



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2015
 OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan, Inc.

NAIC Group Code 0000 , 0000 NAIC Company Code 95453 Employer's ID Number 38-2396958
(Current Period) (Prior Period)

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 12/03/1981 Commenced Business 02/05/1982

Statutory Home Office 829 Forest Hill Ave SE , Grand Rapids, MI, US 49546-2325
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 829 Forest Hill Ave SE
(Street and Number)
Grand Rapids, MI, US 49546-2325 616-949-2410
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 829 Forest Hill Ave SE , Grand Rapids, MI, US 49546-2325
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 829 Forest Hill Ave SE
(Street and Number)
Grand Rapids, MI, US 49546-2325 616-949-9944-1122
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address gvhp.com

Statutory Statement Contact Pamela Lea Silva , 616-949-9944-1122
(Name) (Area Code) (Telephone Number) (Extension)
silvap@gvhp.com 616-949-4978
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Pamela L Silva</u>	<u>President/CEO</u>	<u>Thomas W Schouten</u>	<u>Secretary</u>
<u>Janet Lederman</u>	<u>Director of Managed Care</u>		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>Thomas W Schouten</u>	<u>Daniel Wallace</u>	<u>Pamela L Silva</u>	<u>Richard C Fletcher</u>
<u>Herbert A Start</u>	<u>Kathy Lentz</u>	<u>Amy Rinck #</u>	<u>Steven A Manifold</u>

State of Michigan
 County of Kent **ss**

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

Pamela L Silva
 President/CEO

Thomas W Schouten
 Secretary

Janet Lederman
 Director of Managed Care

Subscribed and sworn to before me this _____ day of _____,

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

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

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....					.0	
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables	9,877	14,717	0	11,776	9,877	9,877
7. Totals (Lines 1 through 6)	9,877	14,717	0	11,776	9,877	9,877

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Grand Valley Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....	192,001	497,127	132,103	43,074	641,003	1,505,308
0499999 Subtotals	192,001	497,127	132,103	43,074	641,003	1,505,308
0599999 Unreported claims and other claim reserves						1,651,055
0699999 Total amounts withheld						
0799999 Total claims unpaid						3,156,363
0899999 Accrued medical incentive pool and bonus amounts						0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0.0		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers	199,640	1.0		.0.0		199,640
4. Total capitation payments	199,640	1.0	0	.0.0	0	199,640
Other Payments:						
5. Fee-for-service	434,577	2.1	XXX	XXX	434,577	
6. Contractual fee payments	9,821,839	47.7	XXX	XXX	9,821,839	
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries	10,147,662	49.3	XXX	XXX	10,147,662	
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments .....	.0	.0.0	XXX	XXX		
12. Total other payments	20,404,078	99.0	XXX	XXX	20,404,078	0
13. Total (Line 4 plus Line 12)	20,603,718	100 %	XXX	XXX	20,404,078	199,640

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	459,925		449,071	10,854	10,854	0
2. Medical furniture, equipment and fixtures	523,012		456,425	66,587		66,587
3. Pharmaceuticals and surgical supplies	157,327		0	157,327	0	157,327
4. Durable medical equipment						
5. Other property and equipment	405,889		397,178	8,711	0	8,711
6. Total	1,546,153	0	1,302,674	243,479	10,854	232,625



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2015

NAIC Company Code 95453

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	5,537	0	4,712				825			
2. First Quarter	5,336	10	4,554				772			
3. Second Quarter	5,342	8	4,569				765			
4. Third Quarter	5,044	8	4,278				758			
5. Current Year	5,076	8	4,323				745			
6. Current Year Member Months	62,739	102	53,208				9,429			
Total Member Ambulatory Encounters for Year:										
7. Physician	18,322	13	15,414				2,895			
8. Non-Physician	4,894	4	4,025				865			
9. Total	23,216	17	19,439	0	0	0	3,760	0	0	0
10. Hospital Patient Days Incurred	855	0	662				193			
11. Number of Inpatient Admissions	225	0	177				48			
12. Health Premiums Written (b)	21,484,616	63,061	16,480,361				4,941,194			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	21,484,616	63,061	16,480,361				4,941,194			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	20,603,718	61,213	15,897,423				4,645,082			
18. Amount Incurred for Provision of Health Care Services	21,757,216	65,744	17,074,134				4,617,338			

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Grand Valley Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2015						NAIC Company Code	95453
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	5,537	0	4,712	0	0	0	825	0	0	0	
2. First Quarter	5,336	10	4,554	0	0	0	772	0	0	0	
3. Second Quarter	5,342	8	4,569	0	0	0	765	0	0	0	
4. Third Quarter	5,044	8	4,278	0	0	0	758	0	0	0	
5. Current Year	5,076	8	4,323	0	0	0	745	0	0	0	
6. Current Year Member Months	62,739	102	53,208	0	0	0	9,429	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	18,322	13	15,414	0	0	0	2,895	0	0	0	
8. Non-Physician	4,894	4	4,025	0	0	0	865	0	0	0	
9. Total	23,216	17	19,439	0	0	0	3,760	0	0	0	
10. Hospital Patient Days Incurred	855	0	662	0	0	0	193	0	0	0	
11. Number of Inpatient Admissions	225	0	177	0	0	0	48	0	0	0	
12. Health Premiums Written (b)	21,484,616	63,061	16,480,361	0	0	0	4,941,194	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	21,484,616	63,061	16,480,361	0	0	0	4,941,194	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	20,603,718	61,213	15,897,423	0	0	0	4,645,082	0	0	0	
18. Amount Incurred for Provision of Health Care Services	21,757,216	65,744	17,074,134	0	0	0	4,617,338	0	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Grand Valley Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
9999999 Totals						0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

