA Inc. to provide additional capital as needed in order for this subsidiary to meet capital requirements as mandated by the regulating authority.

- B. Assessments

The Company incurs an assessment based on certain membership under the Michigan Insurance Provider Assessment (IPA) Act. As the IPA taxes are the Company's responsibility, taxes are recorded under the gross method. The taxes collected and paid are recorded in premium revenue and general administrative expenses, respectively. The Company expensed \$7,298,186 for IPA taxes in 2024. The corresponding liability of \$7,298,186 is recorded in general expenses due or accrued as of June 30, 2024.

**NOTE 15 Leases**

No significant changes.

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

No significant changes.

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

- B. Transfer and Servicing of Financial Assets - NOT APPLICABLE
- C. Wash Sales - NOT APPLICABLE

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

No significant changes.

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health  
**NOTES TO FINANCIAL STATEMENTS**

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

No significant changes.

**NOTE 20 Fair Value Measurements**

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Common Stock	\$ 298,354,632	\$ -	\$ -	\$ -	\$ 298,354,632
<b>Total assets at fair value/NAV</b>	<b>\$ 298,354,632</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 298,354,632</b>

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

C. Fair Value Level - NOT APPLICABLE

D. Not Practicable to Estimate Fair Value - NOT APPLICABLE

E. NAV Practical Expedient Investments - NOT APPLICABLE

**NOTE 21 Other Items**

No significant changes.

**NOTE 22 Events Subsequent**

Subsequent events have been considered through June 30, 2024 for these statutory financial statements which are to be issued on June 30, 2024.

**NOTE 23 Reinsurance**

No significant changes.

**NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination**

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes [X] No [ ]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year Amount

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments) \$ -

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 911,000

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium) \$ 149,671,000

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment \$ (57,330,000)

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 320,000

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
					5	6	7	8			
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -
2. Premium adjustments (payable) (including high risk pool premium)	\$ -	\$ 92,340,000	\$ -	\$ -	\$ -	\$ 92,340,000	\$ -	\$ 10,058,000	B	\$ -	\$ 102,398,000
3. Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ 92,340,000	\$ -	\$ -	\$ -	\$ 92,340,000	\$ -	\$ 10,058,000		\$ -	\$ 102,398,000

Explanations of Adjustments

B.

Revised Estimate

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year - NOT APPLICABLE

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4 - 5)
a. 2014	\$ 465,000	\$ 70,000	\$ 395,000	\$ -	\$ -	\$ -
b. 2015	\$ 14,346,000	\$ 717,000	\$ 13,629,000	\$ -	\$ -	\$ -
c. 2016	\$ 26,340,000	\$ 1,318,000	\$ 25,022,000	\$ -	\$ -	\$ -

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health  
**NOTES TO FINANCIAL STATEMENTS**

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d. Total (a + b + c)	\$ 41,151,000	\$ 2,105,000	\$ 39,046,000	\$ -	\$ -	\$ -
24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)						
24E(5)d (Column 6) should equal 24E(2)c1						

**NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses**

Adjustments to previously rendered claims reserve estimates are reflected in the statement of operations in the period in which the estimates are revised. Such reserve adjustments consist of restatements of claim estimates and release of any margin associated with these estimates. Reserve adjustments have decreased by \$19,171,000 from \$481,111,000 to \$461,940,000 in 2024.

**NOTE 26 Intercompany Pooling Arrangements**

No significant changes.

**NOTE 27 Structured Settlements**

Not applicable.

**NOTE 28 Health Care Receivables**

No significant changes.

**NOTE 29 Participating Policies**

No significant changes.

**NOTE 30 Premium Deficiency Reserves**

No significant changes.

**NOTE 31 Anticipated Salvage and Subrogation**

No significant changes.

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health  
**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 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
 If yes, attach an explanation.  
 .....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2022
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2022
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 02/12/2024
- 6.4 By what department or departments?  
 State of Michigan Department of Insurance and Financial Services .....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:  
 .....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
 .....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health  
**GENERAL INTERROGATORIES**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain: .....
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s). .....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). .....

