

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

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			0	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$13,812,261), cash equivalents (\$31,349,042) and short-term investments (\$46,368,599)	91,529,902		91,529,902	82,166,551
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	91,529,902	0	91,529,902	82,166,551
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	123,334		123,334	103,571
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	19,697,791	36,767	19,661,024	17,232,771
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 (\$1,366,434) and contracts subject to redetermination (\$)	1,366,434		1,366,434	1,496,297
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	1,042,623		1,042,623	40,166
18.1 Current federal and foreign income tax recoverable and interest thereon	1,527,416		1,527,416	1,536,573
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$7,485,435) and other amounts receivable	10,378,499	2,893,064	7,485,435	7,499,554
25. Aggregate write-ins for other-than-invested assets	12,630,101	144,523	12,485,578	12,312,770
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	138,296,100	3,074,354	135,221,746	122,388,254
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	138,296,100	3,074,354	135,221,746	122,388,254
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expense	144,523	144,523	0	0
2502. Michigan income tax refund due	535,238		535,238	362,431
2503. MDHHS receivable for IPA tax	11,950,340		11,950,340	11,950,340
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)	12,630,101	144,523	12,485,578	12,312,770

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$528,045 reinsurance ceded).....	59,117,316		59,117,316	53,185,984
2. Accrued medical incentive pool and bonus amounts	4,351,169		4,351,169	2,239,341
3. Unpaid claims adjustment expenses	575,676		575,676	529,092
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	4,825,195		4,825,195	108,701
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	2,990,753		2,990,753	2,343,880
9. General expenses due or accrued	12,773,925		12,773,925	11,978,813
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	9,481,765		9,481,765	9,638,682
16. Derivatives.....			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	5,132,621		5,132,621	1,575,854
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	99,248,421	0	99,248,421	81,600,347
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	28,734,402	28,734,402
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	7,238,923	12,053,505
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	35,973,325	40,787,907
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	135,221,746	122,388,254
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	601,776	331,785	483,205
2. Net premium income (including \$ non-health premium income).....	XXX	325,157,073	201,284,047	291,370,439
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	17,928,686	17,925,506	23,900,675
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	343,085,759	219,209,553	315,271,114
Hospital and Medical:				
9. Hospital/medical benefits		173,187,586	118,025,762	168,794,763
10. Other professional services		15,973,228	14,865,632	20,602,306
11. Outside referrals		10,390,528	9,178,449	11,486,537
12. Emergency room and out-of-area		16,052,547	8,957,210	13,563,381
13. Prescription drugs		62,817,762	29,482,368	45,115,973
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		4,058,245	(1,784,816)	(2,941,587)
16. Subtotal (Lines 9 to 15)	0	282,479,896	178,724,605	256,621,372
Less:				
17. Net reinsurance recoveries		573,661	(7,353)	(7,353)
18. Total hospital and medical (Lines 16 minus 17)	0	281,906,235	178,731,958	256,628,725
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 5,792,185 cost containment expenses.....		6,433,103	3,053,746	5,697,646
21. General administrative expenses.....		60,413,877	38,228,877	53,507,132
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	348,753,214	220,014,581	315,833,504
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(5,667,455)	(805,028)	(562,390)
25. Net investment income earned		2,837,613	3,053,128	4,029,059
26. Net realized capital gains (losses) less capital gains tax of \$			0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,837,613	3,053,128	4,029,059
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0	0
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	(2,829,842)	2,248,100	3,466,669
31. Federal and foreign income taxes incurred	XXX	9,157	0	0
32. Net income (loss) (Lines 30 minus 31)	XXX	(2,838,999)	2,248,100	3,466,669
DETAILS OF WRITE-INS				
0601. Reimbursement for MCO Tax.....	XXX	17,925,506	17,925,506	23,900,675
0602. Grant Revenue.....	XXX	3,180		0
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	17,928,686	17,925,506	23,900,675
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	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	40,787,907	33,225,364	33,225,364
34. Net income or (loss) from Line 32	(2,838,999)	2,248,100	3,466,669
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax		0	0
39. Change in nonadmitted assets	(1,975,583)	(2,621,990)	(404,126)
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		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in	0	0	4,500,000
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(4,814,582)	(373,890)	7,562,543
49. Capital and surplus end of reporting period (Line 33 plus 48)	35,973,325	32,851,474	40,787,907
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	328,185,284	201,092,208	280,001,130
2. Net investment income	2,817,851	3,270,545	4,222,384
3. Miscellaneous income	17,928,686	17,925,506	24,752,195
4. Total (Lines 1 to 3)	348,931,821	222,288,259	308,975,709
5. Benefit and loss related payments	276,113,327	181,204,414	243,659,963
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	63,607,890	44,621,117	64,461,495
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9)	339,721,216	225,825,531	308,121,458
11. Net cash from operations (Line 4 minus Line 10)	9,210,604	(3,537,272)	854,251
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase/(decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	4,500,000
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	152,747	3,828,832	2,698,270
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	152,747	3,828,832	7,198,270
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	9,363,352	291,560	8,052,521
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	82,166,551	74,114,030	74,114,030
19.2 End of period (Line 18 plus Line 19.1)	91,529,902	74,405,590	82,166,551

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	49,405	.0	.0	.0	.0	.0	.0	3,740	45,665	.0	.0	.0	.0	.0
2. First Quarter	66,051	18,865	.0	.0	.0	.0	.0	3,709	43,477	.0	.0	.0	.0	.0
3. Second Quarter	67,298	19,801	.0	.0	.0	.0	.0	3,720	43,777	.0	.0	.0	.0	.0
4. Third Quarter	67,138	20,008	.0	.0	.0	.0	.0	3,457	43,673	.0	.0	.0	.0	.0
5. Current Year	0													
6. Current Year Member Months	601,776	172,225						33,184	396,367					
Total Member Ambulatory Encounters for Period:														
7. Physician	119,329	33,345						14,233	71,751					
8. Non-Physician	449,705	102,342						116,500	230,863					
9. Total	569,034	135,687	0	0	0	0	0	130,733	302,614	0	0	0	0	0
10. Hospital Patient Days Incurred	20,170	3,250						5,396	11,524					
11. Number of Inpatient Admissions	3,945	782						841	2,322					
12. Health Premiums Written (a).....	331,983,564	81,543,745						94,593,302	155,846,517					
13. Life Premiums Direct .....	.0													
14. Property/Casualty Premiums Written .....	.0													
15. Health Premiums Earned	331,983,564	81,543,745						94,593,302	155,846,517					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	276,158,943	61,698,090						84,111,651	130,349,202					
18. Amount Incurred for Provision of Health Care Services	282,479,896	73,958,902						82,920,751	125,600,243					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 94,593,302

