



# HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025

OF THE CONDITION AND AFFAIRS OF THE

## Trinity Health Plan of Michigan, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

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

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

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

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

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

Internet Website Address www.medigold.com

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

### OFFICERS

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

### OTHER

David Lee Vis, Secretary & Treasurer

### DIRECTORS OR TRUSTEES

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

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

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

John Charles Randolph  
President & CEO

David Lee Vis  
Vice President & CFO

Fatou Kine Ndoye  
Assistant Treasurer

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

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

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Trinity Health Plan of Michigan, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	2,329,993		2,329,993	2,039,018
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 (\$ .....(514,851) ), cash equivalents (\$ ..... 18,350,696 ) and short-term investments (\$ ..... 147,869 ) .....	17,983,713		17,983,713	11,361,773
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	20,313,706	0	20,313,706	13,400,792
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	8,092		8,092	8,450
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	33,133	4,048	29,085	3,220
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 (\$ .....0 ) and contracts subject to redetermination (\$ .....0 ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	3,495
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon ....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	904,407
24. Health care (\$ ..... 2,060,232 ) and other amounts receivable .....	2,240,518	180,286	2,060,232	494,051
25. Aggregate write-ins for other-than-invested assets .....	1,364,126	1,348,171	15,955	98,091
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	23,959,575	1,532,505	22,427,070	14,912,506
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	23,959,575	1,532,505	22,427,070	14,912,506
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Expenses .....	1,348,171	1,348,171	0	0
2502. Vendor Receivables .....	15,955		15,955	98,091
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,364,126	1,348,171	15,955	98,091

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	7,716,842		7,716,842	1,442,926
2. Accrued medical incentive pool and bonus amounts .....	0		0	0
3. Unpaid claims adjustment expenses .....	159,159		159,159	27,504
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	1,950,000		1,950,000	7,800,000
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	5,310		5,310	1,054
9. General expenses due or accrued .....	366,549		366,549	347,848
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 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 \$ .....0 current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	2,670,444		2,670,444	1,516,082
16. Derivatives .....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ .....0 authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ .....0 ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	201,672	0	201,672	362,544
24. Total liabilities (Lines 1 to 23) .....	13,069,976	0	13,069,976	11,497,958
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	25,225,906	17,808,032
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(15,868,812)	(14,393,484)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	9,357,094	3,414,548
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	22,427,070	14,912,506
<b>DETAILS OF WRITE-INS</b>				
2301. Due to CMS: 2024 Pt D Est Settlement Liability .....	487,983		487,983	411,348
2302. Due from CMS: Est FYRA Receivable .....	(279,483)		(279,483)	(34,774)
2303. Due from CMS: Retro Rev Adjustments .....	(6,847)		(6,847)	(14,030)
2398. Summary of remaining write-ins for Line 23 from overflow page .....	19	0	19	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	201,672	0	201,672	362,544
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	52,759	12,868	17,752
2. Net premium income ( including \$ .....0 non-health premium income).....	XXX	48,593,392	8,783,611	11,999,872
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$ .....0 medical expenses) .....	XXX			
5. Risk revenue .....	XXX			
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	48,593,392	8,783,611	11,999,872
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		26,257,362	5,152,467	7,006,779
10. Other professional services .....		14,029,096	3,528,920	5,045,342
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		7,742,048	882,114	1,350,022
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		0	2,926	
16. Subtotal (Lines 9 to 15) .....	0	48,028,506	9,566,427	13,402,143
<b>Less:</b>				
17. Net reinsurance recoveries .....		(219)	0	11,273
18. Total hospital and medical (Lines 16 minus 17) .....	0	48,028,725	9,566,427	13,390,870
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ .....200,353 cost containment expenses .....		723,797	905,018	446,510
21. General administrative expenses .....		6,873,379	1,871,025	4,240,187
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only) .		(5,850,000)	(1,425,000)	5,900,000
23. Total underwriting deductions (Lines 18 through 22).....	0	49,775,901	10,917,470	23,977,567
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(1,182,509)	(2,133,859)	(11,977,695)
25. Net investment income earned .....		466,810	141,932	187,361
26. Net realized capital gains (losses) less capital gains tax of \$ .....0 .....		0	0	
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	466,810	141,932	187,361
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....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	(715,699)	(1,991,927)	(11,790,334)
31. Federal and foreign income taxes incurred .....	XXX			
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(715,699)	(1,991,927)	(11,790,334)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	3,414,548	1,869,725	1,869,725
34. Net income or (loss) from Line 32 .....	(715,699)	(1,991,927)	(11,790,334)
35. Change in valuation basis of aggregate policy and claim reserves .....		0	
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	
38. Change in net deferred income tax .....		0	
39. Change in nonadmitted assets .....	(759,629)	(1,088,698)	(772,876)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in .....			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in .....	7,417,874	3,659,754	14,108,032
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	1
48. Net change in capital & surplus (Lines 34 to 47) .....	5,942,546	579,129	1,544,823
49. Capital and surplus end of reporting period (Line 33 plus 48)	9,357,094	2,448,854	3,414,548
<b>DETAILS OF WRITE-INS</b>			
4701. Misc Adjustment .....		0	1
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	1

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Trinity Health Plan of Michigan, Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	42,719,204	7,355,930	17,896,237
2. Net investment income .....	425,084	116,689	148,919
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	43,144,288	7,472,619	18,045,156
5. Benefit and loss related payments .....	37,623,234	7,235,658	18,370,037
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	7,446,820	2,488,728	4,311,345
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	0	0	0
10. Total (Lines 5 through 9) .....	45,070,054	9,724,386	22,681,382
11. Net cash from operations (Line 4 minus Line 10) .....	(1,925,766)	(2,251,767)	(4,636,226)
<b>Cash from Investments</b>			
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 .....	248,890	610,777	610,777
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) .....	248,890	610,777	610,777
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) .....	(248,890)	(610,777)	(610,777)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	7,417,874	3,659,754	14,108,032
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	1,378,723	671,178	628,918
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	8,796,597	4,330,932	14,736,950
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	6,621,940	1,468,388	9,489,946
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	11,361,773	1,871,826	1,871,826
19.2 End of period (Line 18 plus Line 19.1) .....	17,983,713	3,340,214	11,361,773

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

20.0001. PDR Exp, row22 Stmt of Revenue & exp .....	5,850,000	1,425,000	5,900,000
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STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Trinity Health Plan of Michigan, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior Year .....	1,672	0	0	0	0	0	0	1,672	0	0	0	0	0	0
2. First Quarter .....	5,770	0	0	0	0	0	0	5,770	0	0	0	0	0	0
3. Second Quarter .....	5,966	0	0	0	0	0	0	5,966	0	0	0	0	0	0
4. Third Quarter .....	6,096							6,096						
5. Current Year	0													
6. Current Year Member Months	52,759							52,759						
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician .....	20,127							20,127						
8. Non-Physician .....	6,709							6,709						
9. Total	26,836	0	0	0	0	0	0	26,836	0	0	0	0	0	0
10. Hospital Patient Days Incurred	5,463							5,463						
11. Number of Inpatient Admissions	761							761						
12. Health Premiums Written (a) .....	48,857,253							48,857,253						
13. Life Premiums Direct .....	0							0						
14. Property/Casualty Premiums Written .....	0							0						
15. Health Premiums Earned.....	48,861,510							48,861,510						
16. Property/Casualty Premiums Earned	0							0						
17. Amount Paid for Provision of Health Care Services.....	41,754,809							41,754,809						
18. Amount Incurred for Provision of Health Care Services	48,028,506							48,028,506						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 48,857,253



## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					0	0
2. Comprehensive (hospital and medical) group .....					0	0
3. Medicare Supplement .....					0	0
4. Vision only .....					0	0
5. Dental only .....					0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....	1,374,494	40,380,315	1,888	7,714,954	1,376,382	1,442,926
8. Title XIX - Medicaid .....					0	0
9. Credit A&H .....					0	0
10. Disability Income .....					0	0
11. Long-term care .....					0	0
12. Other health .....					0	0
13. Health subtotal (Lines 1 to 12) .....	1,374,494	40,380,315	1,888	7,714,954	1,376,382	1,442,926
14. Health care receivables (a) .....					0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....					0	0
17. Totals (Lines 13 - 14 + 15 + 16)	1,374,494	40,380,315	1,888	7,714,954	1,376,382	1,442,926

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

**TRINITY HEALTH PLAN OF MICHIGAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**For the Period Ending September 30, 2025**

1 Summary of Significant Accounting Policies and Going Concern

A Accounting Practices, Risks & Uncertainties, and Other Disclosures

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

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

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

A reconciliation of the Company's net income and capital and surplus, for the periods ending September 30, 2025, and December 31, 2024, between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

	SSAP #	F/S Page	F/S Line #	2025	2024
<b>NET INCOME:</b>					
1. Net Income, state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	-715,699	-11,790,334
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. Net Income, NAIC SAP (1-2-3=4)	XXX	XXX	XXX	-715,699	-11,790,334
<b>SURPLUS:</b>					
5. Statutory surplus, state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	9,357,094	3,414,548
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. Statutory Surplus, NAIC SAP (5-6-7=8)	XXX	XXX	XXX	9,357,094	3,414,548

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during that period. Actual results could differ from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximate fair value due to the short-term maturities of the investments.
- (2) – (4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds are carried at amortized cost.

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

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

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

- (5) The Company does not have any mortgage loans on real estate investments.
- (6) The Company does not have any asset-backed and loan-backed security investments.
- (7) The Company does not have any investments in subsidiaries.
- (8) The Company does not have any joint venture investments.
- (9) Not Applicable
- (10) - (11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claims inventory levels and claim receipt patterns, and other factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current period and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses, and maintenance costs exceed related future premiums. Investment income is contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

- (12) Not Applicable
- (13) The Company estimates its anticipated Pharmacy Rebate Receivables using the analysis of historical realization patterns of estimated Pharmacy Rebates billed by the Company's pharmacy benefit manager. Amounts of uncollected billed Pharmacy Rebate Receivables outstanding more than 90 days after billed quarterly period are deemed nonadmitted assets.

