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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Priority Health

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

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

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

State of Michigan
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.

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	7,890,287	450,076	45	3,026,647	3,026,647	8,340,408
Group Subscribers:						
Michigan Public School Employees Retirement System	2,810,084					2,810,084
0299997. Group subscriber subtotal	2,810,084	0	0	0	0	2,810,084
0299998. Premiums due and unpaid not individually listed	5,278,667	1,954,032		283,413	283,413	7,232,699
0299999. Total group	8,088,751	1,954,032	0	283,413	283,413	10,042,783
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	15,979,038	2,404,108	45	3,310,060	3,310,060	18,383,191

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Express Scripts	45,419,030	42,932,314	47,660,984	39,042,021	20,842,389	154,211,959
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	1,036,437	1,036,437	1,036,437	3,277,281	3,277,281	3,109,311
0199999. Total Pharmaceutical Rebate Receivables	46,455,467	43,968,751	48,697,421	42,319,302	24,119,670	157,321,270
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	2,826,689	1,756,011	922,160			5,504,860
0299999. Total Claim Overpayment Receivables	2,826,689	1,756,011	922,160	0	0	5,504,860
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed	15,945,759	8,333	8,333	356,245	457,021	15,861,650
0699999. Total Other Health Care Receivables	15,945,759	8,333	8,333	356,245	457,021	15,861,650
0799999 Gross health care receivables	65,227,915	45,733,095	49,627,914	42,675,547	24,576,691	178,687,780

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	194,855,134	343,727,107		181,440,941	194,855,134	196,454,017
2. Claim overpayment receivables	5,932,234			5,504,859	5,932,234	5,932,234
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	901,435
6. Other health care receivables	19,970,742			16,318,671	19,970,742	35,300,570
7. Totals (Lines 1 through 6)	220,758,110	343,727,107	0	203,264,471	220,758,110	238,588,256

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered	168,230,768					168,230,768
0499999. Subtotals	168,230,768	0	0	0	0	168,230,768
0599999. Unreported claims and other claim reserves						467,407,589
0699999. Total amounts withheld						
0799999. Total claims unpaid						635,638,357
0899999 Accrued medical incentive pool and bonus amounts						30,725,510

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Priority Health Managed Benefits, Inc	7,796,656					7,796,656	
Priority Health Insurance Company	1,647,093					1,647,093	
Priority Health Choice, Inc	692,492					692,492	
Corewell Health East	10,331,953					10,331,953	
0199999. Individually listed receivables	20,468,194	0	0	0	0	20,468,194	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	20,468,194	0	0	0	0	20,468,194	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Corewell Health Corporate	Various intercompany	228,702	228,702	
0199999. Individually listed payables		228,702	228,702	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		228,702	228,702	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	19,424	0.0	109	0.0	19,424	
2. Intermediaries	0	0.0		0.0		
3. All other providers	7,511,627	0.1	394,584	50.7	7,511,627	
4. Total capitation payments	7,531,051	0.1	394,693	50.7	7,531,051	0
Other Payments:						
5. Fee-for-service	217,278,819	4.2	XXX	XXX		217,278,819
6. Contractual fee payments	3,651,587,964	71.3	XXX	XXX	3,651,587,964	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	1,247,152,623	24.3	XXX	XXX	1,247,152,623	
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	5,116,019,406	99.9	XXX	XXX	4,898,740,587	217,278,819
13. TOTAL (Line 4 plus Line 12)	5,123,550,457	100%	XXX	XXX	4,906,271,638	217,278,819

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

NONE

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Priority Health 2. Grand Rapids, MI (LOCATION)

NAIC Group Code 3383 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 95561

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	761,509	136,437	370,081	17,528			2,026	235,437						
2. First Quarter	775,495	153,370	364,560	16,986			2,029	238,550						
3. Second Quarter	778,050	156,536	361,915	17,140			1,999	240,460						
4. Third Quarter	779,506	156,600	361,077	17,369			2,025	242,435						
5. Current Year	778,805	154,134	361,407	17,554			2,059	243,651						
6. Current Year Member Months	9,286,540	1,834,969	4,342,796	205,728			24,167	2,878,880						
Total Member Ambulatory Encounters for Year:														
7 Physician	11,954,472	1,603,119	3,793,727	426,901			21,466	6,109,259						
8. Non-Physician	1,150,631	154,302	365,150	41,090			2,066	588,023						
9. Total	13,105,103	1,757,421	4,158,877	467,991	0	0	23,532	6,697,282	0	0	0	0	0	0
10. Hospital Patient Days Incurred	562,484	50,857	98,436	17,640			557	394,994						
11. Number of Inpatient Admissions	78,081	8,712	19,753	2,312			286	47,018						
12. Health Premiums Written (b)	5,856,652,844	905,136,856	2,063,500,040	43,564,760			12,954,256	2,831,496,932						
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	5,857,134,853	906,161,314	2,063,500,040	43,564,760			12,954,256	2,830,954,483						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	5,123,550,457	745,799,848	1,799,665,167	36,504,988			10,424,056	2,531,156,398						
18. Amount Incurred for Provision of Health Care Services	5,293,030,825	785,173,746	1,850,483,731	37,091,370			10,470,332	2,609,811,646						

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 2,831,496,932

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Priority Health 2. Grand Rapids, MI (LOCATION)

NAIC Group Code 3383 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 95561

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	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	0	0	1,999	240,460	0	0	0	0	0	0
4. Third Quarter	779,506	156,600	361,077	17,369	0	0	2,025	242,435	0	0	0	0	0	0
5. Current Year	778,805	154,134	361,407	17,554	0	0	2,059	243,651	0	0	0	0	0	0
6. Current Year Member Months	9,286,540	1,834,969	4,342,796	205,728	0	0	24,167	2,878,880	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7 Physician	11,954,472	1,603,119	3,793,727	426,901	0	0	21,466	6,109,259	0	0	0	0	0	0
8. Non-Physician	1,150,631	154,302	365,150	41,090	0	0	2,066	588,023	0	0	0	0	0	0
9. Total	13,105,103	1,757,421	4,158,877	467,991	0	0	23,532	6,697,282	0	0	0	0	0	0
10. Hospital Patient Days Incurred	562,484	50,857	98,436	17,640	0	0	557	394,994	0	0	0	0	0	0
11. Number of Inpatient Admissions	78,081	8,712	19,753	2,312	0	0	286	47,018	0	0	0	0	0	0
12. Health Premiums Written (b)	5,856,652,844	905,136,856	2,063,500,040	43,564,760	0	0	12,954,256	2,831,496,932	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	5,857,134,853	906,161,314	2,063,500,040	43,564,760	0	0	12,954,256	2,830,954,483	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	5,123,550,457	745,799,848	1,799,665,167	36,504,988	0	0	10,424,056	2,531,156,398	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	5,293,030,825	785,173,746	1,850,483,731	37,091,370	0	0	10,470,332	2,609,811,646	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 2,831,496,932

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
9999999 - Totals												

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
82627	06-0839705	09/01/2024	Swiss Re	MO	1,376,141	
1999999. Accident and Health - U.S. Non-Affiliates					1,376,141	0
2199999. Total Accident and Health - Non-Affiliates					1,376,141	0
2299999. Total Accident and Health					1,376,141	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,376,141	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					1,376,141	0

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
82627	06-0839705	09/01/2023	Swiss Reinsurance Life & Health America	MO	SSL/I	CMM	4,783,460						
82627	06-0839705	09/01/2024	Swiss Reinsurance Life & Health America	MO	SSL/I	CMM	2,581,358						
0899999. General Account - Authorized U.S. Non-Affiliates							7,364,818	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							7,364,818	0	0	0	0	0	0
1199999. Total General Account Authorized							7,364,818	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							7,364,818	0	0	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							7,364,818	0	0	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							7,364,818	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business ($000 Omitted)

		1 2024	2 2023	3 2022	4 2021	5 2020
	A. OPERATIONS ITEMS					
1.	Premiums	7,015	5,581	4,700	4,374	2,665
2.	Title XVIII - Medicare	350	335	293	223	219
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	6,165	4,860	3,561	1,139	1,849
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	0	0	0	0	0
8.	Reinsurance recoverable on paid losses	1,376	3,487	3,069	242	0
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	1,960,462,478	7,364,818	1,967,827,296
2.	Accident and health premiums due and unpaid (Line 15)	70,325,622		70,325,622
3.	Amounts recoverable from reinsurers (Line 16.1)	1,376,141		1,376,141
4.	Net credit for ceded reinsurance	XXX	(7,364,818)	(7,364,818)
5.	All other admitted assets (Balance)	277,363,472		277,363,472
6.	Total assets (Line 28)	2,309,527,713	0	2,309,527,713
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	635,638,357		635,638,357
8.	Accrued medical incentive pool and bonus payments (Line 2)	30,725,510		30,725,510
9.	Premiums received in advance (Line 8)	26,121,515		26,121,515
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	166,628,415		166,628,415
15.	Total liabilities (Line 24)	859,113,797	0	859,113,797
16.	Total capital and surplus (Line 33)	1,450,413,916	XXX	1,450,413,916
17.	Total liabilities, capital and surplus (Line 34)	2,309,527,713	0	2,309,527,713
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	(7,364,818)		
23.	Total ceded reinsurance recoverables	(7,364,818)		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	(7,364,818)		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT						
59. Total							

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
3383	Corewell Health Group	95561	38-2715520	0	0		Priority Health	MI	RE	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
			38-2018957	0	0		Total Health Care Inc.	MI	NIA	Priority Health	Ownership	100.000	Corewell Health	NO	0
			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		Corewell Health	NO	0
			38-2715520	0	0		PHMB Properties, LLC	MI	NIA	Priority Health	Ownership	100.000	Corewell Health	NO	0
			38-2663747	0	0		Trinity Health Plans	MI	NIA	Priority Health	Ownership	100.000	Corewell Health	NO	0
3383	Corewell Health Group	95436	31-1069321	0	0		Physicians Health Plan of Northern Indiana, Inc.	IN	IA	Priority Health	Ownership	100.000	Corewell Health	YES	0
			20-8074365	0	0		PHP Holding Company	IN	NIA	Physicians Health Plan of Northern Indiana, Inc.	Ownership	100.000	Corewell Health	NO	0
3383	Corewell Health Group	12331	20-3064284	0	0		PHP Insurance Company of Indiana, Inc.	IN	IA	PHP Holding Company	Ownership	100.000	Corewell Health	NO	0
			35-1826719	0	0		PHP Management Systems, Inc.	IN	NIA	PHP Holding Company	Ownership	100.000	Corewell Health	NO	0
			35-1938551	0	0		Pro-Claim Plus, Inc.	IN	NIA	PHP Management Systems, Inc.	Ownership	100.000	Corewell Health	NO	0
			30-0319874	0	0		Lion Tech, Inc.	IN	NIA	PHP Management Systems, Inc.	Ownership	100.000	Corewell Health	NO	0
			47-4139320	0	0		Innovative Healthcare Strategies, Inc.	IN	NIA	PHP Management Systems, Inc.	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%

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12208	20-1529553	Priority Health Insurance Company					(26,958,478)				(26,958,478)	
	38-3085182	Priority Health Managed Benefits					473,358,263				473,358,263	
95561	38-2715520	Priority Health	56,765,755	(102,148)			(371,929,671)			(1,806,614)	(317,072,678)	
11520	32-0016523	Priority Health Choice, Inc.	(45,000,000)				(74,106,395)				(119,106,395)	
	38-2018957	Total Health Care Inc.	(7,806,564)	102,148			(346,845)				(8,051,261)	
	38-3240485	Total Health Care USA Inc.	(3,959,191)				(16,874)				(3,976,065)	
95436	31-1069321	Physicians Health Plan of Northern Indiana, Inc.		(8,933,355)			4,291,083			1,806,614	(2,835,658)	
	35-1938551	Pro-Claim Plus, Inc.					(518,239)				(518,239)	
	35-1826719	PHP Management Systems, Inc.		4,933,355			(3,018,275)				1,915,080	
12331	20-3064284	PHP Insurance Company of Indiana, Inc.		4,000,000			(754,569)				3,245,431	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Priority Health	Corewell Health	94.400	NO	Corewell Health	Priority Health	94.400	NO
Priority Health Choice, Inc.	Priority Health	100.000	NO	Corewell Health	Priority Health	94.400	NO
Priority Health Insurance Company	Priority Health	100.000	NO	Corewell Health	Priority Health	94.400	NO
Physicians Health Plan of Northern Indiana, Inc.	Priority Health	100.000	NO	Corewell Health	Priority Health	94.400	NO
PHP Insurance Company of Indiana, Inc.	PHP Holding Company	100.000	NO	Corewell Health	Priority Health	94.400	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
19.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with the applicable jurisdictions and with the NAIC by March 1?	NO
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

11. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.

Bar Codes:

11. Life Supplement [Document Identifier 205]

12. SIS Stockholder Information Supplement [Document Identifier 420]

13. Participating Opinion for Exhibit 5 [Document Identifier 371]

14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

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

16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

18. Relief from the Requirements for Audit Committees [Document Identifier 226]

19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]

21. Life Supplement [Document Identifier 211]

23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]

SUPPLEMENT FOR THE YEAR 2024 OF THE Priority Health

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF Michigan
NAIC Group Code 3383 NAIC Company Code 95561
ADDRESS (City, State and Zip Code) Grand Rapids , MI 49525-4501
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021			14	Policies Issued in 2022; 2023; 2024			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1955	A	NO	0234000	12/02/2009			05/31/2010	Priority Health Medigap Plan A			0.0				0.0	
YES	1956	C	NO	0234000	12/02/2009			05/31/2010	Priority Health Medigap Plan C			0.0				0.0	
YES	1957	F	NO	0234000	12/02/2009			05/31/2010	Priority Health Medigap Plan F			0.0				0.0	
YES	4996-12	A	NO	0234000	10/06/2011		12/05/2016		Priority Health Medigap Plan A			0.0		139,701	115,764	82.9	62
YES	4997-12	D	NO	0234000	10/06/2011				Priority Health Medigap Plan D			0.0		808,457	776,008	96.0	254
YES	4998-12	F	NO	0234000	10/06/2011				Priority Health Medigap Plan F			0.0		19,657,913	15,584,337	79.3	5,608
YES	4999-12	N	NO	0234000	10/06/2011				Priority Health Medigap Plan N			0.0		3,228,874	2,630,564	81.5	1,615
YES	5000-15	G	NO	0234000	09/18/2014				Priority Health Medigap Plan G			0.0		19,533,677	17,806,521	91.2	9,937
YES	2017-0000	C	NO	0234000	09/19/2016				Priority Health Medigap Plan C			0.0		196,138	178,176	90.8	44
0199999. Total Experience on Individual Policies										0	0	0.0	0	43,564,760	37,091,370	85.1	17,520

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: ,
   2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: ,
   3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".