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	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		61,481,516		14,508,321	.0	.0
2. Comprehensive (hospital and medical) group .....					.0	.0
3. Medicare Supplement .....					.0	.0
4. Vision only .....					.0	.0
5. Dental only .....					.0	.0
6. Federal Employees Health Benefits Plan .....					.0	.0
7. Title XVIII - Medicare	10,389,694	73,668,907	4,813,130	16,006,295	15,202,824	25,201,625
8. Title XIX - Medicaid	12,793,435	116,629,376	436,563	23,353,008	13,229,998	27,984,359
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).....	23,183,129	251,779,799	5,249,693	53,867,624	28,432,822	53,185,984
14. Health care receivables (a)	2,478,868	7,899,631			2,478,868	8,128,247
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts	(80,453)	1,230,851	2,679,553	1,671,615	2,599,100	2,239,340
17. Totals (Lines 13-14+15+16)	20,623,808	245,111,019	7,929,246	55,539,239	28,553,054	47,297,077

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

Basis of Presentation – The accompanying financial statements of HAP CareSource (“Company”) (formerly known as HAP Empowered Health Plan, Inc.) have been prepared in accordance with the National Association of Insurance Commissioners’ (“NAIC”) *Accounting Practices and Procedures Manual* (“NAIC AP&P”) and the NAIC Annual Statement Instructions (“NAIC”) to the extent that these accounting practices, procedures and reporting standards are not modified by accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”). DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining the financial condition and results of operation of an insurance company. NAIC AP&P has been adopted as a component of prescribed or permitted practices by DIFS.

A reconciliation of the Company’s net income and capital and surplus between NAIC AP&P and practices prescribed and permitted by the State of Michigan is shown below:

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2025</u>	<u>2024</u>
NET INCOME					
(1) Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (2,838,999)	\$ 3,466,669
(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	<u>\$ (2,838,999)</u>	<u>\$ 3,466,669</u>
SURPLUS					
(5) Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 35,973,325	\$ 40,787,907
(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	<u>\$ 35,973,325</u>	<u>\$ 40,787,907</u>

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

No change.

C. Accounting Policy

(2) Bonds not backed by other loans are principally stated at amortized cost using the interest method. Realized capital gains and losses are determined using the first in, first out method.

(6) The Company does not hold mortgage-backed/asset-backed securities.

D. Going Concern

Management has evaluated the company’s abilities to continue as a going concern. There is no substantial doubt about its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

Not Applicable

3. Business Combinations and Goodwill

Not Applicable

4. Discontinued Operations

Not Applicable

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not Applicable

B. Debt Restructuring

Not Applicable

C. Reverse Mortgages

Not Applicable

D. Asset-Backed Securities

Not Applicable

D. Asset-Backed Securities

Not Applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

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

J. Real Estate

Not Applicable

K. Investments in Tax Credit Structures (tax credit investments)

Not Applicable

L. Restricted Assets

No significant change.

M. Working Capital Finance Investments

Not Applicable

N. Offsetting and Netting of Assets and Liabilities

Not Applicable

O. 5GI Securities

Not Applicable

P. Short Sales

Not Applicable

O. 5GI Securities

Not Applicable

P. Short Sales

Not Applicable

Q. Prepayment Penalty and Acceleration Fees

Not Applicable

R. Reporting Entity’s Share of Cash Pool by Asset type.

Not Applicable

S. Aggregate Collateral Loans by Qualifying Investment Collateral

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

	Not Applicable																																					
6.	Joint Ventures, Partnerships and Limited Liability Companies																																					
	Not Applicable																																					
7.	Investment Income																																					
	No significant change.																																					
8.	Derivative Instruments																																					
	Not Applicable																																					
9.	Income Taxes																																					
	No significant change.																																					
10.	Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties																																					
	No significant change.																																					
11.	Debt																																					
	Not Applicable																																					
12.	Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans																																					
	Not Applicable																																					
13.	Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations																																					
	No change.																																					
14.	Liabilities, Contingencies and Assessments																																					
	A. Contingent Commitments																																					
	Not Applicable																																					
	B. Assessments																																					
	Effective October 1, 2018 the Company is required to pay the annual Insurance Provider Assessment (IPA). The assessment for each HMO is based on the amount determined by the Michigan Department of Health and Human Services ("MDHHS") and applied to the prior year member months for the Medicaid and MI Health Link Medicaid line of businesses. The portion of the assessment attributable to the Medicaid and MI Health Link Medicaid programs are fully reimbursed by MDHHS. The Company recognized \$17,925,506 as an aggregate write-in for other healthcare related revenues and \$17,925,506 as general administrative expenses as of September 2025. The Company has \$11,950,340 recorded as an aggregate write-in for other than invested assets and \$11,950,340 recorded as general due and accrued on the Statutory Statements of Admitted Assets, Liabilities, and Capital and Surplus at September 30, 2025 related to the remaining payments and reimbursement on the 2025 assessment. Effective January 1, 2025, the Company pays the annual IPA on its Commercial line of business, which is not reimbursed by MDHHS.																																					
	C. Gain Contingencies																																					
	Not Applicable																																					
	D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits																																					
	Not Applicable																																					
	E. Joint and Several Liabilities																																					
	Not Applicable																																					
	F. All Other Contingencies																																					
	No change																																					
15.	Leases																																					
	Not Applicable																																					
16.	Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk																																					
	Not Applicable																																					
17.	Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities																																					
	Not Applicable																																					
18.	Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans																																					
	A. ASO Plans																																					
	As of September 30, 2025, the Company received payments totaling \$98,647,882 and paid a total of \$95,127,445 to the hospital on behalf of the Michigan Department of Health and Human Services for the managed care Medicaid pass-through programs GME, HRA, SNAF, and MI Health Link program QAS.																																					
	B. ASC Plans																																					
	Not Applicable																																					
	C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract:																																					
	No significant change																																					
19.	Direct Premium Written/Produced by Managing General Agents/Third-Party Administrators																																					
	Not Applicable																																					
20.	Fair Value Measurements																																					
	A. Assets and Liabilities Measured at Fair Value																																					
	(1) Fair Value Measurements at Reporting Date																																					
	Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable and unobservable inputs. Level inputs are as follows:																																					
	Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.																																					
	Level 2: Inputs are other than quoted process included in Level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.																																					
	Level 3: Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.																																					
	The following discussion described the valuation methodologies utilized by the Company for assets measured or disclosed at fair value. Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial instrument, including discount rates, estimates of timing, amount of expected future cash flows, and the credit standing of the issuer.																																					
	<i>Cash and Cash Equivalents</i>																																					
	The fair values of cash and cash equivalents are based on quoted market prices.																																					
		<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Description for each class of asset or liability</th> <th style="text-align: right; border-bottom: 1px solid black;">(Level 1)</th> <th style="text-align: right; border-bottom: 1px solid black;">(Level 2)</th> <th style="text-align: right; border-bottom: 1px solid black;">(Level 3)</th> <th style="text-align: right; border-bottom: 1px solid black;">Net Asset Value (NAV)</th> <th style="text-align: right; border-bottom: 1px solid black;">Total</th> </tr> </thead> <tbody> <tr> <td>a. Assets at fair value</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cash Equivalent</td> <td style="text-align: right;">\$ 31,349,042</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 31,349,042</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>Total assets at fair value/NAV</td> <td style="text-align: right;">\$ 31,349,042</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 0</td> <td style="text-align: right;">\$ 31,349,042</td> </tr> </tbody> </table>	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total	a. Assets at fair value						Cash Equivalent	\$ 31,349,042	\$	\$	\$	\$ 31,349,042		\$	\$	\$	\$	\$ 0		\$	\$	\$	\$	\$ 0	Total assets at fair value/NAV	\$ 31,349,042	\$ 0	\$ 0	\$ 0	\$ 31,349,042
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Total assets at fair value/NAV	\$ 31,349,042	\$ 0	\$ 0	\$ 0	\$ 31,349,042																																	
	(2) Not Applicable																																					
	(3) The Company recognizes transfers between fair value levels at the end of each reporting period.																																					
	(4) Level 2 or 3 securities – values determined through the use of third-party pricing services utilizing market observable inputs. The Company does not have any investments with fair value measurements categorized within Level 2 or 3 as of September 30, 2025.																																					
	(5) Not Applicable																																					
	B. Other Fair Value Disclosures																																					
	Not Applicable																																					
	C. Fair Value of Financial Instruments																																					
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	\$	\$	\$	\$	\$	\$	\$																															
	D. Not Practicable to Estimate Fair Value																																					