## 2 - Accounting Changes and Corrections of Errors

Not Applicable

## 3 - Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable

B. Statutory merger

Not Applicable

C. Assumption Reinsurance

Not Applicable

D. Impairment Loss

Not Applicable

## 4 - Discontinued Operations

Not Applicable

## 5 - Investments

A - Investments Mortgage Loans, including Mezzanine Real Estate Loans

Not Applicable

B - Investments Debt Restructuring

Not Applicable

C - Investments Reverse Mortgages

Not Applicable

D - Investments Loan Backed Securities

Not Applicable

E - Dollar Repurchase Agreements and/or Securities Lending Transactions

Not Applicable

F - Investments Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable

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

Not Applicable

H - Investments Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable

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

Not Applicable

J - Real Estate

Not Applicable

K - Low Income Housing Tax Credits (LIHTC)

Not Applicable

L - Restricted Assets

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Restricted Asset Category: Subject to contractual obligation for which liability is not shown			-		-	0.0000%	0.0000%
b. Collateral held under security lending agreements			-		-	0.0000%	0.0000%
c. Subject to repurchase agreements			-		-	0.0000%	0.0000%
d. Subject to reverse repurchase agreements			-		-	0.0000%	0.0000%
e. Subject to dollar repurchase agreements			-		-	0.0000%	0.0000%
f. Subject to dollar reverse repurchase agreements			-		-	0.0000%	0.0000%
g. Placed under option contracts			-		-	0.0000%	0.0000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock			-		-	0.0000%	0.0000%
i. FHLB capital stock			-		-	0.0000%	0.0000%
j. On deposit with states	1,037,667	756,919	280,748	-	1,037,667	4.3309%	4.6269%
k. On deposit with other regulatory bodies			-		-	0.0000%	0.0000%
l. Pledged collateral to FHLB (including assets backing funding agreements)			-		-	0.0000%	0.0000%
m. Pledged as collateral not captured in other categories			-		-	0.0000%	0.0000%
n. Other restricted assets			-		-	0.0000%	0.0000%
<b>Total Restricted Assets (Sum of a through n)</b>	<b>1,037,667</b>	<b>756,919</b>	<b>280,748</b>	<b>-</b>	<b>1,037,667</b>	<b>4.3309%</b>	<b>4.6269%</b>

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

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

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

Not Applicable

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable

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

Not Applicable

M - Investments Working Capital Finance Investments

Not Applicable

N - Investments Offsetting and Netting of Assets and Liabilities

Descriptions	Gross Amount Recognized	Amount Offset	Net Amount Presented on Statements
Assets: Amounts due from CMS	286,330	286,330	-
Liabilities: Amounts due to CMS	488,002	286,330	201,672

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

O - Investments SGI Securities

Not Applicable

P - Investments Short Sales

Not Applicable

Q - Investments Prepayment Penalty and Acceleration Fees

Not Applicable

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

	Percent Share
Cash	-2.8%
Cash Equivalents	102.0%
Short-Term Investments	0.8%
<b>Total (Must equal 100%)</b>	<b>100.0%</b>

6 - Joint Ventures, Partnerships and Limited Liability Companies

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

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

7 - Investment Income

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

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

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

C.

Description	Amount
Interest Income Due and Accrued: Gross	8,092
Nonadmitted	-
Admitted	8,092
Aggregate Deferred Interest	-
Cumulative amounts of PIK interest included in the current principal balance	-

C. The aggregate deferred interest.

Aggregate Deferred Interest	Amount \$ 0
-----------------------------	----------------

D. The cumulative amount of paid-in-kind (PIK) interest included in the current principal balance.

Cumulative amount of paid-in-kind (PIK) interest included in the current principal balance	<u>Amount</u> \$ 0
--	-----------------------

8 - Derivative Instruments

Not Applicable

9 - Income Taxes

The Company is exempt under Internal Revenue Code Section 501(c)(4), as an organization exempt from tax under Section 501(a) under its Parent's group exemption.

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

The Company is owned one hundred percent by MCHP which contributed cash of \$1,500,000 as paid in capital to meet Michigan State Capital and Surplus requirements and has made cumulative cash contributions of \$25,225,906 as of September 30, 2025, including \$17,808,032 during all periods prior to December 31, 2024. Additional surplus contributions by its Parent of \$7,417,874 were made during calendar year 2025. See Schedule Y for additional related party entities.

A. -C. . The Company is provided by agreement certain management, administrative, and marketing services by Mount Carmel Health Plan, Inc. ("MCHP"). Expenses related to services provided to the Company by MCHP were \$2,505,277 as of September 30, 2025.

D. The Company owed \$2,670,444 to Mount Carmel Health System (MCHS) and its affiliates as of September 30, 2025.

E. MCHP has agreed to provide administrative services to THP-MI related to the operation of the Medicare Advantage products offered by THP-MI.

F. Not Applicable

G. All outstanding shares of the Company are owned by MCHP; a non-profit corporation domiciled in the State of Ohio. In addition, MCHS is the sole owner of MCHP.

H. Not Applicable

I. Not Applicable

- J. Not Applicable
- K. Not Applicable
- L. Not Applicable
- M. Not Applicable
- N. Not Applicable
- O. Not Applicable

11 - Debt

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

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

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

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

- A. The Company has no common stock shares. See Note 10 for capitalization of the Company.
- B. – E. Not Applicable.
- F. The DFIS has established a restriction on the Company's Surplus must be at least \$1.5 million.
- G. The total amount of advances to surplus not repaid is \$-0-.
- H.– M. Not Applicable.

14 - Liabilities, Contingencies and Assessments

- A – F None

15 - Leases

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

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

- Not Applicable

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

- A. Transfer of Receivables Reported as Sales  
Not Applicable
- B. Transfer and Servicing of financial Assets  
Not Applicable
- C. Wash Sales  
Not Applicable

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

A. ASO Plans

Not Applicable

B. ASC Plans

Not Applicable

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

Not Applicable

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

Not Applicable

20 – Fair Value Measurement

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
<b>a. Assets at fair value</b>					
Cash and Cash equivalents	17,835,845	0	0	0	17,835,845
<b>Total assets at fair value/NAV</b>	<b>17,835,845</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17,835,845</b>

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

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

Description	Beginning Balance at Beginning of Reporting Period	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at Beginning of Reporting Period
<b>a. Assets</b>										
Total Assets	0	0	0	0	0	0	0	0	0	0

Description	Beginning Balance at Beginning of Reporting Period	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at Beginning of Reporting Period
<b>b. Liabilities</b>										
Total Liabilities	0	0	0	0	0	0	0	0	0	0

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
US Government and Agency	2,493,322	2,477,862	2,493,322	0	0	0	0
Cash and Cash Equivalents	17,835,845	17,835,845	17,835,845	0	0	0	0

D Not Practicable to Estimate Fair Value

Not Applicable

21 – Other Items

- A. Extraordinary Item  
Not Applicable
- B. Troubled Debt Restructuring Debtors  
Not Applicable
- C. Other Disclosures and Unusual Items  
Not Applicable
- D. Business Interruption Insurance Recoveries  
Not Applicable
- E. State Transferable and Non-transferable Tax Credits  
Not Applicable,
- F. Subprime-Mortgage-Related Risk Exposure  
Not Applicable
- G. Retained Assets  
Not Applicable

22 – Subsequent Events

Type I – Recognized Subsequent Events:

Subsequent events have been considered through November 13, 2025, for the statutory statement filed on November 14, 2025.

The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist on September 30, 2025, but arose after that date, which would have a material effect on its financial condition.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through November 13, 2025, for the statutory statement filed on November 14, 2025.

The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist on September 30, 2025, but arose after that date, which would have a material effect on its financial condition.

23 - Reinsurance

A – D Not Applicable

24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

A – C Not Applicable

25 - Change in Incurred Claims and Claim Adjustment Expenses

Not Applicable

26 - Intercompany Pooling Arrangements

Not Applicable

27 - Structured Settlements

Not Applicable

28 - Health Care Receivables

Not Applicable

29 - Participating Policies

Not Applicable

30 - Premium Deficiency Reserves

- 1. Liability carried for premium deficiency reserves ..... \$1,950,000
- 2. Date of the most recent evaluation of this liability ..... 12/31/2024
- 3. Was anticipated investment income utilized in the calculation? ..... Yes [ X ] No [ ]

31 - Anticipated Salvage and Subrogation

Not Applicable

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ X ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [ X ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

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

**GENERAL INTERROGATORIES**

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

**FINANCIAL**

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

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [ 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: ..... \$ .....
13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [ X ]
- 14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....0	\$ .....
14.22 Preferred Stock .....	\$ .....0	\$ .....
14.23 Common Stock .....	\$ .....0	\$ .....
14.24 Short-Term Investments .....	\$ .....0	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....0	\$ .....
14.26 All Other .....	\$ .....0	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ .....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 [ ] N/A [ X ]  
 If no, attach a description with this statement.  
 .....
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ .....0
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....0
- 16.3 Total payable for securities lending reported on the liability page. .... \$ .....0

**GENERAL INTERROGATORIES**

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ 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
Northern Trust Corporation .....	50 South LaSalle St. Chicago, IL 60603 .....

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]
- 17.4 If yes, give full information relating thereto:

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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

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:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ 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 ..... 99.300 %
  - 1.2 A&H cost containment percent ..... 0.400 %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 98.900 %
  
- 2.1 Do you act as a custodian for health savings accounts? ..... Yes [  ] No [  ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date ..... \$.....
- 2.3 Do you act as an administrator for health savings accounts? ..... Yes [  ] No [  ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date ..... \$.....
  
- 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [  ] No [  ]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [  ] No [  ]



**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	N								0	
2. Alaska	AK	N								0	
3. Arizona	AZ	N								0	
4. Arkansas	AR	N								0	
5. California	CA	N								0	
6. Colorado	CO	N								0	
7. Connecticut	CT	N								0	
8. Delaware	DE	N								0	
9. District of Columbia	DC	N								0	
10. Florida	FL	N								0	
11. Georgia	GA	N								0	
12. Hawaii	HI	N								0	
13. Idaho	ID	N								0	
14. Illinois	IL	N								0	
15. Indiana	IN	N								0	
16. Iowa	IA	N								0	
17. Kansas	KS	N								0	
18. Kentucky	KY	N								0	
19. Louisiana	LA	N								0	
20. Maine	ME	N								0	
21. Maryland	MD	N								0	
22. Massachusetts	MA	N								0	
23. Michigan	MI	L	48,857,253							48,857,253	
24. Minnesota	MN	N								0	
25. Mississippi	MS	N								0	
26. Missouri	MO	N								0	
27. Montana	MT	N								0	
28. Nebraska	NE	N								0	
29. Nevada	NV	N								0	
30. New Hampshire	NH	N								0	
31. New Jersey	NJ	N								0	
32. New Mexico	NM	N								0	
33. New York	NY	N								0	
34. North Carolina	NC	N								0	
35. North Dakota	ND	N								0	
36. Ohio	OH	N								0	
37. Oklahoma	OK	N								0	
38. Oregon	OR	N								0	
39. Pennsylvania	PA	N								0	
40. Rhode Island	RI	N								0	
41. South Carolina	SC	N								0	
42. South Dakota	SD	N								0	
43. Tennessee	TN	N								0	
44. Texas	TX	N								0	
45. Utah	UT	N								0	
46. Vermont	VT	N								0	
47. Virginia	VA	N								0	
48. Washington	WA	N								0	
49. West Virginia	WV	N								0	
50. Wisconsin	WI	N								0	
51. Wyoming	WY	N								0	
52. American Samoa	AS	N								0	
53. Guam	GU	N								0	
54. Puerto Rico	PR	N								0	
55. U.S. Virgin Islands	VI	N								0	
56. Northern Mariana Islands	MP	N								0	
57. Canada	CAN	N								0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	48,857,253	0	0	0	0	0	48,857,253	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX								0		
61. Totals (Direct Business)	XXX	0	48,857,253	0	0	0	0	0	48,857,253	0	0
DETAILS OF WRITE-INS											
58001.	XXX										
58002.	XXX										
58003.	XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

