



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2014
 OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code 1311 , 1311 NAIC Company Code 95844 Employer's ID Number 38-2242827
(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 [X] No []

Incorporated/Organized 06/27/1978 Commenced Business 02/08/1979

Statutory Home Office 2850 West Grand Boulevard , Detroit, MI, US 48202
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2850 West Grand Boulevard
(Street and Number)
Detroit, MI, US 48202 313-872-8100
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 2850 West Grand Boulevard , Detroit, MI, US 48202
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2850 West Grand Boulevard
(Street and Number)
Detroit, MI, US 48202 , 248-443-1093
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.hap.org

Statutory Statement Contact Dianna L Ronan CPA , 248-443-1093
(Name) (Area Code) (Telephone Number) (Extension)
dronan@hap.org 248-443-8610
(E-Mail Address) (Fax Number)

OFFICERS

| Name | Title | Name | Title |
|--------------------------|--------------------------|-------------------------|----------------------------|
| <u>James M Connelly</u> | <u>President and CEO</u> | <u>Dianna L Ronan</u> | <u>Treasurer</u> |
| <u>Edith L Eisenmann</u> | <u>Secretary</u> | <u>Dan E Champney #</u> | <u>Assistant Secretary</u> |

OTHER OFFICERS

_____ , _____ , _____

DIRECTORS OR TRUSTEES

| | | | |
|---------------------------------|----------------------------|---------------------------------|--------------------------------|
| <u>Marvin W Beatty</u> | <u>Shari L Burgess</u> | <u>Sandra A Cavette MPH RDH</u> | <u>James M Connelly</u> |
| <u>Colleen M Ezzeddine Ph D</u> | <u>Joyce V Hayes-Giles</u> | <u>Harvey Hollins III</u> | <u>Jamie C Hsu Ph D</u> |
| <u>Paul F Hughes-Cromwick</u> | <u>Jackie Martin</u> | <u>Judith S Milosic</u> | <u>Susanne M Mitchell</u> |
| <u>Marguerite S Rigby</u> | <u>Kim E Schatzel Ph D</u> | <u>Nancy M Schlichting</u> | <u>Michelle B Schreiber MD</u> |
| <u>James G Vella</u> | <u>Susie M Wells</u> | | |

State of Michigan
 County of Wayne

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.

James M Connelly
 President and CEO

Dianna L Ronan
 Treasurer

Edith L Eisenmann
 Secretary

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 _____

Roderick Irwin Curry, Notary
 August 14 2020

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Health Alliance Plan of Michigan

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 | 6,049,172 | 5,786,595 | | 3,518,967 | 6,049,172 | 4,747,580 |
| 2. Claim overpayment receivables | | | | | .0 | |
| 3. Loans and advances to providers | | | | | .0 | |
| 4. Capitation arrangement receivables | 475,549 | | | 8,415,312 | 475,549 | 475,549 |
| 5. Risk sharing receivables | | | | | .0 | |
| 6. Other health care receivables | 653,770 | 358,843 | | 1,588,498 | 653,770 | 653,770 |
| 7. Totals (Lines 1 through 6) | 7,178,491 | 6,145,439 | 0 | 13,522,778 | 7,178,491 | 5,876,899 |

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 2014 OF THE Health Alliance Plan of Michigan

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 | 297,797,185 | 19.0 | 130,418 | 48.0 | 196,740,046 | 101,057,139 |
| 2. Intermediaries | 0 | 0.0 | | 0.0 | | |
| 3. All other providers | 5,403,428 | 0.3 | 141,490 | 52.0 | | 5,403,428 |
| 4. Total capitation payments | 303,200,613 | 19.4 | 271,908 | 100.0 | 196,740,046 | 106,460,567 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 45,853,409 | 2.9 | XXX | XXX | 66,141 | 45,787,268 |
| 6. Contractual fee payments | 1,202,911,529 | 76.9 | XXX | XXX | 155,664,373 | 1,047,247,156 |
| 7. Bonus/withhold arrangements - fee-for-service | 0 | 0.0 | XXX | XXX | | |
| 8. Bonus/withhold arrangements - contractual fee payments | 12,811,430 | 0.8 | XXX | XXX | 599,543 | 12,211,887 |
| 9. Non-contingent salaries | 0 | 0.0 | XXX | XXX | | |
| 10. Aggregate cost arrangements | 0 | 0.0 | XXX | XXX | | |
| 11. All other payments | 0 | 0.0 | XXX | XXX | | |
| 12. Total other payments | 1,261,576,368 | 80.6 | XXX | XXX | 156,330,057 | 1,105,246,311 |
| 13. Total (Line 4 plus Line 12) | 1,564,776,981 | 100 % | XXX | XXX | 353,070,103 | 1,211,706,878 |