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

Not Applicable

E. Investments Measured using the NAV as Practical Expedient

Not Applicable

21. Other Items

No change.

22. Events Subsequent

No significant change

23. Reinsurance

No change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate Accrued Retrospective Premium Adjustments

No significant change

B. Accrued Retrospective Premiums Recorded Through Written Premium or as an Adjustment to Earned Premium

No significant change

C. Amount of Net Premiums Written Subject to Retrospective Rating Features

No significant change

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

Not Applicable

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premium that 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 \$ 30,752

3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium) .. \$ 3,723,916

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA

Risk Adjustment \$ (3,723,916)

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 30,752

(3) Not Applicable

25. Changes in Incurred Claims and Claim Adjustment Expenses

A. Reasons for changes in the Provision for Incurred Loss and Loss Adjustment Expenses

Reserves as of December 31, 2024 were \$47.8 million. As of September 30, 2025, \$21.1 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$7.9 million therefore, there has been a \$18.8 million favorable prior-year development since December 31, 2024 to September 30, 2025. The change is generally the result of ongoing analysis of recent development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

B. Information about Significant Changes in Methodologies and Assumptions

The Company had no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

Not Applicable

27. Structured Settlements

Health Entities should not complete this Note.

28. Health Care Receivables

No significant change

29. Participating Policies

Not Applicable

30. Premium Deficiency Reserves

No change

31. Anticipated Salvage and Subrogation

Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [X] No []
- 2.2 If yes, date of change: 06/05/2025
- 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 entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
- 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.12/31/2024
- 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.12/31/2021
- 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).06/22/2023
- 6.4 By what department or departments?
"Michigan Department of Insurance.....
- 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 [] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

- 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 [X] No []
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
Additional language added on Responsible Use of Artificial Intelligence (AI).....
- 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 [] No [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:..... \$

GENERAL INTERROGATORIES

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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: \$0

13. Amount of real estate and mortgages held in short-term investments: \$0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$0
14.22 Preferred Stock	\$0	\$0
14.23 Common Stock	\$0	\$0
14.24 Short-Term Investments	\$0	\$0
14.25 Mortgage Loans on Real Estate	\$0	\$0
14.26 All Other	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$0	\$0

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 [] NA []
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

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 [X] 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
Comerica.....	2850 W Grand Blvd Detroit, MI 48202.....
Huntington Bank.....	41 S. High Street Columbus, OH 43215.....

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 [X]

17.4 If yes, give full and complete 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. This includes both primary and sub-advisors. 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
Just in Bell.....	
Jared Hillenbrand.....	

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 [X]

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 [X]

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

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

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- 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 [X]

20. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- The security was either:

GENERAL INTERROGATORIES

- i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
- ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?....

Yes [] No [X]

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 [X]

GENERAL INTERROGATORIES
PART 2 - HEALTH

- 1. Operating Percentages:
 - 1.1 A&H loss percent..... 88.5 %
 - 1.2 A&H cost containment percent 1.8 %
 - 1.3 A&H expense percent excluding cost containment expenses..... 18.6 %
- 2.1 Do you act as a custodian for health savings accounts?..... Yes [] No [X]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$ _____
- 2.3 Do you act as an administrator for health savings accounts?..... Yes [] No [X]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$ _____
- 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... Yes [] No [X]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... Yes [] No [X]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

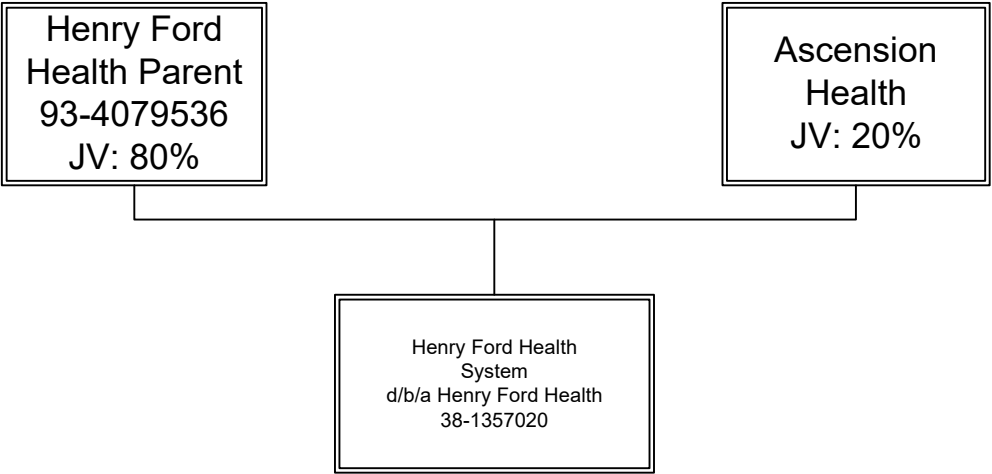
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only								10 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8		
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. Dist. 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	81,543,745	94,593,302	155,846,517				331,983,564		
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 alien	OT	XXX	0	0	0	0	0	0	0	.0	0
59. Subtotal	XXX	81,543,745	94,593,302	155,846,517	0	0	0	0	331,983,564		0
60. Reporting entity contributions for Employee Benefit Plans	XXX									.0	
61. Total (Direct Business)	XXX	81,543,745	94,593,302	155,846,517	0	0	0	0	331,983,564		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