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

<b>Trinity Health Corporation (an Indiana nonprofit); FEIN: 35-1443425 (PARENT CORPORATION)</b>									
	Civica, Inc. (DE Nonprofit Nonstock Corporation); FEIN: 83-1246927 (Trinity has no ownership or membership interest in Civica – only voting rights and rights to appoint BOD members attendant to our position as a 'Governing Member.')								
	Please Note: HealthRise Business Intelligence LLC merged into Nuco Health LLC on 7/22/2024; Nuco Health LLC; FEIN: 84-0951661 (51% Controlled by Trinity Health Corporation)								
	Agile Health Solutions LLC; FEIN: 84-3562661 (100% Controlled by Nuco Health LLC)								
	Greenstone Solutions LLC; FEIN: (60% Controlled by Nuco Health LLC)								
	Trinity Health Community Division, LLC; FEIN: 99-4583988 (100% Controlled by Trinity Health Corporation)								
	Trinity Health Pharmacy Services, LLC; FEIN: 84-3130212 (100% Controlled by Trinity Health Corporation)								
	PLEASE NOTE: Effective 10/1/2025 Assets were sold to Near North Health or redeployed to Trinity Health. Entity remains a sub of THC: Mercy Care Center; FEIN: 85-3904921 (100% Controlled by Trinity Health Corporation)								
	Allegany Franciscan Ministries, Inc. [Florida]; FEIN: 58-1492325 (100% Controlled by Trinity Health Corporation)								
	Global Health Ministry d/b/a Global Health Volunteers [MI]; FEIN: 42-1253527 (100% Controlled by Trinity Health Corporation)								
	Maxis Health System (Pennsylvania); FEIN: 91-1940902 (100% Controlled by Trinity Health Corporation)								
	Maxis Health Trenton, Inc.; FEIN: 88-4267557 (100% Controlled by Maxis Health System)								
	PLEASE NOTE: Assets were sold effective 6/1/2021, but entity remains: Mercy Health System of Chicago (Illinois); FEIN: 36-3163327 (100% Controlled by Trinity Health Corporation)								
	PLEASE NOTE: Assets were sold effective 6/1/2021, but entity remains: Mercy Hospital and Medical Center; FEIN: 36-2170152 (100% Controlled by Mercy Health System of Chicago)								
	Mercy Foundation, Inc.; FEIN: 36-3227350 (100% Controlled by Mercy Health System of Chicago)								
	St. James Mercy Health System [New York]; FEIN: 22-3127184 (100% Controlled by Trinity Health Corporation)								
	SIM Properties, Inc.; FEIN: 16-1294991 (100% Controlled by St. James Mercy Health System)								
	THRE Services LLC; FEIN: 45-2603654 (99% interest held by Trinity Health Corporation; 1% interest held by Matthew Kufra)								
	PLEASE NOTE - Effective 12.1.2023, Misericordia Assurance Company, Ltd. Merged into Trinity Assurance, LTD: Trinity Assurance, LTD (Cayman Island) (100% Controlled by Trinity Health Corporation)								
	Michigan Co-Tenancy Laboratory (Tenants in Common Co-Tenancy); Trinity Health Corporation holds a 6.09% Tenants in Common interest; THC together with its subsidiaries holds a 59.97% Tenants in Common interest								
	Truveta Inc.; FEIN 85-2537298 (4.754% Controlled by Trinity Health Corporation)								
	Premier Health Holdings, LLC; FEIN: 47-2665226 (55.7% Controlled by Trinity Health Corporation; 23.8% by St. Louise Holdings, LLC; 20.50% by Franciscan Missionaries of Our Lady Health System, Inc.)								
	Premier Health Consultants, LLC.; FEIN: 20-5972761 (100% Controlled by Premier Health Holdings, LLC)								
	Total Urgent Care and Occupational Medicine, L.L.C.; FEIN: 27-1618580 (100% Controlled by Premier Health Consultants, LLC)								
	Rapides After Hours Clinic, L.L.C.; FEIN : 45-1772383 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Rapides Healthcare System, L.L.C.)								
	St. Joseph's/Candler Urgent Care Centers, LLC; FEIN: 82-4301751 (49% Controlled by Premier Health Consultants, LLC; 51% Controlled by St. Joseph's/Candler Health System, Inc.)								
	LCMC Urgent Care, LLC; FEIN: 30-0951534 (50% Controlled by Premier Health Consultants, LLC; 50% Controlled by Crescent City Physicians, Inc.)								
	Seton Urgent Care, LLC; FEIN: 32-0511311 (This Captive Affiliated JV Entity is 33.33% Controlled by Premier Health Consultants, LLC; 33.33% Controlled HH/Kileen Health System, LLC; 33.33% Controlled by Keystone Administration Management, LLC)								
	Freedom Urgent Care PLLC; FEIN: 27-1208614 (100% of Beneficial Ownership of Equity Interests held by Jay McKenna, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)								
	Family First Express Care, PLLC; FEIN: 84-2395528; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)								
	Trinity Health Of New England Urgent Care, PLLC; FEIN: 85-3033413; (100% of Beneficial Ownership of Equity Interests held by Kurt Myers, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)								
	PLEASE MAINTAIN ENTITY ON THIS LIST UNTIL IT HAS BEEN FORMALLY DISSOLVED - ENTITY HAS BEEN FORFEITED AND IS INACTIVE IN MARYLAND EFF 10.1.24: Holy Cross Health Urgent Care, Inc.; FEIN: 86-1216596; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)								
	Mercy Health Urgent Care, PLLC; FEIN: 85-4260462; (100% of Beneficial Ownership of Equity Interests held by Kevin DiBenedetto, MD - This Captive Medical Practice is Managed by Premier Health Consultants, LLC)								
	THPH Urgent Care, LLC; FEIN: 85-2464958 (100% Controlled by Trinity Health Corporation)								
	PLEASE MAINTAIN ENTITY ON THIS LIST UNTIL IT HAS BEEN FORMALLY DISSOLVED - ENTITY WAS FORFEITED AND IS INACTIVE IN MD EFF 10.1.2024 - THPH of Maryland, LLC; FEIN: 86-2380369 (This Captive Affiliated JV Entity is 100% Controlled by THPH Urgent Care, LLC)								
	Mount Carmel Health System (Ohio); FEIN: 31-1439334 (100% Controlled by Trinity Health Corporation)								
	Mount Carmel Dublin (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Mount Carmel Health System)								
	Mount Carmel East (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)								
	Mount Carmel St. Ann's (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)								
	Mount Carmel New Albany Hospital (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)								
	Mount Carmel Grove City (dba of Mount Carmel Health System); FEIN: 31-1439334 (100% Controlled by Immediate Parent)								
	Mount Carmel Health System Foundation; FEIN: 31-1113966 (100% Controlled by Immediate Parent)								
	Mount Carmel Health Plan, Inc. (HMO); FEIN: 31-1471229 (100% Controlled by Immediate Parent)								
	Mount Carmel Health Plan of Connecticut, Inc.; FEIN: 87-3948434 (100% Controlled by Mount Carmel Health Plan, Inc.)								
	Mount Carmel Health Plan of Idaho, Inc.; FEIN: 83-1422704 (100% Controlled by Immediate Parent)								
	Trinity Health Plan of Michigan, Inc.; FEIN: 84-3836552 (100% Controlled by Immediate Parent)								
	Mount Carmel Health Plan of New York, Inc.; FEIN: 83-3278543 (100% Controlled by Immediate Parent)								
	Mount Carmel Health Insurance Company (PPO); FEIN: 25-1912781 (100% Controlled by Immediate Parent)								
	Mount Carmel College of Nursing; FEIN: 31-1308555 (100% Controlled by Immediate Parent)								
	Mount Carmel Behavioral Healthcare LLC; FEIN: 82-2226975 (14.10% Controlled by Mount Carmel Health System)								
	OSU/Mount Carmel Health Alliance; FEIN: 31-1654603 (50% Controlled by Immediate Parent)								
	Madison County Community Hospital; FEIN: 31-1657206 (40% Controlled by Immediate Parent)								
	Diley Ridge Medical Center; FEIN: 34-2032340 (70% Controlled by Immediate Parent)								
	Mount Carmel Health Partners, LLC; FEIN: 47-1139205 (100% Controlled by Immediate Parent)								
	Central Ohio Medical Textiles; FEIN: 38-3643188 (50% Controlled by Immediate Parent)								
	Mount Carmel HealthProviders, Inc. dba Mount Carmel Medical Group; FEIN: 31-1382442 (100% Controlled by Immediate Parent)								
	Mount Carmel HealthProviders Two, LLC; FEIN: 20-1983271 (100% Controlled by Immediate Parent)								
	Mount Carmel Health Providers III, LLC; FEIN: 20-4145781 (100% Controlled by Immediate Parent)								
	ENTITY WAS MOVED UNDER MOUNT CARMEL HEALTHPROVIDERS, INC. PER MEMBERSHIP INTEREST TRANSFER AGRMT EFFECTIVE 6.20.2025: Mount Carmel Urgent Care, LLC; FEIN: 85-3883823 (This Captive Medical Practice is 100% Controlled by Mount Carmel HealthProviders, Inc. and Managed by Premier Health Consultants, LLC)								
	ENTITY WAS MOVED UNDER MOUNT CARMEL HEALTHPROVIDERS, INC. PER MEMBERSHIP INTEREST TRANSFER AGRMT EFFECTIVE 6.20.2025: THPH of Columbus, LLC; FEIN: 85-4041862 (This Captive Affiliated LLC Entity is 100% Controlled by Mount Carmel HealthProviders, Inc.)								
	Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (76.92% Controlled by Immediate Parent)								
	MCHS Big Run Condominium Association; FEIN: 31-1571567 (50% Controlled by Immediate Parent)								
	Taylor Station Surgical Center, LTD; FEIN: 31-1459910 (40% Controlled by Immediate Parent)								
	Columbus Cyberknife, LLC; FEIN: 27-0865251 (35% Controlled by Immediate Parent)								
	New Albany Surgery Center, LLC; FEIN: 45-1617821 (23.74% Controlled by Immediate Parent)								
	St Ann's Medical Office Building II Limited Partnership; FEIN: 31-1603660 (48.95% Controlled by Immediate Parent)								
	Encompass Health Rehabilitation Hospital of Westerville, LLC dba Mount Carmel Rehabilitation Hospital, an Affiliate of Encompass Health; FEIN: 47-4200156 (20.4% Controlling Interest held by Immediate Parent)								
	Orange ASC, Ltd.; FEIN: (50% Controlled by Immediate Parent)								
	Holy Cross Health, Inc. (Maryland); FEIN: 52-0738041 (100% Controlled by Trinity Health Corporation)								
	Holy Cross Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)								
	Holy Cross Germantown Hospital (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)								
	Holy Cross Hospital Radiation Treatment Center (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Holy Cross Health, Inc.)								
	Holy Cross Health Network (dba of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% Controlled by Immediate Parent)								
	Maryland Care Group, Inc.; FEIN: 52-1815313 (100% Controlled by Immediate Parent)								
	Holy Cross Health Foundation, Inc.; FEIN: 20-8428450 (100% Controlled by Immediate Parent)								
	Maryland Care, Inc. d/b/a Maryland Physician Care MCO; FEIN: 22-3476498 (25% Controlled by Immediate Parent)								
	Maryland Care Management, Inc. dba Maryland Physician Care MCO; FEIN: 20-4771530 (25% Controlled by Immediate Parent)								
	The Blue Door Pharmacy, LLC; FEIN: 47-3638756 (25% Controlled by Immediate Parent)								
	Holy Cross Health Centers, LLC; FEIN: 82-2340203 (100% Controlled by Immediate Parent)								
	Holy Cross Health Partners, LLC; FEIN: 82-2391212 (100% Controlled by Immediate Parent)								
	Mercy Health Network, Inc. d/b/a MercyOne (Iowa) FEIN: 42-1478417 (100% Controlled by Trinity Health Corporation)								
	Genesis Health System (IL); FEIN: 36-3616314 (100% Controlled by Mercy Health Network, Inc. d/b/a Mercy One)								
	Genesis Medical Center, Silvis (dba of Genesis Health System (IL)); FEIN: 36-3616314 (100% Controlled by Genesis Health System (IL))								
	Genesis Medical Center, Aledo; FEIN: 45-4475683 (100% Controlled by Genesis Health System (IL))								
	GenRad Imaging Illinois, LLC; FEIN: 47-3785124 (50% Controlled by Genesis Health System (IL))								
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Larson Center LLP; FEIN: 36-3738454 (100% Controlled by Genesis Health System (IL))								
	Genesis Health System (IA); FEIN: 42-1418847 (100% Controlled by Mercy Health Network, Inc. d/b/a Mercy One)								
	Genesis Medical Center, DeWitt (dba of Genesis Health System (IA)); FEIN: 42-1418847 (100% Controlled by Genesis Health System (IA))								
	Genesis Health Group (dba of Genesis Health System (IA)); FEIN: 42-1418847 (100% Controlled by Genesis Health System (IA))								
	Clyfee Dialysis, LLC; FEIN: 47-1681144 (20% Controlled by Genesis Health System (IA))								
	Genesis Accountable Care Organization, LLC; FEIN: 45-4168932 (100% Controlled by Genesis Health System (IA))								
	Genesis Community Health Education Foundation; FEIN: (100% Controlled by Genesis Health System (IA))								
	Genesis Health Services Foundation; FEIN: 42-1421670 (100% Controlled by Genesis Health System (IA))								
	Genesis Health System Workers Compensation Plan and Trust; FEIN: 39-1905171 (100% Controlled by Genesis Health System (IA))								
	GenGastro, L.L.C.; FEIN: 56-2315623 (86.25% Controlled by Genesis Health System (IA))								

