

**Read instructions before completing form**  
**FIS 0317** (12/24) Department of Insurance and Financial Services  
**Revenue and Expense Report for HMOs**

File this report with your quarterly statement filings.

Use checkboxes to indicate which report you are filing:

- 2024 Annual data DUE March 1, 2025
- Q1 data DUE May 15, 2025
- Q2 YTD DUE August 15, 2025
- Q3 YTD DUE November 15, 2025

Filing is required for: All HMOs	2025
	DUE quarterly

Name of Company	Company NAIC Group number and Company code
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Address questions about this form to:  
 Office of Insurance Evaluation  
 517-284-8762

page 1 of 2	1-Commercial	2- Title XVIII Medicare	3- Dual Eligible	4- Title XIX Medicaid	5-Fee for service	6- Other*	7-Total
1 Member months							
2. Net premium income							
3. Change in unearned premium reserves and reserves for rate credit							
4. Fee-for-service							
5. Risk revenue							
6. Aggregate write-ins for other health care related revenues							
7. Aggregate write-ins for other non-health revenues							
8. Total Revenues (Lines 2 to 7)							

**Medical and Hospital**

9. Hospital/Medical benefits							
A) Physician services- primary care							
B) Physician services- specialty care							
C) Hospital - inpatient							
D) Hospital - outpatient							
10. Other professional services							
11. Outside referrals							
12. Emergency room and out-of-area							
13. Prescription drugs							
14. Aggregate write-ins for other medical and hospital							
15. Incentive pool, withhold adjustments and bonus amounts							
16. Subtotal (Lines 9 to 15)							



**Michigan Department of Insurance and Financial Services**

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FIS 0317 (12/23) page 2 of 2	1-Commercial	2- Title XVIII Medicare	3-Dual Eligible	4- Title XIX Medicaid	5-Fee for service	6- Other*	7-Total
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**Less**

17. Net Reinsurance Recoveries							
18. Total medical and hospital (Lines 16 minus 17)							
19. Non-health claims							
20. Claims adjustment expense							
21. A) General administrative expenses other than marketing							
B) Marketing expenses only							
22. Increase in reserves for life and accident and health contracts							
23. Total underwriting deductions (Lines 18 to 22)							
24. Net underwriting gain or (loss) (Lines 8 minus 23)							
25. Net investment income earned							
26. Net realized capital gains or (losses)							
27. Net investment gains or (losses) (Lines 25 plus 26)							
28. Net gain or (loss) from agents' or premium balances charged off							
29. Aggregate write-ins for other income or expenses							
30. Net income or (loss) before federal income taxes (Lines 24 plus 27 through 29)							
31. Federal and foreign income taxes incurred							
32. Net income (loss) (Line 30 minus line 31)							

**Details of Write-ins:** Give line number (Line 6, 7, 14, or 29) and name of item. Attach additional sheet if necessary.


\* Indicate Line(s) of business included in column 6-Other:

**Certification**

I certify that I am an officer of the company named in this report, and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature	Date Signed	Person and phone number to contact regarding this report
Signer's name and title typed or printed		

PA 218 of 1956 as amended requires submission of this form by all licensed Health Maintenance Organizations. Failure to complete and submit this form properly could result in a compliance action or revocation of your authority to do business in Michigan.