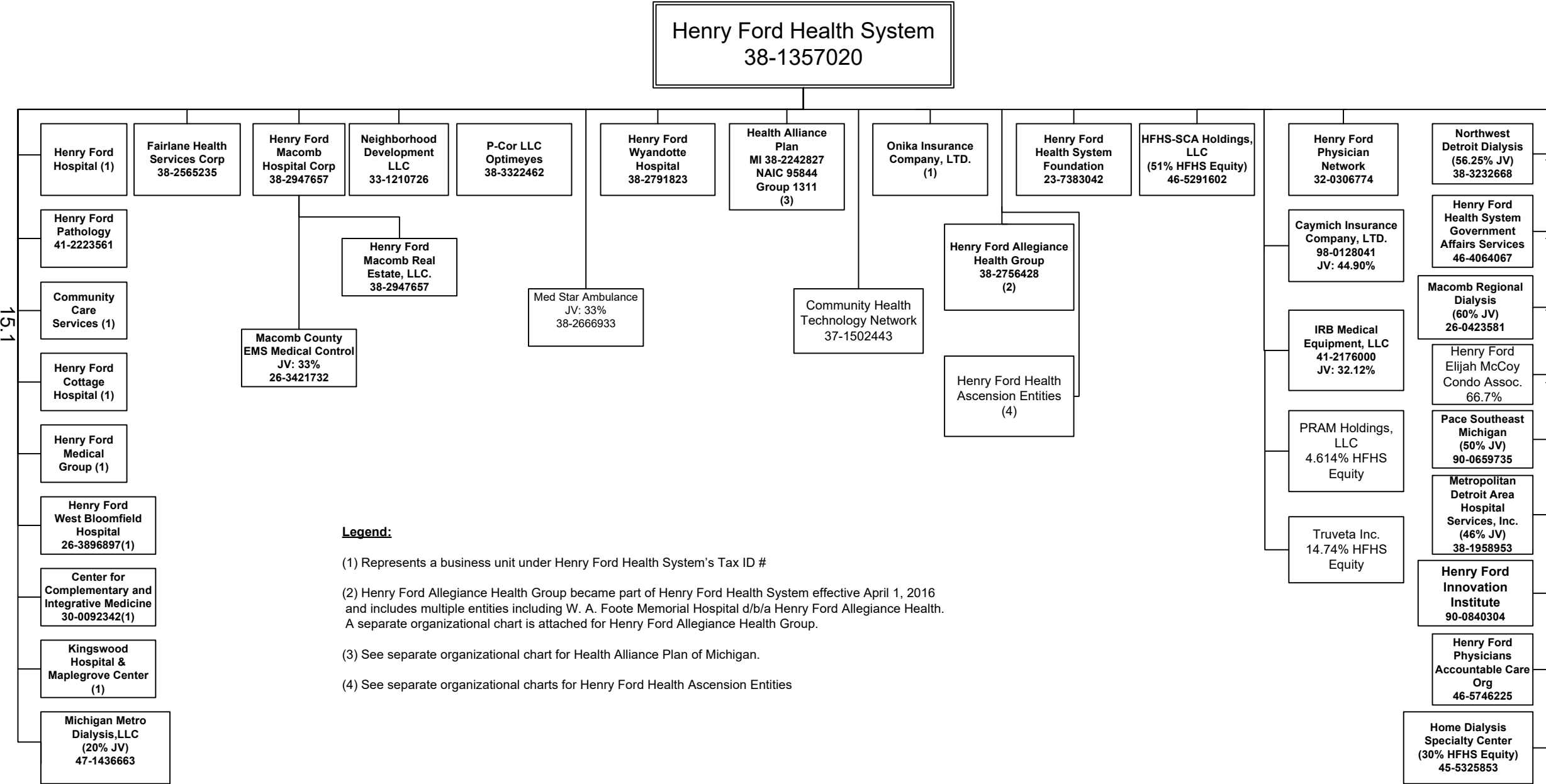
STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



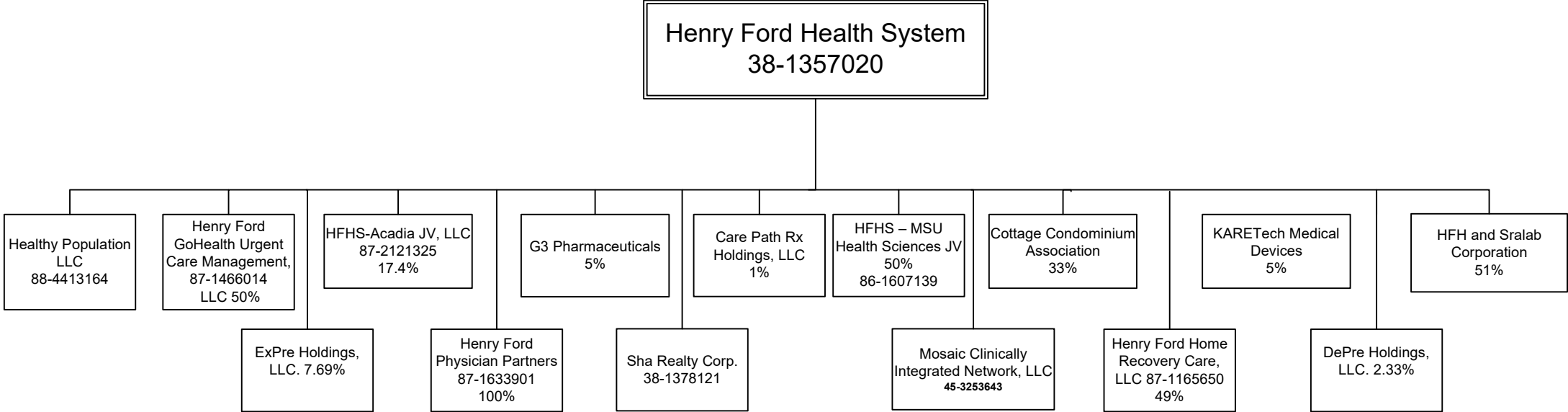
Legend:

(1) Please see related organizational charts on succeeding pages.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource
 SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
 PART 1 – ORGANIZATIONAL CHART