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

	GenOrtho, L.L.C.; FEIN: 20-3406994 (40% Controlled by Genesis Health System (IA))								
	GenRad Imaging, LLC; FEIN: 45-3571628 (50% Controlled by Genesis Health System (IA))								
	GenVentures, Inc.; FEIN: 42-1269171 (100% Controlled by Genesis Health System (IA))								
	Genesis Heart Institute Owner's Association, Inc.; FEIN: 86-3949369 (59.11% Controlled by GenVentures, Inc.)								
	Spring Park Surgery Center, L.L.C.; FEIN: 42-1483989 (40% Controlled by Genesis Health System (IA))								
	Wellspring, LLC; FEIN: 83-3724025 (40% Controlled by Genesis Health System (IA))								
	Mercury Community Hospital Group, LLC; FEIN: 35-2473948 (100% Controlled by Mercy Health Network, Inc. dba MercyOne)								
	Central Community Hospital dba MercyOne Elkader Medical Center; FEIN: 42-0818642 (100% Controlled by Mercy Community Hospital Group)								
	Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa; FEIN: 42-1177001 (100% Controlled by Mercy Health Network, Inc. dba MercyOne)								
	N.E. Iowa Real Estate Investments, Ltd.; FEIN: 42-1207432 (100% Controlled by Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa)								
	Mercury Hospital of Franciscan Sisters, Inc. dba MercyOne Oelwein Medical Center; FEIN: 42-1178403 (100% Controlled by Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa)								
	Covenant Medical Center, Inc. dba MercyOne Waterloo Medical Center; FEIN: 42-1264647 (100% Controlled by Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa)								
	Covenant Foundation, Inc. dba MercyOne Waterloo Foundation; FEIN: 42-1295784 (100% Controlled by Covenant Medical Center, Inc. dba MercyOne Waterloo Medical Center)								
	Sartori Memorial Hospital, Inc. dba MercyOne Cedar Falls Medical Center; FEIN: 42-0758901 (100% Controlled by Wheaton Franciscan Healthcare - Iowa, Inc. dba MercyOne Northeast Iowa)								
	Sartori Health Care Foundation, Inc. dba MercyOne Cedar Falls Foundation; FEIN: 42-1240996 (100% Controlled by Sartori Memorial Hospital, Inc. dba MercyOne Cedar Falls Medical Center)								
	Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center; FEIN: 42-0680448 (100% Controlled by Mercy Health Network, Inc. dba MercyOne)								
	St. Joseph's Mercy Hospital, Centerville, Iowa, dba MercyOne Centerville Medical Center; FEIN: 42-0680308 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	PLEASE NOTE: ENTITY WAS ADMINISTRATIVELY DISSOLVED BY IA DOS ON 8/18/2025 BUT WILL BE REINSTATED; ENTITY WAS OPERATIONALLY INACTIVE EFFECTIVE 12/31/2022: Mercy Rural ACO, LLC dba Mercy ACO I; FEIN: 81-2764963 (100% Controlled by St. Joseph's Mercy Hospital, Centerville, Iowa, dba MercyOne Centerville Medical Center)								
	House of Mercy dba MercyOne House of Mercy; FEIN: 42-1323808 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	Mercury College of Health Sciences; FEIN: 42-151168 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	Mercury Clinics, Inc. dba MercyOne Medical Group - Central Iowa; FEIN: 42-1193699 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	ENTITY WAS MOVED UNDER MERCY CLINICS, INC. PER MEMBERSHIP INTEREST TRANSFER AGRMT EFFECTIVE 6.20.2025: THPH of Iowa, LLC; FEIN: 88-2108958 (100% Controlled by Mercy Clinics, Inc. )								
	ENTITY WAS MOVED UNDER MERCY CLINICS, INC. PER MEMBERSHIP INTEREST TRANSFER AGRMT EFFECTIVE 6.20.2025: MercyOne Urgent Care, LLC; FEIN: 88-2052422 (100% controlled by Mercy Clinics, Inc. )								
	MercuryOne Central Iowa Urgent Care, LLC; FEIN: (100% Controlled by Mercy Clinics, Inc. )								
	Mercury Health Network ACO, LLC dba MercyOne ACO III; FEIN: 81-2764963 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	Mercury ACO, LLC dba MercyOne ACO III PHSO (Statewide); FEIN: 45-4498644 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	PLEASE NOTE: ENTITY WAS ADMINISTRATIVELY DISSOLVED BY IA DOS ON 8/18/2025 BUT WILL BE REINSTATED; Mercury ACO V, LLC; FEIN: 83-0397103 (100% Controlled by Mercury ACO, LLC dba MercyOne ACO III)								
	Mercury Foundation of Des Moines, Iowa dba MercyOne Des Moines Foundation FEIN: 23-7358794 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	Mercury Medical Center-Newton dba MercyOne Newton Medical Center; FEIN: 42-1470935 (100% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	Jasper County Health Ventures, LLC; FEIN: 46-52004428 (50% Controlled by Mercury Medical Center-Newton dba MercyOne Newton Medical Center)								
	Ross Medical Arts Building Owners Association, Inc.; FEIN: 42-1415510 (60% Controlled by Mercury Medical Center-Newton dba MercyOne Newton Medical Center)								
	Des Moines Medical Center, Inc.; FEIN: 42-0837382 (92.98% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	Iowa Medical Education Collaborative; FEIN: 46-0867190 (50% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	Mercury Terrace Hill Surgery Center, L.L.C.; FEIN: 42-1473103 (50% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	RCG Mercy Des Moines, LLC; FEIN: 45-0537617 (20% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	West Lakes Surgery Center, L.L.C.; FEIN: 20-5345292 (50% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	Mercury Rehabilitation Hospital, LLC; FEIN: 81-4437201 (51% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	Clive Behavioral Health, LLC; FEIN: 83-0831660 (48% Controlled by Catholic Health Initiatives - Iowa, Corp. dba MercyOne Des Moines Medical Center)								
	Rural Iowa Hospital Benefits Alliance; FEIN: 99-4855140 ( % Controlled by Mercy Health Network, Inc. dba MercyOne)								
	Mercury Health Services - Iowa, Corp. (Iowa/Nebraska); FEIN: 31-1373080 (100% Controlled by Trinity Health Corporation)								
	Mercury Medical Center - Clinton, Inc. dba MercyOne Clinton Medical Center; FEIN: 42-1336618 (100% Controlled by Immediate Parent)								
	Mercury Healthcare Foundation-Clinton; FEIN: 42-1316126 (Entity is independent of and not controlled by Mercury Medical Center - Clinton, Inc. dba MercyOne Clinton Medical Center)								
	Mercury-Clinton Anesthesia Group, LLC; FEIN: 46-1906752 (100% Controlled by Immediate Parent)								
	MercuryOne Dyersville Medical Center (dba of Mercury Health Services - Iowa, Corp.); FEIN: 31-1373080)								
	MercuryOne Dubuque Medical Center (dba of Mercury Health Services - Iowa, Corp.); FEIN: 31-1373080)								
	Dubuque Mercy Health Foundation, Inc. (dba MercyOne Dubuque Foundation); FEIN: 26-2227941 (100% Controlled by Immediate Parent)								
	Dyersville Health Foundation, Inc. (dba MercyOne Dyersville Foundation); FEIN: 20-5383271 (100% Controlled by Immediate Parent)								
	Preferred Health Choices, L.L.C.; FEIN: 90-0139311 (50% Controlled by Immediate Parent)								
	Health Management Services, L.L.C.; FEIN: 46-1861361 (50% Controlled by MercuryOne Dubuque Medical Center (dba of Mercury Health Services - Iowa Corp.); FEIN: 31-1373080))								
	Tri-State Surgery Center, L.L.C.; FEIN: 91-1900559 (100% Controlled by Immediate Parent)								
	Medical Associates/Mercy Family Care Network, L.L.C.; FEIN: 42-1478444 (100% Controlled by Immediate Parent)								
	Tri-State Occupational Health, L.L.C.; FEIN: 90-1039315 (100% Controlled by Immediate Parent)								
	MercuryOne New Hampton Medical Center (dba of Mercury Health Services - Iowa, Corp.); FEIN: 31-1373080)								
	MercuryOne North Iowa Medical Center (dba of Mercury Health Services - Iowa, Corp.); FEIN: 31-1373080)								
	MercuryOne - KRHC Home Medical Shop, LLC; FEIN: 92-3276114 (51% Controlled by Mercury Health Services - Iowa, Corp. dba MercyOne North Iowa Medical Center and 49% Controlled by Kossuth Regional Health Center)								
	MercuryOne Hansen Family Hospital Medical Shop, LLC; FEIN: 85-4007472; (50% Controlled by Mercury Health Services - Iowa Corp. dba MercyOne North Iowa Medical Center and 49% Controlled by Ellsworth Municipal Hospital dba Hansen Family Hospital, an Iowa municipal hospital)								
	Hospice of North Iowa dba MercyOne North Iowa Hospice; FEIN: 42-1173708 (100% Controlled by Immediate Parent)								
	Mercury Medical Center Foundation - North Iowa dba MercyOne North Iowa Foundation; FEIN: 42-1229151 (100% Controlled by Immediate Parent)								
	PLEASE NOTE UPDATED OWNERSHIP PERCENTAGE IS EFFECTIVE 10/15/2024: Forest Park Imaging, LLC; FEIN: 13-4365966 (51% Controlled by MercuryOne North Iowa Medical Center (dba of Mercury Health Services - Iowa, Corp.); FEIN: 31-1373080)								
	Fresenius Kidney Center North Iowa; FEIN: 81-2470407 (20% Controlled by Immediate Parent)								
	Surgical Center Building Associates, LLC; FEIN: 31-1373080 (35% Controlled by MercuryOne North Iowa Medical Center (dba of Mercury Health Services - Iowa, Corp.); FEIN: 31-1373080)								
	YMCA and Rehabilitation Center; FEIN: 42-1491491 (50% Controlled by MercuryOne North Iowa Medical Center (dba of Mercury Health Services - Iowa, Corp.); FEIN: 31-1373080)								
	PLEASE NOTE UPDATED OWNERSHIP PERCENTAGE IS EFFECTIVE 10/15/2024: Magnetic Resonance Services, LLC; FEIN: 42-1328388 (51% Controlled by MercuryOne North Iowa Medical Center (dba of Mercury Health Services - Iowa, Corp.); FEIN: 31-1373080)								
	Mason City Ambulatory Surgery Center, LLC dba Mason City Surgery Center; FEIN: 20-1960348 (51% Controlled by MercuryOne North Iowa Medical Center (dba of Mercury Health Services - Iowa, Corp.); FEIN: 31-1373080)								
	Mercury Heart Center Outpatient Services, LLC; FEIN: 13-4237594 (51% Controlled by MercuryOne North Iowa Medical Center (dba of Mercury Health Services - Iowa, Corp.); FEIN: 31-1373080)								
	PLEASE NOTE: This is a managed Hospital and MHS-Iowa, Corp is negotiating unwinding by 12/31/2025: Hawarden Regional Healthcare Clinics, L.L.C.; FEIN: 20-1444339 (50% Controlled by MercuryOne Siouxland Medical Center (dba of Mercury Health Services - Iowa, Corp.); FEIN: 31-1373080)								
	Mercury/USP Health Ventures, L.L.C.; FEIN: 47-1290300 (55.71% Controlled by MercuryOne Siouxland Medical Center (dba of Mercury Health Services - Iowa, Corp.); FEIN: 31-1373080)								
	Siouxland Surgery Center Limited Liability Partnership dba Dunes Surgical Hospital; FEIN: 46-0423353 (52.46% Controlled by Mercury/USP Health Ventures, L.L.C.)								
	PLEASE NOTE: ENTITY WAS ADMINISTRATIVELY DISSOLVED BY NE DOS EFF 6.17.2025 BUT WILL BE REINSTATED: PLEASE NOTE: HOSPITAL HAS CEASED OPERATIONS - CLINIC WILL REMAIN OPEN: Oakland Mercy Hospital dba MercyOne Oakland Medical Center; FEIN: 20-8072234 (100% Controlled by Immediate Parent)								
	PLEASE NOTE: ENTITY WAS ADMINISTRATIVELY DISSOLVED BY NE DOS EFD 6.17.2025 BUT WILL BE REINSTATED: Oakland Mercy Hospital Foundation dba MercyOne Oakland Foundation; FEIN: 31-1678345 (100% Controlled by Immediate Parent)								
	PLEASE NOTE - PRIMGHAR MEDICAL CENTER CLOSED 9/30/24 and DISSOLUTION IS IN PROCESS FOR THIS ENTITY: Baum Harmon Mercy Hospital dba MercyOne Primghar Medical Center; FEIN: 42-1500277 (100% Controlled by Immediate Parent)								
	PLEASE NOTE - FOUNDATION WILL BECOME DEFUNCT AS PRIMGHAR MEDICAL CENTER CLOSED 9/30/2024 and DISSOLUTION IS IN PROCESS FOR THIS ENTITY: Baum Harmon Mercy Hospital and Clinics Foundation dba MercyOne Primghar Foundation; FEIN: 26-2973307 (100% Controlled by Immediate Parent)								
	PLEASE NOTE: ENTITY WAS ADMINISTRATIVELY DISSOLVED BY IA DOS ON 8/18/2025 BUT WILL BE REINSTATED; PLEASE NOTE ENTITY IS OPERATIONALLY INACTIVE: MHN ACO, LLC dba MercyOne ACO IV; FEIN: 42-1521367 (100% held by Mercury Health Services - Iowa, Corp.)								
	Saint Joseph Regional Medical Center, Inc. (Indiana); FEIN: 35-1568821 (100% Controlled by Trinity Health)								
	The Foundation of Saint Joseph Regional Medical Center, Inc.; FEIN: 35-1654543 (100% Controlled by Immediate Parent)								
	Alick's Home Medical Equipment, Inc.; FEIN: 35-1548294 (13.50% Controlled by Immediate Parent)								
	Saint Joseph Regional Medical Center - Health Insurance Services, LLC; FEIN: 46-2814097 (100% Controlled by Immediate Parent)								
	Select Health Network, Inc.; FEIN: 35-1932210 (50% Controlled by Immediate Parent)								
	Edison Lakes, Inc.; FEIN: 35-1783309 (23.84% Voting Interest held by Immediate Parent)								
	Edison Lakes ROC, LLC; FEIN: 27-1778694 (30% Controlled by Immediate Parent)								
	Saint Joseph Regional Medical Center - South Bend Campus, Inc.; FEIN: 35-0868157 (100% Controlled by Immediate Parent)								
	West Michigan Shared Hospital Laundry; FEIN: 38-2026913 (2.5% interest held by Saint Joseph Regional Medical Center - South Bend Campus, Inc.)								
	Saint Joseph Regional Medical Center - Plymouth Campus, Inc.; FEIN: 35-1142669 (100% Controlled by Immediate Parent)								
	West Michigan Shared Hospital Laundry; FEIN: 38-2026913 (2.5% interest held by Saint Joseph Regional Medical Center - Plymouth Campus, Inc.)								
	SIRMC Holdings, Inc.; FEIN: 47-4763735 (100% Controlled by Immediate Parent)								
	Michiana Urgent Care Management, LLC; FEIN: 47-4279865 (40% Controlled by Immediate Parent)								
	Saint Alphonsus Health System, Inc. (Idaho/Oregon); FEIN: 27-1929502 (100% Controlled by Trinity Health)								
	Saint Alphonsus Medical Center - Nampa, Inc.; FEIN: 82-0200896 (100% Controlled by Immediate Parent)								
	MedNow, Inc.; FEIN: 82-0389927 (100% Controlled by Immediate Parent)								
	Saint Alphonsus Medical Center - Nampa Health Foundation, Inc.; FEIN: 26-1737256 (100% Controlled by Immediate Parent)								