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ X ] No [ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ X ] No [ ]
- 11.2 If yes, give full and complete information relating thereto: .....
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 [ X ] 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	\$ .....
14.22 Preferred Stock .....	\$ .....0	\$ .....
14.23 Common Stock .....	\$ .....323,396,426	\$ .....341,288,211
14.24 Short-Term Investments .....	\$ .....0	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....0	\$ .....
14.26 All Other .....	\$ .....0	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ .....323,396,426	\$ .....341,288,211
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ ]  
 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

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health  
**GENERAL INTERROGATORIES**

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

1 Name of Custodian(s)	2 Custodian Address
Northern Trust .....	Chicago, IL .....

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
BlackRock Financial Management, Inc .....	U.....
Sun Life Capital Management, LLC .....	U.....
Robert W. Baird & Co. Inc. ....	U.....
Pacific Investment Management Company, LLC .....	U.....

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
N/A .....	BlackRock Financial Management, Inc .....	549300LVXY1VJKE13M84 .....	SEC .....	NO.....
N/A .....	Sun Life Capital Management, LLC .....	5493001YLOMBHWNPEN55 .....	SEC .....	NO.....
N/A .....	Robert W. Baird & Co. Inc. ....	549300772USAHRDGL053 .....	SEC .....	NO.....
N/A .....	Pacific Investment Management Company, LLC .....	549300KGPYQZXGMYYN38 .....	SEC .....	NO.....

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

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

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

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

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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

- Has the reporting entity self-designated PLGI securities? ..... Yes  No

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes  No



# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent .....90.5 %
  - 1.2 A&H cost containment percent ..... 1.4 %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 9.1 %
- 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**