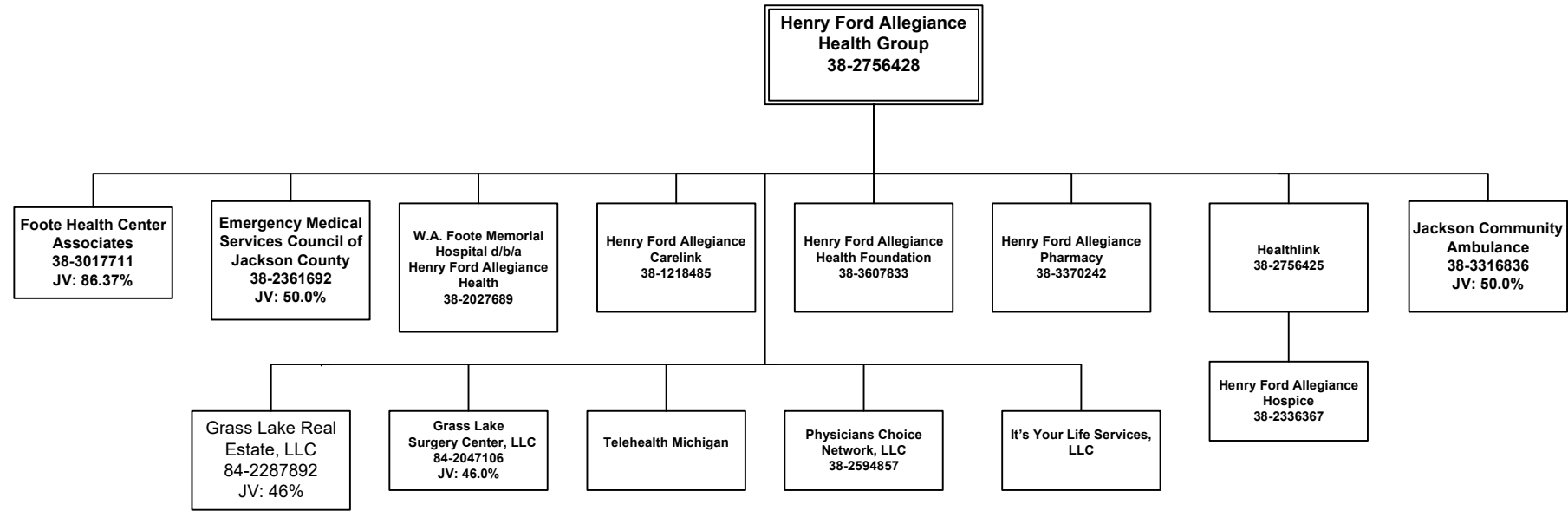


STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource
 SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
 PART 1 – ORGANIZATIONAL CHART

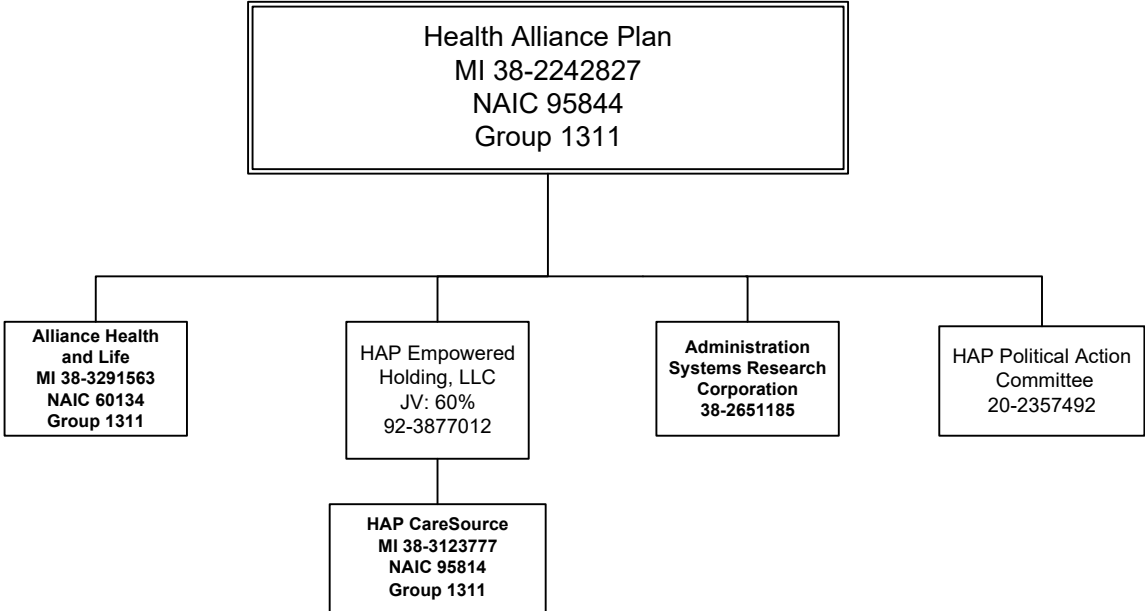


15.2

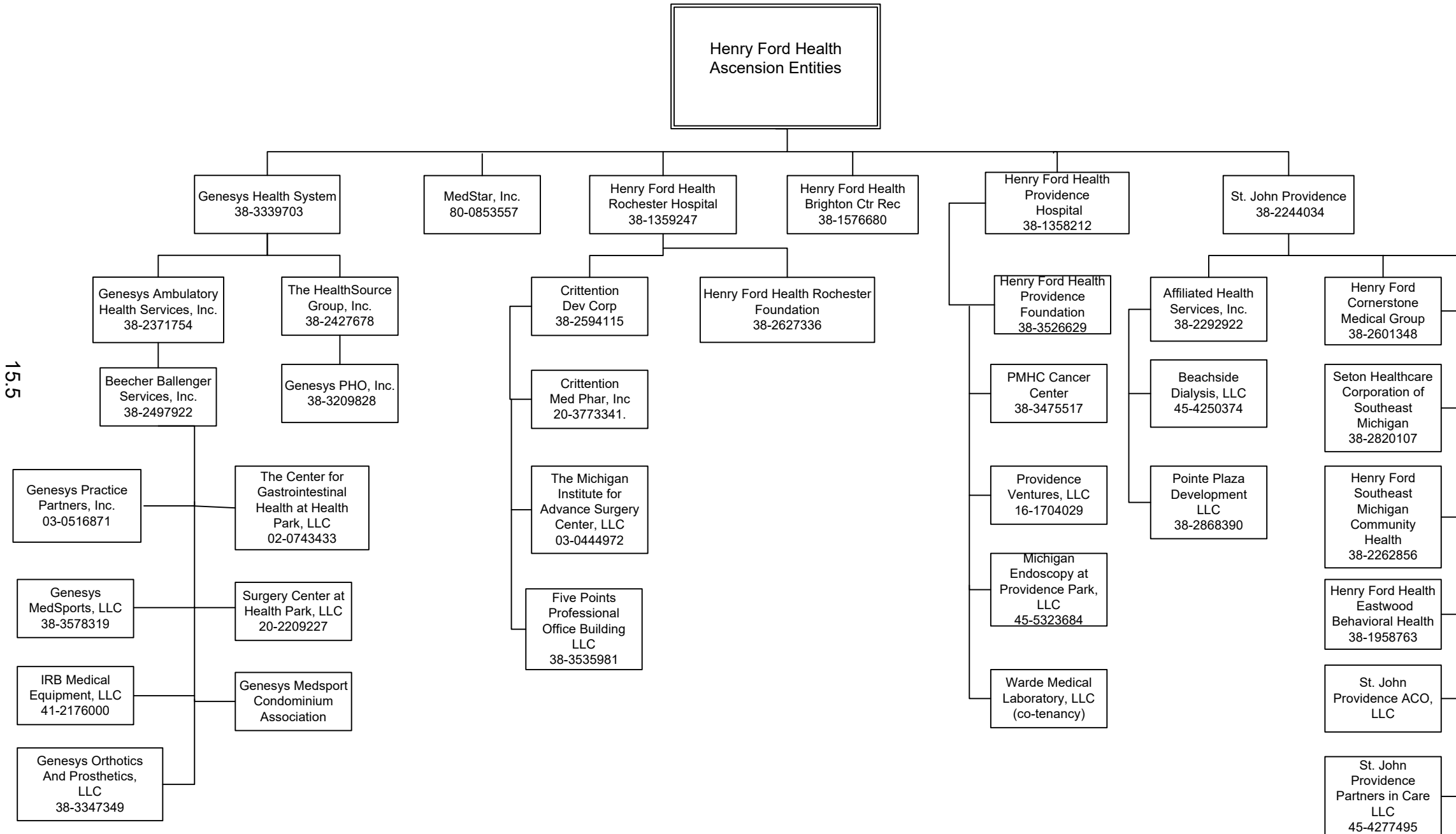
STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource
 SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
 PART 1 – ORGANIZATIONAL CHART



STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

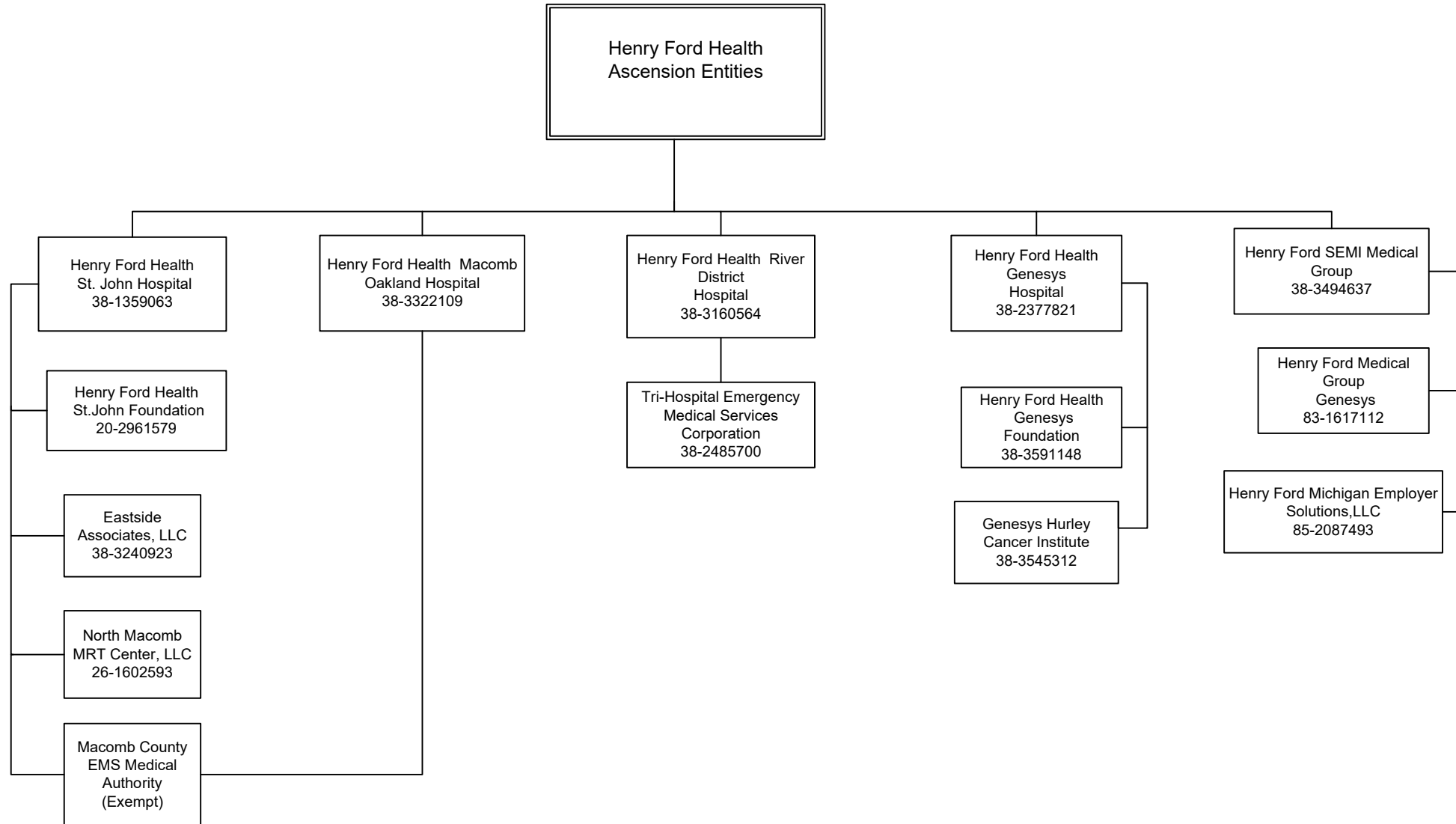


STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource
 SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
 PART 1 – ORGANIZATIONAL CHART



15.5

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource
 SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
 PART 1 – ORGANIZATIONAL CHART



STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

SCHEDULE Y
PART 1A – DETAILS 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)	*
01311	Henry Ford Health Systems Group	95844	38-2242827				Health Alliance Plan of Michigan	MI	UIP	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
01311	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	IA	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2651185				Administration System Research Corporation		NIA	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	YES	.0
01311	Henry Ford Health Systems Group	95814	38-3123777				HAP CareSource	MI	RE	HAP Empowered Holding, LLC	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	92-3877012				HAP Empowered Holding, LLC		UDP	Health Alliance Plan of Michigan	Ownership	60.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	20-2357492				HAP Political Action Committee		NIA	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1357020				Henry Ford Health		UIP			0.0		NO	.0
00000	Henry Ford Health Systems Group	00000	93-4079536				Henry Ford Health System Parent		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2791823				Henry Ford Wyandotte Hospital Corp.		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2947657				Henry Ford Macomb Real Estate, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2565235				Fairlane Health Services Corp.		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1958953				Metropolitan Detroit Area Hospital Services, Inc		NIA	Henry Ford Health System	Ownership	46.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3232668				Northwest Detroit Dialysis Centers		NIA	Henry Ford Health System	Ownership	56.3	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	30.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	26-0423581				Macomb Regional Dialysis Centers LLC		NIA	Henry Ford Health System	Ownership	60.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1378121				Sha Realty Corp.		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	90-0659735				Pace Southeast Michigan		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