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

	Holy Cross CareNet, Inc. (Operating Assets Sold 8.31.2018 but Entity Remains); FEIN: 52-1945054 (100% Controlled by Immediate Parent)
	Trinity Health Services for Aging Nonprofit Housing Corporation; FEIN: 38-2719605(100% Controlled by Immediate Parent)
	Trinity Continuing Care Services - Indiana, Inc.; FEIN: 93-0907047 (100% Controlled by Immediate Parent)
	Saint Joseph's Tower Inc.; FEIN: 31-1040468 (100% Controlled by Immediate Parent)
	Saint Joseph of the Pines, Inc.; FEIN: 56-0694200 (100% Controlled by Immediate Parent)
	Mercy Community Health, Inc.; FEIN: 06-1492707 (100% Controlled by Immediate Parent)
	Saint Mary Home, Incorporated; FEIN: 06-0646843 (100% Controlled by Immediate Parent)
	McAuley Center, Incorporated; FEIN: 06-1058086 (100% Controlled by Immediate Parent)
	PLEASE NOTE: ENTITY'S ASSETS WERE SOLD EFF 7/1/2021, BUT ENTITY REMAINS: Mount St. Joseph dba Mount Saint Joseph Residence and Rehabilitation; FEIN: 01-0274998
	Glacier Hills, Inc.; FEIN: 38-1891500 (100% Controlled by Immediate Parent)
	Glacier Hills Foundation; FEIN: 20-8072723 (100% Controlled by Immediate Parent)
	PLEASE NOTE THAT THE DBA FARRAN CARE CENTER HAS CEASED OPERATIONS, BUT THE CORPORATE ENTITY, TCCS-MA, STILL REMAINS: Trinity Continuing Care Services - Massachusetts dba Farren Care Center (PLEASE NOTE: PER THE FEBRUARY 2018 TRANSFER OF ASSETS AND SERVICES OF FARRAN CARE CENTER, INC. (MA) TO TCCS - MA, FARRAN CARE CENTER IS A DBA OF TCCS - MA; AND, AS THE FEIN FOR FARRAN CARE CENTER, INC. (MA) WAS NOT TRANSFERRED, THIS SHELL ENTITY WAS PREVIOUSLY A SUB OF THONE /The Mercy Hospital, Inc. (Sisters of Providence Health System, Inc. which merged into The Mercy Hospital, Inc. on 12/30/2016/); BUT, FARRAN CARE CENTER, INC. (MA) FILED RESTATED ARTICLES OF ORGANIZATION ON 3/1/2022 CHANGING ITS CORPORATE MEMBER TO TRINITY CONTINUING CARE SERVICES); FEIN: 82-4005577 (100% Controlled by Immediate Parent)
	Farren Care Center, Inc. (MA); FEIN: 04-2501711 (100% Controlled by TCCS)
	Trinity Home Health Services (multistate operation - incorporated in Michigan); FEIN: 38-2621935 (100% Controlled by Trinity Health Corporation)
	Hospice of North Ottawa Community, Inc.; FEIN: 38-2370192 (100% Controlled by Trinity Home Health Services)
	Hospice of Muskegon County, Inc.; FEIN: 38-2415247 (20% Controlled by Trinity Home Health Services)
	Mercy General Health Partners, Amicare Homecare dba North Ottawa at Home; FEIN: 38-3.321856 (100% Controlled by Immediate Parent)
	Saint Mary's Amicare Home Healthcare; FEIN: 38-3320700 (100% Controlled by Immediate Parent)
	St. Joseph's Health at Home, Inc.; FEIN: 87-1012253 (100% Controlled by Trinity Home Health Services)
	Mercy Home Health; FEIN: 23-1352099 (100% Controlled by Trinity Home Health Services)
	Trinity Health PACE; FEIN: 47-3073124 (100% Controlled by Immediate Parent) (multistate operation - incorporated in Michigan)
	Trinity Health PACE Alexandria, Inc.; FEIN: 92-3433625 (100% Controlled by Trinity Health PACE)
	Trinity Health PACE of Montgomery County, Inc.; FEIN: 92-3450659; (100% Controlled by Trinity Health PACE)
	Trinity Health PACE of Pensacola, Inc.; FEIN: 92-2940854 (100% Controlled by Trinity Health PACE)
	Mercy LIFE; FEIN: 23-2840137 (100% Controlled by Immediate Parent)
	LIFE St. Mary; FEIN: 26-2976184 (100% Controlled by Immediate Parent)
	LIFE at St. Francis Healthcare, Inc.; FEIN: 45-2569214 (100% Controlled by Immediate Parent)
	Saint Joseph PACE Inc.; FEIN: 47-3129127 (100% Controlled by Immediate Parent)
	LIFE St. Joseph of the Pines, Inc.; FEIN: 27-2159847 (100% Controlled by Immediate Parent)
	Trinity Health LIFE Pennsylvania Inc. dba Mercy LIFE - West Philadelphia ; FEIN: 47-5244984 (100% Controlled )
	Mercy LIFE of Alabama; FEIN: 27-3163002 (100% Controlled by Immediate Parent)
	Mercy LIFE, Inc.; FEIN: 45-3086711 (100% Controlled by Immediate Parent)
	LIFE at Lourdes Inc. dba Trinity Health LIFE New Jersey; FEIN: 26-1854750 (100% Controlled by Immediate Parent)
	Trinity Health ACO, Inc.; FEIN: 47-3794666 (100% Controlled by Trinity Health)
	Trinity Integrated Care, LLC; FEIN: 81-2772183 (100% Controlled by Immediate Parent)
	PLEASE NOTE - THIS ENTITY IS OPERATIONALLY INACTIVE: Trinity Accountable Care, LLC; FEIN: 81-2780900 (100% Controlled by Immediate Parent)
	PLEASE NOTE - THIS ENTITY IS OPERATIONALLY INACTIVE: Trinity Accountable Care II, LLC; FEIN: 84-2508775 (100% Controlled by Immediate Parent)
	Trinity Health of the Mid-Atlantic Region (Effective 7.1.19; formerly Mercy Health System of Southeastern Pennsylvania) [Pennsylvania]; FEIN: 23-2212638 (100% Controlled by Trinity Health)
	Mercy Health Foundation of Southeastern Pennsylvania; FEIN: 23-2829864 (100% Controlled by Immediate Parent)
	Mercy Catholic Medical Center of Southeastern Pennsylvania; FEIN: 23-1352191 (100% Controlled by Immediate Parent)
	Mercy Fitzgerald Hospital (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Controlled by Trinity Health of the Mid-Atlantic Region)
	PLEASE NOTE ASSETS WERE SOLD TO PHMC WEST ON 3/24/2021, BUT ENTITY/FICTITIOUS NAME STILL REMAINS: Mercy Catholic Medical Center - Mercy Philadelphia Campus (dba of Mercy Catholic Medical Center of Southeastern Pennsylvania); FEIN: 23-1352191 (100% Controlled by Trinity Health of the Mid-Atlantic Region)
	Mercy Suburban Hospital (Inactive - Assets Sold 2/1/2016 but entity remains); FEIN: 23-1396763 (100% Controlled by Immediate Parent)
	Nazareth Hospital; FEIN: 23-2794121 (100% Controlled by Immediate Parent)
	Nazareth Medical Office Building Associates, L.P.; FEIN: 23-2388040 (75.21% Controlled by Nazareth Hospital)
	PLEASE NOTE THAT THE NAME CHANGE OF LANGHORNE PHYSICIAN SERVICES TO TRINITY HEALTH MID-ATLANTIC MEDICAL GROUP AND THE ENTITY'S CORPORATE MEMBER CHANGE TO TRINITY HEALTH OF THE MID-ATLANTIC REGION WERE FILED 4/7/2023, EFFECTIVE 1/1/2024 - ENTITY IS MOVED UNDER THMA REGION; Trinity Health Mid-Atlantic Medical Group; FEIN: 23-2571699 (100% Controlled by Immediate Parent)
	PLEASE NOTE - DELAWARE CARE COLLABORATION ("DCC") LLC and MERCY ACCOUNTABLE CARE, LLC. MERGED INTO THIS ENTITY AND THE ENTITY'S CORPORATE MEMBER CHANGED FROM ST. MARY MEDICAL CENTER TO THMA REGION EFFECTIVE 1/1/2024 - MOVE ENTITY UNDER THMA REGION EFF. 1/1/2024: Quality Health Alliance LLC; FEIN: 46-5686622 (100% Controlled by Immediate Parent)
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Mercy Accountable Care Network, LLC; FEIN: 46-2774097 (100% Controlled by Immediate Parent)
	Nazareth Physician Services, Inc.; FEIN: 20-3261266 (100% Controlled by Immediate Parent)
	Mercy Management of Southeastern Pennsylvania; FEIN: 23-2627944 (100% Controlled by Immediate Parent)
	Mercy Eastwick, Inc.; FEIN: 23-2184261 (100% Controlled by Immediate Parent)
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Mercy Home Health Services; FEIN: 23-2325058 (100% Controlled by Immediate Parent)
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Mercy Family Support; FEIN: 23-2325059 (100% Controlled by Immediate Parent)
	St. Mary Medical Center (Pennsylvania); FEIN: 23-1913910 (100% Controlled by Trinity Health of the Mid-Atlantic Region)
	St. Mary Emergency Medical Services; FEIN: 46-5354512 (100% Controlled by Immediate Parent)
	St. Mary Building and Development; FEIN: 46-1827502 (100% Controlled by Immediate Parent)
	Langhorne Services, Inc.; FEIN: 23-2625981 (100% Controlled by Immediate Parent)
	Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Controlled by Immediate Parent)
	Langhorne MOB Partners, L.P.; FEIN: 23-2622772 (68.16% Controlled by St. Mary Medical Center; 1% Controlled by Langhorne Services, Inc.)
	The Ambulatory Surgery Center at St. Mary, LLC; FEIN: 23-2871206 (51% Controlled by Immediate Parent)
	SMMC MOB II, Limited Partnership; FEIN: 36-4559869 (70.33% Controlled by St. Mary Medical Center; 5.96% Controlled by The Ambulatory Surgery Center at St. Mary, LLC; and 1% Controlled by Langhorne Services II, Inc.)
	PLEASE NOTE - ENTITY IS OPERATIONALLY INACTIVE: Quality Health Alliance - ACO LLC; FEIN: 46-5675954 (100% Controlled by Immediate Parent)
	Endoscopy Center at St. Mary Management, LLC; FEIN: 20-5253361 (19.38% Controlled by St. Mary Medical Center)
	Endoscopy Center at St. Mary, LP; FEIN: 20-5253494 (19.15% Controlled by St. Mary Medical Center; 1.17% Controlled by Endoscopy Center at St. Mary Management, LLC (General Partner))
	St. Mary Rehabilitation Hospital, LLP; FEIN: 27-3938747 (59% Controlled by SMMC)
	PLEASE NOTE THIS ENTITY IS OPERATIONALLY INACTIVE BUT NOT YET DISSOLVED - ST. MARY MEDICAL CENTER TERMINATED THE CO-MGMT AGRMT WITH THIS ENTITY EFF 10/30/2018: Heart Institute of St. Mary, LLC; FEIN: 45-4903701 (10% Controlled by SMMC)
	St. Francis Hospital, Inc. (Delaware); FEIN: 51-0064326 (100% Controlled by Trinity Health of the Mid-Atlantic Region)
	St. Francis Emergency Medical Services, LLC; FEIN: 92-0924799 (100% Controlled by St. Francis Hospital, Inc.)
	Per CT Audit, ENTITY IS VOID IN DE AS OF 3/1/2016- WAITING TO HEAR FINAL DISPOSITION FROM MINISTRY AND WHETHER ENTITY WILL BE REINSTATED; Franciscan Eldercare Corporation; FEIN: 22-3008680 (100% Controlled by Immediate Parent)
	Trinity Health Georgia, Inc. (Georgia); FEIN: 88-0878641 (100% Controlled by Trinity Health Corporation)
	St. Mary's Good Samaritan Hospital, Inc. dba St. Mary's Good Samaritan Hospital; FEIN: 26-1720984 (100% Controlled by Trinity Health Georgia, Inc.)
	St. Mary's Sacred Heart Hospital, Inc. dba HealthWorks; FEIN: 47-3752176 (100% Controlled by Trinity Health Georgia, Inc.)
	Sacred Heart Enterprises, LLC; FEIN: 35-2534772 (100% Controlled by St. Mary's Sacred Heart Hospital, Inc.)
	Cobb Enterprises, LLC; FEIN: 20-8356011 (100% Controlled by Sacred Heart Enterprises, LLC)
	St. Mary's Hospital, Inc.; FEIN: 58-0566223 (100% Controlled by Trinity Health Georgia, Inc.)
	St. Mary's Medical Group, Inc.; FEIN: 26-1858563 (100% Controlled by Trinity Health Georgia, Inc.)
	St. Mary's Foundation, Inc.; FEIN: 58-2544232 (100% Controlled by Trinity Health Georgia, Inc.)
	St. Mary's Good Samaritan Foundation, Inc.; FEIN: 81-1660088 (100% Controlled by Trinity Health Georgia, Inc.)
	Athens Residential Properties, LLC; FEIN: Not Issued (100% Controlled by Trinity Health Georgia, Inc.)
	Accountable Care of Georgia, LLC; FEIN: 46-5491058 (100% Controlled by Trinity Health Georgia, Inc.)
	St. Peter's Health Partners (New York); FEIN: 45-3570715 (100% Controlled by Trinity Health)
	Capital Region UC LLC d/b/a WellNow; FEIN: 38-4124497; (25% Interest Held by SPHP)
	Innovative Health Alliance of New York, LLC (100% Controlled by Immediate Parent); FEIN: 46-5676066
	St. Peter's Hospital Foundation, Inc.; FEIN: 22-2262982 (100% Controlled by Immediate Parent)
	St. Joseph's Physician Health, P.C.; FEIN: 16-1516863 (Captive PC )
	Manning Medical, PLLC (Nominally Controlled by SPHP Physician in accordance with NY law; SPHP exercises control through an Agreement and Reserve Powers); FEIN: 46-4331512
	St. Peter's Health Partners Medical Associates, P.C.; FEIN: 46-1177336 (100% Controlled by Immediate Parent)
	St. Peter's Hospital of the City of Albany dba St. Peter's Hospital; FEIN: 14-1348692 (100% Controlled by Immediate Parent)
	Villa Mary Immaculate d/b/a St Peter's Nursing & Rehabilitation Center; FEIN: 14-1438749 (100% Controlled by Immediate Parent)
	St. Peter's Ambulatory Surgery Center LLC (St. Peter's Hospital 50%; AGC Associates, Inc. 50%); FEIN: 46-0463892
	Everett Road ASC, LLC; FEIN: 83-3542382 (SPHCA holds 20% Interest)
	St. Peter's Hospital College of Nursing; FEIN: 84-3744949 (100% Controlled by SPHCA)
	The Community Hospice, Inc.; FEIN: 14-1608921 (100% Controlled by Immediate Parent)
	The Community Hospice Foundation, Inc.; FEIN: 22-2692940 (100% Controlled by Immediate Parent)
	Samaritan Hospital of Troy, New York dba Samaritan Hospital; FEIN: 14-1338544 (100% Controlled by Immediate Parent)
	Samaritan Hospital - St. Mary's Campus (dba of Samaritan Hospital); FEIN: 14-1338544 (100% Controlled by Immediate Parent)
	Samaritan Hospital - Albany Memorial Campus (dba of Samaritan Hospital); FEIN: 14-1338544 (100% Controlled by Immediate Parent)
	Samaritan Hospital and The Eddy Foundation; 22-2743478 (100% Controlled by Immediate Parent)
	Sunnyview Hospital and Rehabilitation Center; FEIN: 14-1338386 (100% Controlled by Immediate Parent)
	Sunnyview Hospital and Rehabilitation Center Foundation, Inc; FEIN: 22-2505127 (100% Controlled by Immediate Parent)
	LTC (Eddy), Inc. dba The Eddy; FEIN: 22-2564710 (100% Controlled by Immediate Parent)
	Our Lady of Mercy Life Center; FEIN: 14-1743506 (100% Controlled by Immediate Parent)
	The James A. Eddy Memorial Geriatric Center, Inc. dba Eddy Memorial Geriatric Center; FEIN: 22-2570478 (100% Controlled by Immediate Parent)
	Capital Region Geriatric Center, Inc. dba Eddy Village Green; FEIN: 14-1701597 (100% Controlled by Immediate Parent)
	Heritage House Nursing Center, Inc. dba Eddy Heritage House Nursing and Rehabilitation Center; FEIN: 14-1725101(100% Controlled by Immediate Parent)
	Senior Care Connection, Inc. dba Eddy Senior Care; FEIN: 14-1708754 (100% Controlled by Immediate Parent)
	Home Aide Service of Eastern New York, Inc. dba Eddy Visiting Nurse Association; FEIN: 14-1514867 (100% Controlled by Immediate Parent)
	Beverwyck, Inc. dba Eddy Village Green at Beverwyck; FEIN: 14-1717028 (100% Controlled by Immediate Parent)
	Glen Eddy, Inc.; FEIN: 14-1794150 (100% Controlled by Immediate Parent)
	The Glen at Hiland Meadows, Inc.; FEIN: 16-1529639 (50% Controlled by Immediate Parent)
	Hawthorne Ridge, Inc. dba Eddy Hawthorne Ridge; FEIN: 80-0102840 (100% Controlled by Immediate Parent)
	The Marjorie Doyle Rockwell Center, Inc.; FEIN: 14-1793885(100% Controlled by Immediate Parent)
	Beechwood, Inc. dba Eddy Property Services; FEIN: 14-1651563 (100% Controlled by Immediate Parent)

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

	Samaritan Medical Office Building, Inc.; FEIN: 14-1607244 (100% Controlled by Immediate Parent)
	Eddy Licensed Home Care Agency, Inc.; FEIN: 14-1818568 (100% Controlled by Immediate Parent)
	Empire Home Infusion Service, Inc. dba Northeast Home Medical Equipment; FEIN: 14-1795732 (100% Controlled by Immediate Parent)
	Seton Health at Schuyler Ridge Residential Healthcare dba Schuyler Ridge; FEIN: 14-1756230 (100% Controlled by Immediate Parent)
Saint Joseph's Health System, Inc. (Georgia);	FEIN: 58-1744848 (100% Controlled by Trinity Health)
	Saint Joseph's Mercy Care Services, Inc. dba Mercy Care; FEIN: 58-1752700 (100% Controlled by Immediate Parent)
	PLEASE NOTE THAT MERCY CARE ROME CLOSED ON 6/30/2025: Mercy Senior Care, Inc. dba Mercy Care Rome; FEIN: 58-1366508 (100% Controlled by Immediate Parent)
	Mercy Care Foundation, Inc. (f/k/a Saint Joseph's Mercy Foundation, Inc.); FEIN: 58-1448522 (100% Controlled by Immediate Parent)
	Mercy Services Downtown, Inc.; FEIN: 27-2046353 (100% Controlled by Immediate Parent)
	SIHS/JOC Holdings, Inc.; FEIN: 47-2299757 (100% Controlled by Immediate Parent)
	Saint Joseph's McAuley Park I, LLC; FEIN: 88-0592157 (100% Controlled by Saint Joseph's Health System, Inc.)
	McAuley Park MM LLC; FEIN: (20% Controlled by Saint Joseph's McAuley Park I, LLC)
	McAuley Park I LLC; FEIN: (0.010000% Controlled by McAuley Park MM LLC)
	Saint Joseph's Developer, LLC; FEIN: 88-0615394 (100% Controlled by Saint Joseph's Health System, Inc.)
Holy Cross Hospital, Inc. (Florida);	FEIN: 59-0791028 (100% Controlled by Trinity Health)
	ENTITY WAS MOVED UNDER HOLY CROSS HOSPITAL, INC. PER MEMBERSHIP INTEREST TRANSFER AGRMT EFFECTIVE 6.20.2025: THPH of Ft. Lauderdale, LLC; FEIN: 85-4185977 (This Captive Affiliated LLC Entity is 100% Controlled by Holy Cross Hospital, Inc.)
	ENTITY WAS MOVED UNDER HOLY CROSS HOSPITAL, INC. PER MEMBERSHIP INTEREST TRANSFER AGRMT EFFECTIVE 6.20.2025.: Holy Cross Urgent Care, LLC; FEIN: 85-4026585 (This Captive Medical Practice is 100% Controlled by Holy Cross Hospital, Inc. and Managed by Premier Health Consultants, LLC)
	Holy Cross Primary Care, Inc.; FEIN: 81-2531495 (100% Controlled by Immediate Parent)
	PLEASE NOTE: THIS ENTITY IS NO LONGER A HOME HEALTH AGENCY AS OF 12/2010 DUE TO FL LAW CHANGE AS TO HHA OWNERSHIP REQUIREMENTS, BUT THE ENTITY REMAINS, AS IT OWNS A MOB ON THE HCH CAMPUS: Nursing Network, Inc.; FEIN: 59-1145192 (100% Controlled by Immediate Parent)
	Holy Cross Outpatient Services, Inc.; FEIN: 46-5421068 (100% Controlled by Immediate Parent)
	Holy Cross Physician Partners, LLC; FEIN: 36-4712116 (100% Controlled by Immediate Parent)
	Holy Cross Senior Services, Inc.; FEIN: 83-2256461 (100% Controlled by Immediate Parent)
	Physicians Outpatient Surgery Center, LLC (63.792475% Controlled by Holy Cross Hospital, Inc. and 36.207525% Controlled by Physician Members); FEIN: 35-2325646
	Atlantic Coast Health Network, LLC (JV with Atlantic Coast Holdings, Inc. - 50% Controlled by HCH); FEIN: 47-4756582
	FCHN Holy Cross HoldCo, LLC; FEIN: 87-3273655 (50% Controlled by Holy Cross Hospital, Inc.)
	Combined Services, Inc.; FEIN: 59-1389127 (11% held by Holy Cross Hospital, Inc.)
St. Joseph's Health, Inc. (New York);	FEIN: 47-4754987 (100% Controlled by Trinity Health)
	St. Joseph's Hospital Health Center; FEIN: 15-0532254 (100% Controlled by Immediate Parent)
	S.J. Management Company of Syracuse, Inc.; FEIN: 27-1763712 (100% Controlled by Immediate Parent)
	SJLS, LLC (51% SJMCS, 34% Fresenius, 15% Physicians); FEIN: 20-1796650
	St. Joseph's College of Nursing at St. Joseph's Hospital Health Center; FEIN: 20-2497520 (100% Controlled by Immediate Parent)
	SIPE Practice Management Services, Inc.; FEIN: 45-4164964 (100% Controlled by Immediate Parent)
	Plaza Corporation of Central New York (50% SJHHC, 50% Crouse Hospital); FEIN: 22-2800840
	Iroquois Nursing Home, Inc.; FEIN: 16-1364582 (100% Controlled by Immediate Parent)
	Plaza Nursing Home Company, Inc.; FEIN: 16-0955793 (100% Controlled by Immediate Parent)
	Mandorla Gardens Housing Development Fund Company, Inc. (100% Controlled by Plaza Nursing Home Company, Inc.); FEIN: 27-3993174
	Enriched Resources for Independent Elderly, Inc.; FEIN: 16-1163209 (100% Controlled by Immediate Parent)
	Loretto Independent Living Services, Inc.; FEIN: 16-1470454 (Not Controlled by Immediate Parent, but maintains a right to one less than one half of the Board Seats)
	CNY AIM IPA, LLC; FEIN: 81-5385690 (100% Controlled by Immediate Parent)
	CNY AIM, LLC; FEIN: 81-1461678 (100% Controlled by Immediate Parent)
	Specialists' One-Day Surgery, LLC; FEIN: 16-1601940 (25% Controlled by St. Joseph's Hospital Health Center)
	St. Joseph's Hospital Health Center Foundation, Inc.; FEIN: 22-2149775 (100% Controlled by Immediate Parent)
	The Auxiliary of St. Joseph's Hospital Health Center, Inc.; FEIN: 20-3018640 (100% Controlled by St. Joseph's Hospital Health Center Foundation, Inc.)
	St. Joseph's Health Center Properties, Inc.; FEIN: 23-7219294 (100% Controlled by Immediate Parent)
	Franciscan Associates, Inc.; FEIN: 20-2991688 (100% Controlled by Immediate Parent)
	FHS Services, Inc. d/b/a Oneida Lifeline, Franciscan Lifeline; FEIN: 27-2995699 (100% Controlled by Immediate Parent)
	Franciscan Management Services, Inc.; FEIN: 16-1351193 (100% Controlled by Immediate Parent)
	St. Elizabeth Health Support Services, Inc. (100% Controlled by FMS); FEIN: 16-1540486
	Franciscan Health Support, Inc.; FEIN: 16-1236354 (100% Controlled by Immediate Parent)
	PLEASE NOTE: ASSETS OF THIS ENTITY WERE SOLD TO ADAPTHEALTH EFFECTIVE 11/1/2000, BUT ENTITY REMAINS: Franciscan Health Support Services, LLC (d/b/a Oneida Health Support, Auburn Health Support, Mountain Lakes Health Support); FEIN: 16-1236354 (100% Controlled by Immediate Parent)
	Health Care Management Administrators, Inc.; FEIN: 16-1450960 (100% Controlled by Immediate Parent)
	Near Northside Holdings, LLC; FEIN: Not Yet Applied For (100% Controlled by Immediate Parent)
	Embracing Age, Inc.; FEIN: 46-1051881 (100% Controlled by Immediate Parent)
	St. Joseph's Medical, P.C.; FEIN: 27-3899821 (Captive PC)
	St. Joseph's Imaging Associates, PLLC (60% Prospect Hill Radiology Group, 40% SJMPC); FEIN: 16-1104293
	CNY North Urgent Care, PLLC; FEIN: 35-2605215 (100% Controlled by St. Joseph's Medical, P.C.)
	Concordia Healthcare Network, LLC; FEIN: 84-1939474 (100% Controlled by Immediate Parent)
	Concordia Healthcare Network IPA, LLC; FEIN: 84-3669999 (100% Controlled by Concordia Health Network, LLC)
	Concordia Health ACO, LLC; FEIN: TBD (100% Controlled by St. Joseph's Health, Inc.)
	Trinity Health Of New England Corporation, Inc. (formerly Trinity Health - New England, Inc.) (Connecticut); FEIN: 06-1491191 (100% Controlled by Trinity Health)
	Saint Francis Hospital and Medical Center; FEIN: 06-0646813 (100% Controlled by Immediate Parent)
	Woodland Partners Real Estate LLC; FEIN: 83-3371094; (55% Controlled by Saint Francis Hospital and Medical Center)
	Lighthouse Surgery Center, LLC; FEIN: 83-2096116 (26% Controlled by Saint Francis Hospital and Medical Center/74% by Physicians)
	Saint Francis Hospital and Medical Center Foundation, Inc.; FEIN: 06-1008255 (100% Controlled by Immediate Parent)
	Collaborative Laboratory Services, LLC; FEIN: 06-1520109 (100% Controlled by Immediate Parent)
	Mount Sinai Hospital Foundation, Inc.; FEIN: 22-2584082 (100% Controlled by Immediate Parent)
	Women's Auxiliary of Saint Francis Hospital and Medical Center, Inc.; FEIN: 06-0660403 (100% Controlled by Immediate Parent)
	Saint Francis GI Endoscopy, LLC (49% SFHMC); FEIN: 20-5540278
	Saint Francis Care Medical Group, P.C. (Nominee Shareholder, SVP Medical Affairs); FEIN: 06-1432373 (100% Controlled by Immediate Parent)
	Rocky Hill Imaging Center, LLC; FEIN: 61-1989297 (50% Controlled by Saint Francis Hospital and Medical Center)
	Mount Sinai Rehabilitation Hospital, Inc.; FEIN: 06-1422973 (100% Controlled by Immediate Parent)
	SFH/FF, LLC; FEIN: 06-1489749; (100% Controlled by MSRH)
	Trinity Health Of New England Provider Network Organization, Inc. (formerly Trinity Health-New England Physician Network Organization; FEIN: 06-1450168 (100% Controlled by Immediate Parent)
	ENTITY WAS MOVED HERE UNDER THONE PROVIDER NETWORK ORGANIZATION, INC. PER MEMBERSHIP INTEREST TRANSFER AGRMT EFFECTIVE 6.20.2025: THPH Of New England, LLC; FEIN: 85-1888365 (This Captive Affiliated LLC Entity is 100% Controlled by Trinity Health Of New England Provider Network Organization, Inc.)
	Asylum Hill Family Medicine Center, Inc.; FEIN: 06-1450170 (100% Controlled by Immediate Parent)
	Enfield Surgery Center, LLC; FEIN: 93-3701354 (100% Controlled by Trinity Health Of New England Corporation, Inc.)
	Trinity Health Of New England CIN LLC; FEIN: 93-1654460 (100% Controlled by Trinity Health Of New England Corporation, Inc.)
	Connecticut Occupational Medicine Partners, LLC; FEIN: 06-1586674 (33.3% Controlled by THONE; 20% Controlled by JMCC)
	Johnson Memorial Hospital, Inc.; FEIN: 47-5676956 (100% Controlled by Immediate Parent)
	NRRO, LLC; FEIN: 81-2004513; (25% Controlled by Johnson Memorial Hospital, Inc.)
	TIC, LLC; FEIN: 81-2022269 (15% Controlled by Johnson Memorial Hospital, Inc.)
	Trinity Health Of New England Emergency Medical Services, Inc.; FEIN: 83-3546613 (100% Controlled by Immediate Parent)
	The Mercy Hospital, Inc. dba Mercy Medical Center, Providence Behavioral Health Hospital, Weldon Rehabilitation Hospital, Family Life Center for Maternity, Sister Caritas Cancer Center, WorkWise, Mercy Healthcare for The Homeless; FEIN: 04-3398280 (100% Controlled by Immediate Parent)
	Mercy Inpatient Medical Associates, Inc. dba Breast Care Center; dba MercyCare - Forest Park; dba Providence Prenatal Center of Holyoke; dba Trinity Health Of New England Medical Group; FEIN: 04-3029929 (100% Controlled by Immediate Parent)
	System Coordinated Services, Inc. dba Life Laboratories; FEIN: 04-2938161 (100% Controlled by Immediate Parent)
	Greater Springfield MRI Limited Partnership; FEIN: 04-3178855 (50% Controlled by System Coordinated Services)
	Mercy Health Accountable Care Organization, LLC; FEIN: 82-1007572 (100% Controlled by Immediate Parent)
	Brightside, Inc.; FEIN: 04-2182395 (100% Controlled by Immediate Parent)
	Mercy Care Alliance, LLC; FEIN: 47-1561725 (100% Controlled by Immediate Parent)
	Pioneer Valley Cardiology Associates, Inc.; FEIN: 45-4208896 (100% Controlled by Immediate Parent)
	Mercy Specialist Physicians, Inc. dba Trinity Health of New England Medical Group; FEIN: 26-4033168 (100% Controlled by Immediate Parent)
	Mercy Medical Group, Inc. dba Trinity Health of New England Medical Group; FEIN: 45-4884805 (100% Controlled by Immediate Parent)
	Riverbend Medical Group, Inc. dba Trinity Health of New England Medical Group; FEIN: 81-1807730 (100% Controlled by Immediate Parent)
	Western Massachusetts PET/CT Imaging Center, LLC; FEIN: 20-4744663 (50% Controlled by The Mercy Hospital, Inc.; 50% Controlled by Alliance Imaging, Inc.)
Saint Mary's Hospital, Inc.;	FEIN: 06-0646844 (100% Controlled by Immediate Parent)
	The Harold Leever Regional Cancer Center, Inc.; FEIN: 06-1548409 (50% Controlled by Immediate Parent)
	Diagnostic Imaging of Southbury, LLC; FEIN: 06-1487582 (60% Controlled by Immediate Parent)
	Naugatuck Valley MRI, LLC; FEIN: 06-1239526 (78.3% Controlled by Immediate Parent)
	Saint Mary's Hospital Foundation, Inc.; FEIN: 22-2528400 (100% Controlled by Immediate Parent)
	Scovill Street Medical Building Association, Inc.; FEIN: 06-1232868 (92% Controlled by Immediate Parent)



# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

**AUGUST FILING**

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

1. No Pt. D Coverage Supplement is offered by this plan.

Bar Code:

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



**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Liabilities Line 23

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Due to CMS: CGD net due .....	19		19	
2397. Summary of remaining write-ins for Line 23 from overflow page	19	0	19	0

**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10)		

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase/(decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14)		

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase/(decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium, depreciation and proportional amortization .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12)		

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	2,039,018	1,390,111
2. Cost of bonds and stocks acquired .....	248,890	610,777
3. Accrual of discount .....	42,084	38,130
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration for bonds and stocks disposed of .....	0	0
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	2,329,993	2,039,018
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	2,329,993	2,039,018

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Trinity Health Plan of Michigan, Inc.

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>ISSUER CREDIT OBLIGATIONS (ICO)</b>								
1. NAIC 1 (a) .....	2,461,717	0	0	16,145	2,445,811	2,461,717	2,477,862	2,167,644
2. NAIC 2 (a) .....	0	0	0	0	0	0	0	0
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total ICO	2,461,717	0	0	16,145	2,445,811	2,461,717	2,477,862	2,167,644
<b>ASSET-BACKED SECURITIES (ABS)</b>								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total ABS	0	0	0	0	0	0	0	0
<b>PREFERRED STOCK</b>								
15. NAIC 1 .....	0	0	0	0	0	0	0	0
16. NAIC 2 .....	0	0	0	0	0	0	0	0
17. NAIC 3 .....	0	0	0	0	0	0	0	0
18. NAIC 4 .....	0	0	0	0	0	0	0	0
19. NAIC 5 .....	0	0	0	0	0	0	0	0
20. NAIC 6 .....	0	0	0	0	0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	2,461,717	0	0	16,145	2,445,811	2,461,717	2,477,862	2,167,644

(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 \$ 147,869 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

**SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
7709999999 Totals	147,869	xxx	145,233	375	49

**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 .....	128,625	
2. Cost of short-term investments acquired .....	145,233	124,696
3. Accrual of discount .....	4,010	3,930
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	130,000	0
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	147,869	128,625
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	147,869	128,625

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	11,446,546	1,771,953
2. Cost of cash equivalents acquired .....	3,364,998,106	968,188,147
3. Accrual of discount .....	0	0
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	394,699	110,481
6. Deduct consideration received on disposals .....	3,358,488,655	958,624,035
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	18,350,696	11,446,546
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	18,350,696	11,446,546

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

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Trinity Health Plan of Michigan, Inc.

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
0489999999	Total - Issuer Credit Obligations (Unaffiliated)				0	0	0	XXX
0499999999	Total - Issuer Credit Obligations (Affiliated)				0	0	0	XXX
0509999997	Total - Issuer Credit Obligations - Part 3				0	0	0	XXX
0509999998	Total - Issuer Credit Obligations - Part 5				XXX	XXX	XXX	XXX
0509999999	Total - Issuer Credit Obligations				0	0	0	XXX
1889999999	Total - Asset-Backed Securities (Unaffiliated)				0	0	0	XXX
1899999999	Total - Asset-Backed Securities (Affiliated)				0	0	0	XXX
1909999997	Total - Asset-Backed Securities - Part 3				0	0	0	XXX
1909999998	Total - Asset-Backed Securities - Part 5				XXX	XXX	XXX	XXX
1909999999	Total - Asset-Backed Securities				0	0	0	XXX
2009999999	Total - Issuer Credit Obligations and Asset-Backed Securities				0	0	0	XXX
4509999997	Total - Preferred Stocks - Part 3				0	XXX	0	XXX
4509999998	Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX
4509999999	Total - Preferred Stocks				0	XXX	0	XXX
5989999997	Total - Common Stocks - Part 3				0	XXX	0	XXX
5989999998	Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX
5989999999	Total - Common Stocks				0	XXX	0	XXX
5999999999	Total - Preferred and Common Stocks				0	XXX	0	XXX
.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....
6009999999	Totals				0	XXX	0	XXX

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STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Trinity Health Plan of Michigan, Inc.

**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21	
									10	11	12	13	14								
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	
0489999999	Total - Issuer Credit Obligations (Unaffiliated)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
0499999999	Total - Issuer Credit Obligations (Affiliated)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
0509999997	Total - Issuer Credit Obligations - Part 4			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
0509999998	Total - Issuer Credit Obligations - Part 5			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0509999999	Total - Issuer Credit Obligations			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1889999999	Total - Asset-Backed Securities (Unaffiliated)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1899999999	Total - Asset-Backed Securities (Affiliated)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1909999997	Total - Asset-Backed Securities - Part 4			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1909999998	Total - Asset-Backed Securities - Part 5			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1909999999	Total - Asset-Backed Securities			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
2009999999	Total - Issuer Credit Obligations and Asset-Backed Securities			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999997	Total - Preferred Stocks - Part 4			0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998	Total - Preferred Stocks - Part 5			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999	Total - Preferred Stocks			0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997	Total - Common Stocks - Part 4			0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998	Total - Common Stocks - Part 5			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999	Total - Common Stocks			0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5999999999	Total - Preferred and Common Stocks			0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6009999999	Totals			0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX

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Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**







SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2025 OF THE Trinity Health Plan of Michigan, Inc.

## MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 2838

NAIC Company Code 16775

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

**NONE**

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