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

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	242	265	276	335	574
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	336	282	297	422	0
5. Total hospital and medical expenses.....	16,435	15,481	15,366	17,741	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	336	18	0	78	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	.XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	.XXX
18. Funds deposited by and withheld from (F).....	0	0	0	0	.XXX
19. Letters of credit (L).....	0	0	0	0	.XXX
20. Trust agreements (T).....	0	0	0	0	.XXX
21. Other (O).....	0	0	0	0	.XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	4,406,107		4,406,107
2. Accident and health premiums due and unpaid (Line 15).....	210,614		210,614
3. Amounts recoverable from reinsurers (Line 16.1).....	336,288		336,288
4. Net credit for ceded reinsurance.....	XXX	336,288	336,288
5. All other admitted assets (Balance).....	913,067		913,067
6. Total assets (Line 28)	5,866,076	336,288	6,202,364
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	3,156,363	0	3,156,363
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	430,358		430,358
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	981,847		981,847
15. Total liabilities (Line 24).....	4,568,568	0	4,568,568
16. Total capital and surplus (Line 33).....	1,297,508	XXX	1,297,508
17. Total liabilities, capital and surplus (Line 34)	5,866,076	0	5,866,076
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		0
19. Accrued medical incentive pool.....	0		0
20. Premiums received in advance	0		0
21. Reinsurance recoverable on paid losses	336,288		336,288
22. Other ceded reinsurance recoverables	0		0
23. Total ceded reinsurance recoverables	336,288		336,288
24. Premiums receivable	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		0
26. Unauthorized reinsurance	0		0
27. Reinsurance with Certified Reinsurers.....	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		0
29. Other ceded reinsurance payables/offsets	0		0
30. Total ceded reinsurance payables/offsets	0		0
31. Total net credit for ceded reinsurance	336,288		336,288

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**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					0
2. Alaska	AK					0
3. Arizona	AZ					0
4. Arkansas	AR					0
5. California	CA					0
6. Colorado	CO					0
7. Connecticut	CT					0
8. Delaware	DE					0
9. District of Columbia	DC					0
10. Florida	FL					0
11. Georgia	GA					0
12. Hawaii	HI					0
13. Idaho	ID					0
14. Illinois	IL					0
15. Indiana	IN					0
16. Iowa	IA					0
17. Kansas	KS					0
18. Kentucky	KY					0
19. Louisiana	LA					0
20. Maine	ME					0
21. Maryland	MD					0
22. Massachusetts	MA					0
23. Michigan	MI					0
24. Minnesota	MN					0
25. Mississippi	MS					0
26. Missouri	MO					0
27. Montana	MT					0
28. Nebraska	NE					0
29. Nevada	NV					0
30. New Hampshire	NH					0
31. New Jersey	NJ					0
32. New Mexico	NM					0
33. New York	NY					0
34. North Carolina	NC					0
35. North Dakota	ND					0
36. Ohio	OH					0
37. Oklahoma	OK					0
38. Oregon	OR					0
39. Pennsylvania	PA					0
40. Rhode Island	RI					0
41. South Carolina	SC					0
42. South Dakota	SD					0
43. Tennessee	TN					0
44. Texas	TX					0
45. Utah	UT					0
46. Vermont	VT					0
47. Virginia	VA					0
48. Washington	WA					0
49. West Virginia	WV					0
50. Wisconsin	WI					0
51. Wyoming	WY					0
52. American Samoa	AS					0
53. Guam	GU					0
54. Puerto Rico	PR					0
55. US Virgin Islands	VI					0
56. Northern Mariana Islands	MP					0
57. Canada	CAN					0
58. Aggregate Other Alien	OT					0
59. Totals		0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Grand Valley Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
		00000	38-3265342				Grand Valley Health Corporation	MI	UDP	Grand Valley Health Corporation ESOP	Ownership	18.9	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	.0
		00000	38-3265342				Grand Valley Health Corporation	MI	UDP	Rosalynn E. Bender	Ownership	21.9	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	.0
		00000	38-3247950				Grand Valley Health Facilities	MI	NIA	Grand Valley Health Corporation	Ownership	100.0	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	.0
		00000	38-3247943				Grand Valley Health Management, Inc	MI	NIA	Grand Valley Health Corporation	Ownership	100.0	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	.0
		00000	38-3440505				Grand Valley Health Surgical Center, LLC	MI	NIA	Grand Valley Health Management	Ownership	54.0	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	.0
		00000	38-3440505				Grand Valley Health Surgical Center, LLC	MI	NIA	Grand Valley Health Corporation	Ownership	37.0	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	.0
		00000	38-3668000				Grand Valley Technology Services, LLC	MI	NIA	Grand Valley Health Corporation	Ownership	68.0	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	.0
		00000	38-2396958				Grand Valley Health Plan, Inc	MI	RE	Grand Valley Health Corporation	Ownership	100.0	Grand Valley Health Corporation ESOP/Rosalynn E. Bender	.0

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

Asterisk	Explanation
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SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	38-3265342	Grand Valley Health Corporation					526,440				526,440	
	38-3247943	Grand Valley Health Management					(204,137)				(204,137)	
	38-3247950	Grand Valley Health Facilities					961,089				961,089	
95453	38-2396958	Grand Valley Health Plan					(1,933,288)				(1,933,288)	
	38-3668000	Grand Valley Technical Services					711,898				711,898	
	38-3440505	Grand Valley Surgical Center					(62,002)				(62,002)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

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

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.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....NO.....
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?YES.....

Explanation:

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