SCHEDULE Y
PART 1A – DETAILS 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)	*
00000	Henry Ford Health Systems Group	00000	41-2223561				Henry Ford Pathology.....		NIA	Henry Ford Health System.....	Ownership.....	100.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	46-5746225				Henry Ford Physicians Accountable Care Organization, LLC		NIA	Henry Ford Health System.....	Ownership.....	100.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	30-0092342				Center for Complementary and Integrative Medicine		NIA	Henry Ford Health System.....	Ownership.....	100.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	46-4064067				Henry Ford Health System Government Affairs Services		NIA	Henry Ford Health System.....	Ownership.....	100.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000					Henry Ford Elijah McCoy Condominium Association		NIA	Henry Ford Health System.....	Ownership.....	66.7	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	46-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System.....	Ownership.....	51.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	47-1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System.....	Ownership.....	20.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	98-0128041				Caymich Insurance Company, LTD		IA	Henry Ford Health System.....	Ownership.....	44.9	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	41-2176000				IRB Medical Equipment, LLC		NIA	Henry Ford Health System.....	Ownership.....	32.1	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2666933				Med Star Ambulance		NIA	Henry Ford Health System.....	Ownership.....	33.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	26-3421732				Macomb County EMS Medical Control Authority		NIA	Henry Ford Health System.....	Ownership.....	33.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	37-1502443				Community Health Technology Network		NIA	Henry Ford Health System.....	Ownership.....	100.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	87-2121325				HFHS-Acadia Joint Venture, LLC		NIA	Henry Ford Health System.....	Ownership.....	17.4	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000					G3 Pharmaceuticals		NIA	Henry Ford Health System.....	Ownership.....	5.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000					Cottage Condominium Association		NIA	Henry Ford Health System.....	Ownership.....	33.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000					KARETech Medical Devices		NIA	Henry Ford Health System.....	Ownership.....	5.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000					PRAM Holdings, LLC		NIA	Henry Ford Health System.....	Ownership.....	4.6	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000					Truveta, Inc		NIA	Henry Ford Health System.....	Ownership.....	14.7	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	87-1633901				Henry Ford Physician Partners		NIA	Henry Ford Health System.....	Ownership.....	100.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	87-1165650				Henry Ford Home Recovery Care, LLC		NIA	Henry Ford Health System.....	Ownership.....	49.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	86-1607139				HFHS - MSU Health Sciences		NIA	Henry Ford Health System.....	Ownership.....	50.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000					CarePath Rx Holdings, LLC		NIA	Henry Ford Health System.....	Ownership.....	1.0	Henry Ford Health System.....	NO	.0
00000	Henry Ford Health Systems Group	00000	87-1466014				Henry Ford GoHealth Urgent Care Mgmt, LLC		NIA	Henry Ford Health System.....	Ownership.....	50.0	Henry Ford Health System.....	NO	.0

16.1

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

SCHEDULE Y
PART 1A – DETAILS 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)	*
00000	Henry Ford Health Systems Group	00000					DePre Holdings, LLC		NIA	Henry Ford Health System	Ownership	2.3	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000					ExPre Holdings, LLC		NIA	Henry Ford Health System	Ownership	7.7	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	88-4413164				Healthy Population LLC		NIA	Henry Ford Health System	Ownership	0.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	45-3253643				Mosaic Clinically Integrated Network, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2756428				Henry Ford Allegiance Health Group		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2024689				Henry Ford Allegiance Health		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1218485				Henry Ford Allegiance Carelink		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3607833				Henry Ford Allegiance Health Foundation		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3370242				Henry Ford Allegiance Pharmacy		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2756425				Healthlink		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	45-3253643				Jackson Health Network, L3C		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000					Telehealth Michigan		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2594857				Physicians Choice Network, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000					It's Your Life Services, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2336367				Henry Ford Allegiance Hospice		NIA	Henry Ford Allegiance Health Group	Ownership	100.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	84-2047106				Grass Lake Surgery Center, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	46.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3316836				Jackson Community Ambulance		NIA	Henry Ford Allegiance Health Group	Ownership	50.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3017711				Foot Health Center Associates		NIA	Henry Ford Allegiance Health Group	Ownership	86.4	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2361692				Emergency Medical Services Council of Jackson County		NIA	Henry Ford Allegiance Health Group	Ownership	50.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	84-2287892				Grass Lake Real Estate, LLC		NIA	Henry Ford Allegiance Health Group	Ownership	46.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3535981				5 Points Professional Office Building LLC		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2292922				Affiliated Health Services, Inc		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1576680				Henry Ford Health Brighton Center for Recovery		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1958763				Henry Ford Health Eastwood Behavioral Health		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0

16.2

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

SCHEDULE Y
PART 1A – DETAILS 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)	*
00000	Henry Ford Health Systems Group	00000	38-3591148				Henry Ford Health Genesys Foundation		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2377821				Henry Ford Health Genesys Hospital		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3322109				Henry Ford Health Macomb Oakland Hospital		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	83-1617112				Henry Ford Health Medical Group Genesys		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3494637				Henry Ford Health Medical Group Michigan		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2601348				Henry Ford Cornerstone Medical Group		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	85-2087493				Henry Ford Health Michigan Employer Solutions, LLC		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3526629				Henry Ford Health Providence Foundation		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1358212				Henry Ford Health Providence Hospital		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2627336				Henry Ford Health Providence Rochester Foundation		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1359247				Henry Ford Health Providence Rochester Hospital		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3160564				Henry Ford Health River District Hospital		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2262856				Henry Ford Southeast Michigan Community Health		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	20-2961579				Henry Ford Health St. John Foundation		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-1359063				Henry Ford Health St. John Hospital		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	03-0444972				Bald Mountain Holdings, LLC		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	45-4250374				Beachside Dialysis, LLC (EI Segundo, CA)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2497922				Beecher Ballenger Services, Inc		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	02-0743433				Center For Gastrointestinal Health At Health Park, LLC, (The) (Flint, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2594115				Crittenton Development Corp		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	20-3773341				Crittenton Medical Pharmacy		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3240923				Eastside Associates, LLC (Warren, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2371754				Genesys Ambulatory Health Services, Inc		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

SCHEDULE Y
PART 1A – DETAILS 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)	*
00000	Henry Ford Health Systems Group	00000	38-3339703				Genesys Health System		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3578319				Genesys MedSports, LLC (Flint, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3347349				Genesys Orthotics and Prosthetics, L.L.C. (Grand Blanc, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3209828				Genesys PHO, L.L.C. (Flint, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	03-0516871				Genesys Practice Partners, Inc.		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3545312				Genesys/Hurley Cancer Institute (Flint, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	41-2176000				Hart Medical Equipment		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	80-0853557				MEDSTAR, INC		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	45-5323684				Michigan Endoscopy Center, LLC		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	26-1602593				North Macomb MRT Center, LLC (Macomb Township, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-3475517				PMHC Cancer Center (Southfield, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2868390				Pointe Plaza Development, LLC (Detroit, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	16-1704029				Providence Ventures, LLC (Warren, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2820107				Seton Healthcare Corporation of Southeast Michigan		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2244034				St. John Providence		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	45-4277495				St. John Providence Partners in Care, LLC (Warren, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	20-2209227				Surgery Center At Health Park, LLP (Flint, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2427678				The HealthSource Group, Inc		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000	38-2485700				Tri-Hospital Emergency Medical Service Corporation (Port Huron, MI)		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000					HFH and Sralab Corporation		NIA	Henry Ford Health System	Ownership	51.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000					Henry Ford Health Ascension Entities		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0
00000	Henry Ford Health Systems Group	00000					Macomb County EMS Medical Authority		NIA	Henry Ford Health System	Ownership	80.0	Henry Ford Health System	NO	.0

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SCHEDULE Y
PART 1A – DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

AUGUST FILING

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

Explanation:

Bar Code:

1. 
9 5 8 1 4 2 0 2 5 3 6 5 0 0 0 0 3

OVERFLOW PAGE FOR WRITE-INS

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	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

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	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase/(decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

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	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase/(decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium, depreciation and proportional amortization		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9+10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

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	0	0
2. Cost of bonds and stocks acquired		0
3. Accrual of discount		0
4. Unrealized valuation increase/(decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration for bonds and stocks disposed of		0
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

NONE

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

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
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a).....	53,289,973	56,090,494	63,500,000	488,133	80,522,845	53,289,973	46,368,600	55,399,775
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total ICO	53,289,973	56,090,494	63,500,000	488,133	80,522,845	53,289,973	46,368,600	55,399,775
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total ABS.....	0	0	0	0	0	0	0	0
PREFERRED STOCK								
15. NAIC 1.....	0				0	0	0	0
16. NAIC 2.....	0				0	0	0	0
17. NAIC 3.....	0				0	0	0	0
18. NAIC 4.....	0				0	0	0	0
19. NAIC 5.....	0				0	0	0	0
20. NAIC 6.....	0				0	0	0	0
21. Total Preferred Stock.....	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	53,289,973	56,090,494	63,500,000	488,133	80,522,845	53,289,973	46,368,600	55,399,775

(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 \$46,368,600 ; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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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
770999999 Totals	46,368,599	XXX	46,123,231		

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.....	55,399,775	0
2. Cost of short-term investments acquired	86,058,211	121,409,953
3. Accrual of discount	1,410,613	1,739,823
4. Unrealized valuation increase/(decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	96,500,000	67,750,000
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	46,368,599	55,399,775
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	46,368,599	55,399,775

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	21,163,609	63,918,595
2. Cost of cash equivalents acquired	360,133,163	343,998,391
3. Accrual of discount	313,383	70,762
4. Unrealized valuation increase/(decrease)		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals	350,261,113	386,824,140
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	31,349,042	21,163,609
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	31,349,042	21,163,609

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE HAP CareSource

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
	Issuer Credit Obligations: U.S. Government Obligations (Exempt from RBC)							
	Issuer Credit Obligations: Other U.S. Government Obligations (Not Exempt from RBC)							
	Issuer Credit Obligations: Non-U.S. Sovereign Jurisdiction Securities							
	Issuer Credit Obligations: Municipal Bonds - General Obligations (Direct and Guaranteed)							
	Issuer Credit Obligations: Municipal Bonds - Special Revenue							
	Issuer Credit Obligations: Project Finance Bonds Issued by Operating Entities (Unaffiliated)							
	Issuer Credit Obligations: Project Finance Bonds Issued by Operating Entities (Affiliated)							
	Issuer Credit Obligations: Corporate Bonds (Unaffiliated)							
	Issuer Credit Obligations: Corporate Bonds (Affiliated)							
	Issuer Credit Obligations: Mandatory Convertible Bonds (Unaffiliated)							
	Issuer Credit Obligations: Mandatory Convertible Bonds (Affiliated)							
	Issuer Credit Obligations: Single Entity Backed Obligations (Unaffiliated)							
	Issuer Credit Obligations: Single Entity Backed Obligations (Affiliated)							
	Issuer Credit Obligations: Bonds Issued from SEC-Registered Business Development Corps, Closed End Funds & REITS (Unaffiliated)							
	Issuer Credit Obligations: Bonds Issued from SEC-Registered Business Development Corps, Closed End Funds & REITS (Affiliated)							
	Issuer Credit Obligations: Bank Loans - Issued (Unaffiliated)							
	Issuer Credit Obligations: Bank Loans - Issued (Affiliated)							
	Issuer Credit Obligations: Bank Loans - Acquired (Unaffiliated)							
	Issuer Credit Obligations: Bank Loans - Acquired (Affiliated)							
	Issuer Credit Obligations: Mortgage Loans that Qualify as SVO-Identified Credit Tenant Loans (Unaffiliated)							
	Issuer Credit Obligations: Mortgage Loans that Qualify as SVO-Identified Credit Tenant Loans (Affiliated)							
	Issuer Credit Obligations: Other Issuer Credit Obligations (Unaffiliated)							
	Issuer Credit Obligations: Other Issuer Credit Obligations (Affiliated)							
	Sweep Accounts							
	Exempt Money Market Mutual Funds - as Identified by SVO							
09248U-55-1	BLKRR LQ:TREAS INSTL		.09/23/2025	3.960	XXX	6,000,000	19,387	5,479
31423R-50-0	FEDERATED HRMS TRS PREM		.08/25/2025	4.020	XXX	12,000,000	56,858	12,374
31423R-88-0	FEDERATED HRMS US TCR PR		.09/23/2025	4.000	XXX	12,000,000	35,342	14,269
38142B-50-0	GOLDMAN:FS TRS I INST	SD	.09/02/2025	3.950	XXX	1,000,000	3,310	31,003
61747C-52-5	MORG STAN I LQ:TS I		.09/29/2025	3.930	XXX	349,042	8,391	
	8209999999 - Exempt Money Market Mutual Funds - as Identified by SVO					31,349,042	123,288	63,124
	All Other Money Market Mutual Funds							
	Qualified Cash Pools Under SSAP No. 2							
	Other Cash Equivalents (Unaffiliated)							
	Other Cash Equivalents (Affiliated)							
	8589999999 - Total Cash Equivalents (Unaffiliated)					31,349,042	123,288	63,124
	8609999999 Total Cash Equivalents					31,349,042	123,288	63,124

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SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2025 OF THE HAP CareSource

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code.....

NAIC Company Code.....

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....		XXX		XXX	.0
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid.....		XXX		XXX	.0
4. Claims Incurred.....		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a).....		XXX	XXX		.0
6. Aggregate Policy Reserves - Change.....		XXX		XXX	XXX
7. Expenses Paid.....		XXX		XXX	.0
8. Expenses Incurred.....		XXX		XXX	XXX
9. Underwriting Gain or Loss.....	.0	XXX	.0	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	0

NONE

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ due from CMS or \$ due to CMS