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 | 8,152,052 | | 2,313,438 | 5,838,614 | 5,838,614 | |
| 2. Medical furniture, equipment and fixtures | | | | | | |
| 3. Pharmaceuticals and surgical supplies | | | | | | |
| 4. Durable medical equipment | | | | | | |
| 5. Other property and equipment | | | | | | |
| 6. Total | 8,152,052 | 0 | 2,313,438 | 5,838,614 | 5,838,614 | 0 |



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Health Alliance Plan of Michigan

2. Detroit Michigan

(LOCATION)

| NAIC Group Code | 1311 | BUSINESS IN THE STATE OF Michigan | | DURING THE YEAR 2014 | | | | | | NAIC Company Code | 95844 |
|---|---------------|---------------------------------------|---------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------------|-------|
| | 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 | 329,298 | 1,267 | 265,644 | | | | 19,418 | 42,969 | | | |
| 2. First Quarter | 314,749 | 3,050 | 249,823 | | | | 18,982 | 42,894 | | | |
| 3. Second Quarter | 313,096 | 4,974 | 246,229 | | | | 18,897 | 42,996 | | | |
| 4. Third Quarter | 273,291 | 4,770 | 206,618 | | | | 18,696 | 43,207 | | | |
| 5. Current Year | 271,908 | 4,624 | 205,720 | | | | 18,410 | 43,154 | | | |
| 6. Current Year Member Months | 3,529,098 | 50,283 | 2,736,579 | | | | 225,449 | 516,787 | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | |
| 7. Physician | 1,431,305 | 20,578 | 1,024,461 | | | | 94,736 | 291,530 | | | |
| 8. Non-Physician | 194,232 | 2,191 | 147,690 | | | | 12,126 | 32,225 | | | |
| 9. Total | 1,625,537 | 22,769 | 1,172,151 | 0 | 0 | 0 | 106,862 | 323,755 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 135,930 | 658 | 63,387 | | | | 5,770 | 66,115 | | | |
| 11. Number of Inpatient Admissions | 29,316 | 240 | 14,888 | | | | 1,253 | 12,935 | | | |
| 12. Health Premiums Written (b) | 1,751,606,751 | 20,071,558 | 1,116,232,653 | | | | 123,468,272 | 491,834,268 | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | | |
| 15. Health Premiums Earned | 1,751,606,751 | 20,071,558 | 1,116,232,653 | | | | 123,468,272 | 491,834,268 | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 1,564,776,981 | 17,557,541 | 976,421,506 | | | | 117,819,569 | 452,978,365 | | | |
| 18. Amount Incurred for Provision of Health Care Services | 1,545,918,611 | 16,910,129 | 940,417,209 | | | | 117,294,858 | 471,296,415 | | | |

(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 \$ 491,834,268

30.MI



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Health Alliance Plan of Michigan

2. Detroit Michigan

(LOCATION)

| NAIC Group Code | 1311 | BUSINESS IN THE STATE OF Consolidated | | DURING THE YEAR 2014 | | | | | | NAIC Company Code | 95844 |
|---|---------------|---------------------------------------|---------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------------|-------|
| | 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 | 329,298 | 1,267 | 265,644 | .0 | .0 | .0 | 19,418 | 42,969 | .0 | .0 | |
| 2. First Quarter | 314,749 | 3,050 | 249,823 | .0 | .0 | .0 | 18,982 | 42,894 | .0 | .0 | |
| 3. Second Quarter | 313,096 | 4,974 | 246,229 | .0 | .0 | .0 | 18,897 | 42,996 | .0 | .0 | |
| 4. Third Quarter | 273,291 | 4,770 | 206,618 | .0 | .0 | .0 | 18,696 | 43,207 | .0 | .0 | |
| 5. Current Year | 271,908 | 4,624 | 205,720 | 0 | 0 | 0 | 18,410 | 43,154 | 0 | 0 | |
| 6. Current Year Member Months | 3,529,098 | 50,283 | 2,736,579 | 0 | 0 | 0 | 225,449 | 516,787 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | |
| 7. Physician | 1,431,305 | 20,578 | 1,024,461 | .0 | .0 | .0 | 94,736 | 291,530 | .0 | .0 | |
| 8. Non-Physician | 194,232 | 2,191 | 147,690 | 0 | 0 | 0 | 12,126 | 32,225 | 0 | 0 | |
| 9. Total | 1,625,537 | 22,769 | 1,172,151 | 0 | 0 | 0 | 106,862 | 323,755 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 135,930 | 658 | 63,387 | 0 | 0 | 0 | 5,770 | 66,115 | 0 | 0 | |
| 11. Number of Inpatient Admissions | 29,316 | 240 | 14,888 | 0 | 0 | 0 | 1,253 | 12,935 | 0 | 0 | |
| 12. Health Premiums Written (b) | 1,751,606,751 | 20,071,558 | 1,116,232,653 | .0 | .0 | .0 | 123,468,272 | 491,834,268 | .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 | 1,751,606,751 | 20,071,558 | 1,116,232,653 | .0 | .0 | .0 | 123,468,272 | 491,834,268 | .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 | 1,564,776,981 | 17,557,541 | 976,421,506 | .0 | .0 | .0 | 117,819,569 | 452,978,365 | .0 | .0 | |
| 18. Amount Incurred for Provision of Health Care Services | 1,545,918,611 | 16,910,129 | 940,417,209 | 0 | 0 | 0 | 117,294,858 | 471,296,415 | 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 \$ 491,834,268

30.GT

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Health Alliance Plan of Michigan

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Premiums | 9 Unearned Premiums (Estimated) | 10 Reserve Credit Taken Other than for Unearned Premiums | Outstanding Surplus Relief | | 13 Modified Coinsurance Reserve | 14 Funds Withheld Under Coinsurance |
|---|-------------------|------------------------|------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------|--|---|----------------------------|------------------|--|---|
| | | | | | | | | | | 11 Current Year | 12 Prior Year | | |
| General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | | | | | | | | |
| 00000 | AA-9990032 | 01/01/2014 | US Dept of Hlth & Human Serv | DC | OTH/I/A | CMM | 268,674 | | | | | | |
| 39845 | 48-0921045 | 01/01/2013 | WESTPORT INS CORP | MO | SSL/G/A | CMM | 421,709 | | | | | | |
| 0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | | 690,383 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates | | | | | | | 690,383 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1199999 - General Account - Authorized - Total General Account Authorized | | | | | | | 690,383 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3499999 - General Account - Total General Account Authorized, Unauthorized and Certified | | | | | | | 690,383 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) | | | | | | | 690,383 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9999999 Totals | | | | | | | 690,383 | 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 2014 | 2 2013 | 3 2012 | 4 2011 | 5 2010 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums..... | 690 | 489 | 0 | 0 | 0 |
| 2. Title XVIII-Medicare..... | 0 | 0 | 0 | 0 | 0 |
| 3. Title XIX-Medicaid..... | 0 | 0 | 0 | 0 | 0 |
| 4. Commissions and reinsurance expense allowance..... | | 0 | 0 | 0 | 0 |
| 5. Total hospital and medical expenses..... | 4,695 | 0 | 0 | 0 | 0 |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable..... | | 0 | 0 | 0 | 0 |
| 7. Claims payable..... | 239 | 0 | 0 | 0 | 0 |
| 8. Reinsurance recoverable on paid losses..... | 4,455 | 0 | 0 | 0 | 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 | XXX | 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 | XXX | XXX |
| 18. Funds deposited by and withheld from (F)..... | 0 | 0 | 0 | XXX | XXX |
| 19. Letters of credit (L)..... | 0 | 0 | 0 | XXX | XXX |
| 20. Trust agreements (T)..... | 0 | 0 | 0 | XXX | XXX |
| 21. Other (O)..... | 0 | 0 | 0 | XXX | XXX |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Health Alliance Plan of Michigan

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) | 399,379,409 | | 399,379,409 |
| 2. Accident and health premiums due and unpaid (Line 15)..... | 35,847,389 | | 35,847,389 |
| 3. Amounts recoverable from reinsurers (Line 16.1)..... | 4,455,369 | | 4,455,369 |
| 4. Net credit for ceded reinsurance..... | XXX | 4,694,683 | 4,694,683 |
| 5. All other admitted assets (Balance)..... | 29,339,393 | | 29,339,393 |
| 6. Total assets (Line 28) | 469,021,560 | 4,694,683 | 473,716,243 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1)..... | 124,481,501 | 239,314 | 124,720,815 |
| 8. Accrued medical incentive pool and bonus payments (Line 2)..... | 0 | | 0 |
| 9. Premiums received in advance (Line 8)..... | 14,539,605 | | 14,539,605 |
| 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)..... | 121,738,510 | | 121,738,510 |
| 15. Total liabilities (Line 24)..... | 260,759,616 | 239,314 | 260,998,930 |
| 16. Total capital and surplus (Line 33)..... | 208,261,944 | XXX | 208,261,944 |
| 17. Total liabilities, capital and surplus (Line 34) | 469,021,560 | 239,314 | 469,260,874 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid..... | 239,314 | | |
| 19. Accrued medical incentive pool..... | 0 | | |
| 20. Premiums received in advance | 0 | | |
| 21. Reinsurance recoverable on paid losses | 4,455,369 | | |
| 22. Other ceded reinsurance recoverables | 0 | | |
| 23. Total ceded reinsurance recoverables | 4,694,683 | | |
| 24. Premiums receivable | 0 | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 26. Unauthorized reinsurance | 0 | | |
| 27. Reinsurance with Certified Reinsurers..... | 0 | | |
| 28. Funds held under reinsurance treaties with Certified Reinsurers..... | 0 | | |
| 29. Other ceded reinsurance payables/offsets | 0 | | |
| 30. Total ceded reinsurance payables/offsets | 0 | | |
| 31. Total net credit for ceded reinsurance | 4,694,683 | | |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Health Alliance Plan of Michigan

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

Allocated By States and Territories

| States, Etc. | Direct Business Only | | | | | Totals |
|---------------------------------|-------------------------------------|---------------------------------------|--|---|-----------------------------|--------|
| | 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 | |
| 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 | 0 |

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Health Alliance Plan of Michigan

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) | * |
| 01311 | Henry Ford Health Systems Group | 95844 | 38-2242827 | | | | Health Alliance Plan of Michigan | MI | RE | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-2513504 | | | | HAP Preferred Inc | | DS | Health Alliance Plan of Michigan | Ownership | 100.0 | Henry Ford Health System | 0 |
| 01311 | Henry Ford Health Systems Group | 60134 | 38-3291563 | | | | Alliance Health and Life Insurance Company | MI | DS | Health Alliance Plan of Michigan | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-2651185 | | | | Administration System Research Corporation | | DS | Health Alliance Plan of Michigan | Ownership | 66.7 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 27-0449055 | | | | HAP Community Alliance | | DS | Health Alliance Plan of Michigan | Ownership | 100.0 | Henry Ford Health System | 0 |
| 01311 | Henry Ford Health Systems Group | 95814 | 38-3123777 | | | | HAP Midwest Health Plan, Inc. | MI | DS | Health Alliance Plan of Michigan | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-1357020 | | | | Henry Ford Health System | | UDP | | | 0.0 | | 0 |
| | Henry Ford Health Systems Group | | 38-2791823 | | | | Henry Ford Wyandotte | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-2947657 | | | | Henry Ford Macomb Hospital | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-3146042 | | | | PHO of Mercy Macomb | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-2679527 | | | | Horizon Properties Inc | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-2947657 | | | | Mercy Mt. Clemens Real Estate, LLC | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-2565235 | | | | Fairlane Health Services Corp | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-1210726 | | | | Neighborhood Development LLC | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 45-3852852 | | | | Henry Ford Health System Employment, LLC | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 90-0840304 | | | | Henry Ford Innovation Institute | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-2433285 | | | | Henry Ford Continuing Care Corp | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-6553031 | | | | Henry Ford Health Care Corp Self Funded Liability Plan | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 23-7383042 | | | | Henry Ford Health System Foundation | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 32-0306774 | | | | Henry Ford Physician Network | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-3232668 | | | | Northwest Detroit Dialysis Centers | | NIA | Henry Ford Health System | Ownership | 56.3 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 45-5325853 | | | | Home Dialysis Specialty Center | | NIA | Henry Ford Health System | Ownership | 30.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 26-0423581 | | | | Macomb Regional Dialysis Centers LLC | | NIA | Henry Ford Health System | Ownership | 60.0 | Henry Ford Health System | 0 |
| | Henry Ford Health Systems Group | | 38-1378121 | | | | Sha Realty Corp | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | 0 |

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Health Alliance Plan of Michigan

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) | * |
| | Henry Ford Health Systems Group | | 90-0659735 | | | | Center for Senior Independence | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | .0 |
| | Henry Ford Health Systems Group | | 26-3896897 | | | | Henry Ford West Bloomfield | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | .0 |
| | Henry Ford Health Systems Group | | 38-3322462 | | | | P Cor, LLC (d/b/a Optimeyes) | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | .0 |
| | Henry Ford Health Systems Group | | 41-2223561 | | | | Henry Ford Pathology | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | .0 |
| | Henry Ford Health Systems Group | | 46-5746225 | | | | Henry Ford Physicians Accountable Care Org LLC | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | .0 |
| | Henry Ford Health Systems Group | | 30-0092342 | | | | Center for Complementary and Integrative Medicine | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | .0 |
| | Henry Ford Health Systems Group | | 46-4064067 | | | | Henry Ford Health Sys Government Affairs Services | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | .0 |
| | | | | | | | | | | | | 0.0 | | .0 |

41.1

| | |
|----------|-------------|
| Asterisk | Explanation |
|----------|-------------|

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Health Alliance Plan of Michigan

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) |
| 95844 | 38-2242827 | Health Alliance Plan of Michigan | 9,439,000 | | | | (463,111,553) | | | (5,416,665) | (459,089,218) | |
| | 38-2513504 | HAP Preferred Inc. | | | | | (5,821,606) | | | | (5,821,606) | |
| 60134 | 38-3291563 | Alliance Health and Life Insurance Compa | | | | | (55,136,632) | | | | (55,136,632) | |
| | 38-1357020 | Henry Ford Health System | | | | | 470,403,138 | | | 5,416,665 | 475,819,803 | |
| | 38-2791823 | Henry Ford Wyandotte | | | | | 34,498,043 | | | | 34,498,043 | |
| | 38-2947657 | Henry Ford Macomb Hospital | | | | | 41,291,782 | | | | 41,291,782 | |
| | 26-3896897 | Henry Ford West Bloomfield | | | | | 457,246 | | | | 457,246 | |
| | 38-3193008 | Downriver Cancer Center | | | | | 601,457 | | | | 601,457 | |
| | 38-3322462 | P Cor LLC | | | | | 2,894,949 | | | | 2,894,949 | |
| 95814 | 38-3123777 | Midwest Health Plan | (9,439,000) | | | | (33,819,543) | | | | (43,258,543) | |
| | 38-3232668 | Northwest Detroit Dialysis Centers | | | | | 4,830,260 | | | | 4,830,260 | |
| | 26-0423581 | Macomb Regional Dialysis Centers LLC | | | | | 1,158,680 | | | | 1,158,680 | |
| | 38-2651185 | ASR Sys Res Corp | | | | | (240,705) | | | | (240,705) | |
| | 41-2223561 | Henry Ford Pathology | | | | | 829,624 | | | | 829,624 | |
| | 38-2433285 | Henry Ford Continuing Care | | | | | 1,127,689 | | | | 1,127,689 | |
| | 38-1368330 | Detroit Osteopathic Hospital | | | | | 1,511 | | | | 1,511 | |
| | 30-0092342 | Center for Complimentary and Integrated | | | | | 35,660 | | | | 35,660 | |
| 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? |SEE EXPLANATION..... |
| 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? |SEE EXPLANATION..... |
| 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? |SEE EXPLANATION..... |
| 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? |SEE EXPLANATION..... |
| 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? |SEE EXPLANATION..... |
| 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:

- 11.
- 12.
- 13.
- 14. Not applicable
- 15.
- 16.
- 17. Health Alliance Plan writes Medicare Part D through its Medicare Advantage Plan
- 18. Not applicable
- 19. Not applicable
- 20. Not applicable

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.

*LIAB - Liabilities

| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
|---|--------------|----------------|------------|------------|
| 2304. Liability for CMS Coverage Gap Discount Program..... | 861,752 | | 861,752 | 1,143,067 |
| 2305. | | | 0 | 0 |
| 2397. Summary of remaining write-ins for Line 23 from Page 03 | 861,752 | 0 | 861,752 | 1,143,067 |

M005 Additional Aggregate Lines for Page 05 Line 47.

*REVEX2 - Capital and Surplus Account

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| 4704. Additional SERP Liability..... | (13,088) | |
| 4797. Summary of remaining write-ins for Line 47 from Page 05 | (13,088) | 0 |

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

| | |
|--|------|
| Analysis of Operations by Lines of Business | 7 |
| Assets | 2 |
| Cash Flow | 6 |
| Exhibit 1 – Enrollment By Product Type for Health Business Only | 17 |
| Exhibit 2 – Accident and Health Premiums Due and Unpaid | 18 |
| Exhibit 3 – Health Care Receivables | 19 |
| Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued | 20 |
| Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus | 21 |
| Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates | 22 |
| Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates | 23 |
| Exhibit 7 – Part 1 – Summary of Transactions With Providers | 24 |
| Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries | 24 |
| Exhibit 8 – Furniture, Equipment and Supplies Owned | 25 |
| Exhibit of Capital Gains (Losses) | 15 |
| Exhibit of Net Investment Income | 15 |
| Exhibit of Nonadmitted Assets | 16 |
| Exhibit of Premiums, Enrollment and Utilization (State Page) | 30 |
| Five-Year Historical Data | 29 |
| General Interrogatories | 27 |
| Jurat Page | 1 |
| Liabilities, Capital and Surplus | 3 |
| Notes To Financial Statements | 26 |
| Overflow Page For Write-Ins | 44 |
| Schedule A – Part 1 | E01 |
| Schedule A – Part 2 | E02 |
| Schedule A – Part 3 | E03 |
| Schedule A – Verification Between Years | SI02 |
| Schedule B – Part 1 | E04 |
| Schedule B – Part 2 | E05 |
| Schedule B – Part 3 | E06 |
| Schedule B – Verification Between Years | SI02 |
| Schedule BA – Part 1 | E07 |
| Schedule BA – Part 2 | E08 |
| Schedule BA – Part 3 | E09 |
| Schedule BA – Verification Between Years | SI03 |
| Schedule D – Part 1 | E10 |

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

| | |
|--|------|
| Schedule D – Part 1A – Section 1 | SI05 |
| Schedule D – Part 1A – Section 2 | SI08 |
| Schedule D – Part 2 – Section 1 | E11 |
| Schedule D – Part 2 – Section 2 | E12 |
| Schedule D – Part 3 | E13 |
| Schedule D – Part 4 | E14 |
| Schedule D – Part 5 | E15 |
| Schedule D – Part 6 – Section 1 | E16 |
| Schedule D – Part 6 – Section 2 | E16 |
| Schedule D – Summary By Country | SI04 |
| Schedule D – Verification Between Years | SI03 |
| Schedule DA – Part 1 | E17 |
| Schedule DA – Verification Between Years | SI10 |
| Schedule DB – Part A – Section 1 | E18 |
| Schedule DB – Part A – Section 2 | E19 |
| Schedule DB – Part A – Verification Between Years | SI11 |
| Schedule DB – Part B – Section 1 | E20 |
| Schedule DB – Part B – Section 2 | E21 |
| Schedule DB – Part B – Verification Between Years | SI11 |
| Schedule DB – Part C – Section 1 | SI12 |
| Schedule DB – Part C – Section 2 | SI13 |
| Schedule DB – Part D – Section 1 | E22 |
| Schedule DB – Part D – Section 2 | E23 |
| Schedule DB – Verification | SI14 |
| Schedule DL – Part 1 | E24 |
| Schedule DL – Part 2 | E25 |
| Schedule E – Part 1 – Cash | E26 |
| Schedule E – Part 2 – Cash Equivalents | E27 |
| Schedule E – Part 3 – Special Deposits | E28 |
| Schedule E – Verification Between Years | SI15 |
| Schedule S – Part 1 – Section 2 | 31 |
| Schedule S – Part 2 | 32 |
| Schedule S – Part 3 – Section 2 | 33 |
| