1 6 7 7 5 2 0 2 4 2 0 1 0 0 1 0 0

HEALTH ANNUAL STATEMENT

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

Trinity Health Plan of Michigan, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

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

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

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

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

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

Internet Website Address www.medigold.com

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

OFFICERS

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

OTHER

David Lee Vis, Secretary & Treasurer

DIRECTORS OR TRUSTEES

David Lee Vis	John Charles Randolph	Robert Frederick Casalou
Caroline Hays McElroy #		

State of ____
County of ____ SS

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

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

Subscribed and sworn to before me this
____ day of ____

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

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	2,466	378	376	1,469	1,469	3,220
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
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)	2,466	378	376	1,469	1,469	3,220

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
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	114,028	111,163	107,890	185,517	24,547	494,051
0199999. Total Pharmaceutical Rebate Receivables	114,028	111,163	107,890	185,517	24,547	494,051
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
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						
0699999. Total Other Health Care Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	114,028	111,163	107,890	185,517	24,547	494,051

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	0	635,401	0	518,598	0	0
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables					0	0
7. Totals (Lines 1 through 6)	0	635,401	0	518,598	0	0

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)						
Caremark	272,527					272,527
0199999. Individually listed claims unpaid	272,527	0	0	0	0	272,527
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered						0
0499999. Subtotals	272,527	0	0	0	0	272,527
0599999. Unreported claims and other claim reserves						1,170,399
0699999. Total amounts withheld						
0799999. Total claims unpaid						1,442,926
0899999 Accrued medical incentive pool and bonus amounts						

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
Mount Carmel Health Plan of New York	363					363	
Trinity Health Corporation	904,044					904,044	
0199999. Individually listed receivables	904,407	0	0	0	0	904,407	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	904,407	0	0	0	0	904,407	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Mount Carmel Health System		42,856	42,856	
Mount Carmel Health Plan, Inc.		1,473,226	1,473,226	
0199999. Individually listed payables		1,516,082	1,516,082	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		1,516,082	1,516,082	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	0	0.0		0.0		
2. Intermediaries	188,381	1.6	1,672	100.0		188,381
3. All other providers	0	0.0		0.0		
4. Total capitation payments	188,381	1.6	1,672	100.0	0	188,381
Other Payments:						
5. Fee-for-service	334,145	2.8	XXX	XXX		334,145
6. Contractual fee payments	11,425,418	95.6	XXX	XXX	4,067,388	7,358,030
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
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	11,759,563	98.4	XXX	XXX	4,067,388	7,692,175
13. TOTAL (Line 4 plus Line 12)	11,947,944	100%	XXX	XXX	4,067,388	7,880,556

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
	Dental Benefit Providers, Inc.	141,399	11,783		
	Spectera, Inc.	41,676	3,473		
	Carenet Health	5,306	442		
9999999 Totals		188,381	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 Trinity Health Plan of Michigan, Inc. 2. Columbus, OH (LOCATION)

NAIC Group Code 2838 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 16775

	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	0													
2. First Quarter	1,362							1,362						
3. Second Quarter	1,461							1,461						
4. Third Quarter	1,557							1,557						
5. Current Year	1,672							1,672						
6. Current Year Member Months	17,752							17,752						
Total Member Ambulatory Encounters for Year:														
7 Physician	5,754							5,754						
8. Non-Physician	1,921							1,921						
9. Total	7,675	0	0	0	0	0	0	7,675	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,318							1,318						
11. Number of Inpatient Admissions	168							168						
12. Health Premiums Written (b)	12,084,885							12,084,885						
13. Life Premiums Direct	0							0						
14. Property/Casualty Premiums Written	0							0						
15. Health Premiums Earned	12,085,939							12,085,939						
16. Property/Casualty Premiums Earned	0							0						
17. Amount Paid for Provision of Health Care Services	11,947,944							11,947,944						
18. Amount Incurred for Provision of Health Care Services	13,402,143							13,402,143						

(a) For health business: number of persons insured under PPO managed care products 0 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 $ 12,084,885

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Trinity Health Plan of Michigan, Inc. 2. Columbus, OH (LOCATION)

NAIC Group Code 2838 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 16775

	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	1,362	0	0	0	0	0	0	1,362	0	0	0	0	0	0
3. Second Quarter	1,461	0	0	0	0	0	0	1,461	0	0	0	0	0	0
4. Third Quarter	1,557	0	0	0	0	0	0	1,557	0	0	0	0	0	0
5. Current Year	1,672	0	0	0	0	0	0	1,672	0	0	0	0	0	0
6. Current Year Member Months	17,752	0	0	0	0	0	0	17,752	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7 Physician	5,754	0	0	0	0	0	0	5,754	0	0	0	0	0	0
8. Non-Physician	1,921	0	0	0	0	0	0	1,921	0	0	0	0	0	0
9. Total	7,675	0	0	0	0	0	0	7,675	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,318	0	0	0	0	0	0	1,318	0	0	0	0	0	0
11. Number of Inpatient Admissions	168	0	0	0	0	0	0	168	0	0	0	0	0	0
12. Health Premiums Written (b)	12,084,885	0	0	0	0	0	0	12,084,885	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	12,085,939	0	0	0	0	0	0	12,085,939	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	11,947,944	0	0	0	0	0	0	11,947,944	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	13,402,143	0	0	0	0	0	0	13,402,143	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 $ 12,084,885

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
93572	43-1235868	01/01/2024	RGA Reinsurance Company	MO	3,495	0
1999999. Accident and Health - U.S. Non-Affiliates					3,495	0
2199999. Total Accident and Health - Non-Affiliates					3,495	0
2299999. Total Accident and Health					3,495	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					3,495	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					3,495	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
93572	43-1235868	01/01/2024	RGA Reinsurance Company	MO	SSL/I	CMM	85,013	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							85,013	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							85,013	0	0	0	0	0	0
1199999. Total General Account Authorized							85,013	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							85,013	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)							85,013	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							85,013	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	0				
2.	Title XVIII - Medicare	85				
3.	Title XIX - Medicaid	0				
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	0				
8.	Reinsurance recoverable on paid losses	3				
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				
14.	Letters of credit (L)	0				
15.	Trust agreements (T)	0				
16.	Other (O)	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)	13,400,792		13,400,792
2.	Accident and health premiums due and unpaid (Line 15)	3,220		3,220
3.	Amounts recoverable from reinsurers (Line 16.1)	3,495		3,495
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (Balance)	1,504,999		1,504,999
6.	Total assets (Line 28)	14,912,506	0	14,912,506
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	1,442,926		1,442,926
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	1,054		1,054
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)	10,053,978		10,053,978
15.	Total liabilities (Line 24)	11,497,958	0	11,497,958
16.	Total capital and surplus (Line 33)	3,414,548	XXX	3,414,548
17.	Total liabilities, capital and surplus (Line 34)	14,912,506	0	14,912,506
	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	0		
23.	Total ceded reinsurance recoverables	0		
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	0		

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 *
2838	Mount Carmel Health System	13123	25-1912781				Mount Carmel Health Insurance Company	OH	IA	Mount Carmel Health System	Ownership	100.000	Trinity Health Corporation	NO	
2838	Mount Carmel Health System	95655	31-1471229				Mount Carmel Health Plan, Inc.	OH	UDP	Mount Carmel Health System	Ownership	100.000	Trinity Health Corporation	NO	
2838	Mount Carmel Health System	16456	83-1422704				Mount Carmel Health Plan of Idaho, Inc.	ID	IA	Mount Carmel Health Plan, Inc.	Ownership	100.000	Trinity Health Corporation	YES	
2838	Mount Carmel Health System	16723	83-3278543				Mount Carmel Health Plan of New York, Inc.	NY	IA	Mount Carmel Health Plan, Inc.	Ownership	100.000	Trinity Health Corporation	YES	
2838	Mount Carmel Health System	17259	87-3948434				Mount Carmel Health Plan of Connecticut, Inc.	CT	IA	Mount Carmel Health Plan, Inc.	Ownership	100.000	Trinity Health Corporation	YES	
2838	Mount Carmel Health System	16775	84-3836552				Trinity Health Plan of Michigan, Inc	MI	RE	Mount Carmel Health Plan, Inc.	Ownership	100.000	Trinity Health Corporation	YES	

NONE

Asterisk	Explanation

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)
	27-2491974	Advantage Health/Saint Mary's Medical Group					273,380				273,380	
	38-3306673	ADVENT REHABILITATION LLC					24,253				24,253	
	03-0447062	Center for Digestive Care, LLC					1,993				1,993	
	38-1891500	Glacier Hills, Inc					61,609				61,609	
	45-0519047	Grand River Endoscopy Center, LLC					7,492				7,492	
	38-2602971	Heartwood Lodge Trinity Health					15,621				15,621	
	38-3316559	IHA Health Services Corporation					343,283				343,283	
	85-3429296	IHA Olma Primary Care Risk, LLC					1,927				1,927	
	85-3450897	IHA Olma Primary Non Risk, LLC					160				160	
	86-2523920	IHA OLMA Specialty I LLC					5,538				5,538	
	38-3321856	Mercy General Health Partners, Amicare Homecare					79,826				79,826	
	38-2589966	Mercy Health Partners					2,681,140				2,681,140	
	33-1086167	NOCH Physician Billing Company, LLC					241				241	
	20-2020239	Probility Therapy Services					19,433				19,433	
	38-2638284	Professional Med Team					15,663				15,663	
	38-3320700	Saint Mary's Amicare Home Healthcare					73,154				73,154	
	82-4757260	St. Joseph Mercy Chelsea, Inc.					139,101				139,101	
	14-1348692	St. Peter's Hospital					115				115	
	38-2715568	Synanon, Inc					525				525	
	38-2559656	Trinity Continuing Care Services					4,096				4,096	
	38-3330803	Trinity Health Grand Haven Hospital (f/k/a North Ottawa Community Hospital)					79,882				79,882	
	38-2621935	Trinity Home Health Services					80,653				80,653	
95655	31-1471229	Mount Carmel Health Plan, Inc.		(14,108,032)			844,640				(13,263,391)	
	47-2070753	Mercy Health Clinically Integrated Network, LLC					117,619				117,619	
	83-0959900	McCauley Health Partners ACO, LLC					40,684				40,684	
16775	84-3836552	Total Trinity Health Plan of Michigan, Inc		14,108,032			(4,912,028)				9,196,004	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	1	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)
Mount Carmel Health Insurance Company	Mount Carmel Health System	100.000	NO	Trinity Health Corporation	Mount Carmel Health Insurance Company	100.000	NO
Mount Carmel Health Plan, Inc.	Mount Carmel Health System	100.000	NO	Trinity Health Corporation	Mount Carmel Health Plan, Inc.	100.000	NO
Mount Carmel Health Plan of Idaho, Inc.	Mount Carmel Health Plan, Inc.	100.000	NO	Trinity Health Corporation	Mount Carmel Health Plan of Idaho, Inc.	100.000	NO
Mount Carmel Health Plan of New York, Inc.	Mount Carmel Health Plan, Inc.	100.000	NO	Trinity Health Corporation	Mount Carmel Health Plan of New York, Inc.	100.000	NO
Mount Carmel Health Plan of Connecticut, Inc.	Mount Carmel Health Plan, Inc.	100.000	NO	Trinity Health Corporation	Mount Carmel Health Plan of Connecticut, Inc.	100.000	NO
Trinity Health Plan of Michigan, Inc.	Mount Carmel Health Plan, Inc.	100.000	NO	Trinity Health Corporation	Trinity Health Plan of Michigan, Inc.	100.000	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?	NO
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?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanations:

10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
24.

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

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]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

21. Life Supplement [Document Identifier 211]

24. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]