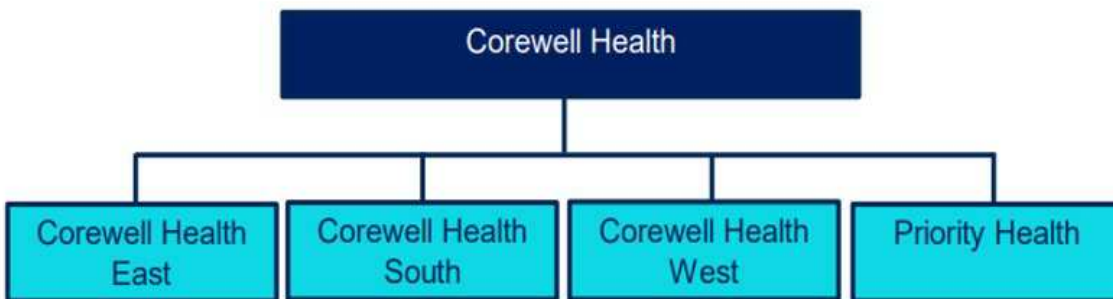
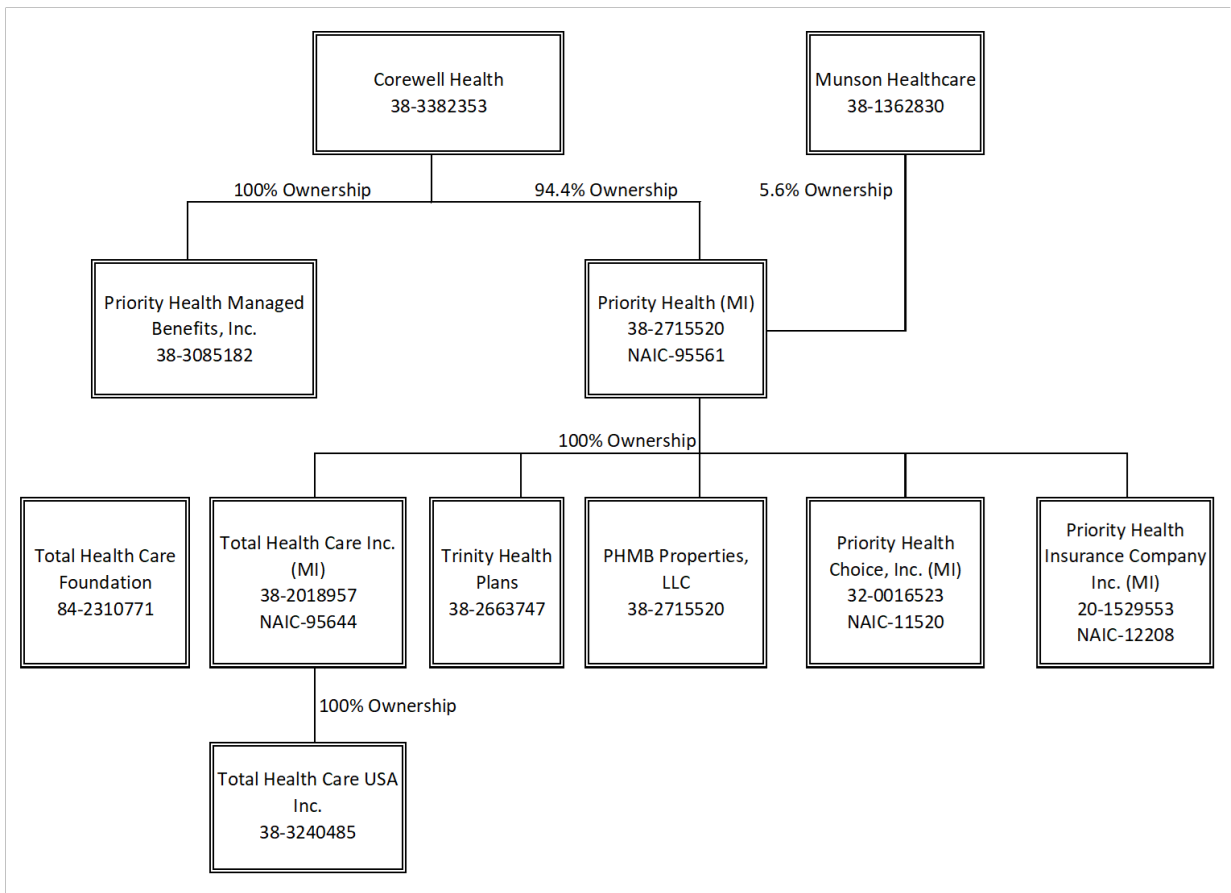
Current Year to Date - Allocated by States and Territories

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	1,495,729,386	1,410,936,047		6,457,207				2,913,122,640	
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	1,495,729,386	1,410,936,047	0	0	6,457,207	0	0	2,913,122,640	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									0	
61. Totals (Direct Business)	XXX	1,495,729,386	1,410,936,047	0	0	6,457,207	0	0	2,913,122,640	0	0
DETAILS OF WRITE-INS											
58001.	XXX										
58002.	XXX										
58003.	XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

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



STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	NO

**AUGUST FILING**

2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. ....	YES
--	-----

Explanation:

1. The data for this supplement is not required to be filed.

Bar Code:

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



**NONE**

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health

**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 .....	1,252,504,412	1,168,943,547
2. Cost of bonds and stocks acquired .....	74,088,646	182,521,321
3. Accrual of discount .....	964,020	1,520,708
4. Unrealized valuation increase/(decrease) .....	29,852,324	58,352,684
5. Total gain (loss) on disposals .....	9,137,057	(10,919,864)
6. Deduct consideration for bonds and stocks disposed of .....	86,305,435	146,462,789
7. Deduct amortization of premium .....	677,932	1,451,195
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 .....	12,272	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	1,279,575,364	1,252,504,412
12. Deduct total nonadmitted amounts .....	6,700,000	6,700,000
13. Statement value at end of current period (Line 11 minus Line 12)	1,272,875,364	1,245,804,412



STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health

**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) .....	870,335,642	193,631,183	195,661,758	5,071,212	870,335,642	873,376,279	0	856,325,646
2. NAIC 2 (a) .....	107,720,337	3,845,583	1,603,670	(1,577,434)	107,720,337	108,384,816	0	107,728,331
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	293,233
4. NAIC 4 (a) .....	263,608	0	0	5,307	263,608	268,915	0	258,819
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	978,319,587	197,476,766	197,265,428	3,499,085	978,319,587	982,030,010	0	964,606,029
<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	978,319,587	197,476,766	197,265,428	3,499,085	978,319,587	982,030,010	0	964,606,029

(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 \$ 325,884,057 ; NAIC 2 \$ 22,969,594 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

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STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health

**SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
7709999999 Totals	341,550,740	xxx	335,907,173	1,321,372	134,274

**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 .....	334,711,498	303,930,849
2. Cost of short-term investments acquired .....	218,040,525	442,571,782
3. Accrual of discount .....	6,412,553	9,285,121
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	800	(159,824)
6. Deduct consideration received on disposals .....	217,609,014	420,871,009
7. Deduct amortization of premium .....	5,619	45,421
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) .....	341,550,743	334,711,498
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	341,550,743	334,711,498

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**

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health  
**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 .....	218,781,112	186,327,167
2. Cost of cash equivalents acquired .....	3,215,980,195	5,179,821,623
3. Accrual of discount .....	266,951	646,967
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	(157)	1,775
6. Deduct consideration received on disposals .....	2,970,887,320	5,148,016,420
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) .....	464,140,781	218,781,112
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	464,140,781	218,781,112

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

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
912810-SH-2	US TREASURY N/B		05/31/2024	NORTHERN TRUST		485,756	675,000	4,858	1.A
912810-SJ-8	US TREASURY N/B		04/12/2024	NORTHERN TRUST		988,240	1,550,000	5,844	1.A
912810-SX-7	US TREASURY N/B		06/28/2024	NORTHERN TRUST		786,343	1,200,000	3,824	1.A
912810-TK-4	US TREASURY N/B		04/15/2024	NORTHERN TRUST		390,504	475,000	2,673	1.A
912810-TQ-1	US TREASURY N/B		05/31/2024	NORTHERN TRUST		156,406	175,000	2,031	1.A
912810-TS-7	US TREASURY N/B		05/15/2024	NORTHERN TRUST		1,694,479	1,900,000	19,933	1.A
912810-TX-6	US TREASURY N/B		04/16/2024	JP MORGAN		917,813	1,000,000	7,239	1.A
91282C-EE-7	US TREASURY N/B		04/24/2024	NORTHERN TRUST		449,961	500,000	941	1.A
91282C-ES-6	US TREASURY N/B		05/29/2024	NORTHERN TRUST		1,551,397	1,700,000	20,880	1.A
91282C-GM-7	US TREASURY N/B		04/30/2024	NORTHERN TRUST		481,904	525,000	3,454	1.A
91282C-HT-1	US TREASURY N/B		05/01/2024	NORTHERN TRUST		5,481,383	5,800,000	38,952	1.A
91282C-JX-0	US TREASURY N/B		06/28/2024	NORTHERN TRUST		2,581,315	2,650,000	39,615	1.A
91282C-KA-8	US TREASURY N/B		06/28/2024	NORTHERN TRUST		2,976,963	3,025,000	35,510	1.A
91282C-KQ-3	US TREASURY N/B		06/28/2024	NORTHERN TRUST		894,952	900,000	2,907	1.A
<b>0109999999. Subtotal - Bonds - U.S. Governments</b>						<b>19,837,416</b>	<b>22,075,000</b>	<b>188,661</b>	<b>XXX</b>
3132E0-KT-8	FHLMC SD3906		04/16/2024	NORTHERN TRUST		288,145	288,190	576	1.A
3137HD-JU-5	FHMR P016 A2		06/21/2024	NORTHERN TRUST		683,257	700,000	2,328	1.A
3140FX-K6-8	FNMA #BF0316		04/26/2024	NORTHERN TRUST		503,382	550,332	734	1.A
3140XL-G2-8	FNMA #FS4716		05/29/2024	SAN		1,359,643	1,752,965	1,169	1.A
31418D-P9-7	FNMA #MA4047		05/16/2024	NORTHERN TRUST		583,899	746,688	582	1.A
31418E-GY-1	FNMA #MA5386		05/31/2024	NORTHERN TRUST		3,366,806	3,595,946	1,348	1.A
36179U-O6-2	GNMA #MA5877		05/30/2024	MOS		1,392,506	1,455,740	5,459	1.A
<b>0909999999. Subtotal - Bonds - U.S. Special Revenues</b>						<b>8,177,638</b>	<b>9,089,861</b>	<b>12,196</b>	<b>XXX</b>
06211U-BF-1	BANK5 2024-5YR7 A2		06/03/2024	NORTHERN TRUST		908,997	900,000	1,736	1.A FE
126650-EB-2	CVS HLTH CORP		05/07/2024	NORTHERN TRUST		699,321	700,000	0	2.B FE
161930-AB-8	CHASE 2024-RPL2 A1A		05/23/2024	NORTHERN TRUST		971,033	1,125,000	2,945	1.A FE
17305E-GS-8	COCCIT 2018-A7 A7		06/25/2024	WAC		965,234	1,000,000	8,030	1.A FE
46647P-CC-8	JPMORGAN CHASE & CO		05/07/2024	NORTHERN TRUST		924,649	1,100,000	1,340	1.E FE
55336V-BX-7	MPLX LP		05/15/2024	NORTHERN TRUST		790,224	800,000	0	2.B FE
78398A-AE-3	SFAST 2023-1A A4		05/08/2024	NORTHERN TRUST		676,688	675,000	2,051	1.A FE
83207Q-AA-7	SMB 2024-D A1A		06/25/2024	NORTHERN TRUST		499,832	500,000	0	1.A FE
95000U-2L-6	WELLS FARGO & CO		05/07/2024	NORTHERN TRUST		1,529,088	1,600,000	6,966	2.A FE
06738E-BR-5	BARCLAYS BK PLC	C	05/07/2024	NORTHERN TRUST		826,950	1,000,000	4,371	2.A FE
89640Y-BN-3	TRINTS 2017-6A ARRR	C	05/31/2024	NORTHERN TRUST		600,000	600,000	0	1.A FE
<b>1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						<b>9,392,016</b>	<b>10,000,000</b>	<b>27,439</b>	<b>XXX</b>
<b>2509999997. Total - Bonds - Part 3</b>						<b>37,407,070</b>	<b>41,164,861</b>	<b>228,296</b>	<b>XXX</b>
<b>2509999998. Total - Bonds - Part 5</b>						<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>2509999999. Total - Bonds</b>						<b>37,407,070</b>	<b>41,164,861</b>	<b>228,296</b>	<b>XXX</b>
<b>4509999997. Total - Preferred Stocks - Part 3</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>4509999998. Total - Preferred Stocks - Part 5</b>						<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>4509999999. Total - Preferred Stocks</b>						<b>0</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
315911-75-0	FIDELITY 500 INDX FD		04/08/2024	DIVIDEND REINVESTMENT	1,669,390	301,641	0	0	
72201F-49-0	PIMCO INC FD-INS		06/28/2024	DIVIDEND REINVESTMENT	173,520,540	1,812,111	0	0	
922908-87-6	VANGUARD SMALL CAP IX FD		06/28/2024	DIVIDEND REINVESTMENT	702,670	73,492	0	0	
<b>5329999999. Subtotal - Common Stocks - Mutual Funds - Designations Not Assigned by the SVO</b>						<b>2,187,244</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>5989999997. Total - Common Stocks - Part 3</b>						<b>2,187,244</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>
<b>5989999998. Total - Common Stocks - Part 5</b>						<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>

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STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
5989999999. Total - Common Stocks						2,187,244	XXX	0	XXX
5999999999. Total - Preferred and Common Stocks						2,187,244	XXX	0	XXX
6009999999 - Totals						39,594,314	XXX	228,296	XXX











STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

Table with 22 columns: 1-10 (CUSIP Ident, Description, Foreign, Disposal Date, Name of Purchaser, Number of Shares of Stock, Consideration, Par Value, Actual Cost, Prior Year Book/Adjusted Carrying Value), 11-15 (Change In Book/Adjusted Carrying Value: 11-15), 16-21 (Book/Adjusted Carrying Value at Disposal Date, Foreign Exchange Gain (Loss) on Disposal, Realized Gain (Loss) on Disposal, Total Gain (Loss) on Disposal, Bond Interest/Stock Dividends Received During Year, Stated Contractual Maturity Date), 22 (NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol).

E05.4













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**

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
FIFTH THIRD BANK		0.000	0	0	(115,739,311)	(44,909,940)	(93,262,761)	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	(115,739,311)	(44,909,940)	(93,262,761)	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	(115,739,311)	(44,909,940)	(93,262,761)	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	(115,739,311)	(44,909,940)	(93,262,761)	XXX

STATEMENT AS OF JUNE 30, 2024 OF THE Priority Health  
**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0109999999	Total - U.S. Government Bonds					0	0	0
0309999999	Total - All Other Government Bonds					0	0	0
0509999999	Total - U.S. States, Territories and Possessions Bonds					0	0	0
0709999999	Total - U.S. Political Subdivisions Bonds					0	0	0
0909999999	Total - U.S. Special Revenues Bonds					0	0	0
.....	IONIC FUNDING LLC .....	.....	05/21/2024 .....	5.503 .....	07/02/2024 .....	999,848	0	5,926
.....	IONIC FUNDING LLC .....	.....	06/12/2024 .....	5.507 .....	07/15/2024 .....	997,869	0	2,740
.....	IONIC FUNDING LLC .....	.....	05/24/2024 .....	5.516 .....	07/23/2024 .....	627,894	0	3,159
.....	IONIC FUNDING LLC .....	.....	06/27/2024 .....	5.507 .....	07/29/2024 .....	268,849	0	164
.....	MUFG BK NY .....	.....	06/20/2024 .....	5.445 .....	08/27/2024 .....	917,106	0	1,523
.....	NATIXIS (NY BRANCH) .....	.....	05/03/2024 .....	5.383 .....	07/08/2024 .....	1,498,445	0	13,103
.....	BRITISH COLUMBIA (PROVINCE OF) .....	.....	05/08/2024 .....	5.387 .....	07/25/2024 .....	1,992,900	0	15,975
1019999999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					7,302,911	0	42,590
1109999999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					7,302,911	0	42,590
1309999999	Total - Hybrid Securities					0	0	0
1509999999	Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
1909999999	Subtotal - Unaffiliated Bank Loans					0	0	0
2419999999	Total - Issuer Obligations					7,302,911	0	42,590
2429999999	Total - Residential Mortgage-Backed Securities					0	0	0
2439999999	Total - Commercial Mortgage-Backed Securities					0	0	0
2449999999	Total - Other Loan-Backed and Structured Securities					0	0	0
2459999999	Total - SVO Identified Funds					0	0	0
2469999999	Total - Affiliated Bank Loans					0	0	0
2479999999	Total - Unaffiliated Bank Loans					0	0	0
2509999999	Total Bonds					7,302,911	0	42,590
261908-10-7 .....	DREYFUS TREAS CASH MGMT #0521 .....	.....	06/28/2024 .....	5.179 .....	.....	151,648,617	0	3,644,529
4812A0-37-5 .....	JP MORGAN 100% UST-CAP #3163 .....	.....	06/28/2024 .....	5.184 .....	.....	143,276,936	0	3,115,757
60934N-50-0 .....	FEDERATED TREAS OBLIG #68 .....	.....	06/28/2024 .....	5.170 .....	.....	153,508,040	0	2,029,965
665279-87-3 .....	MFB NTHN INSTL FDS TREAS-PREM CL .....	.....	06/28/2024 .....	5.150 .....	.....	8,404,278	0	261,089
8209999999	Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO					456,837,871	0	9,051,340
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8609999999	Total Cash Equivalents					464,140,782	0	9,093,930

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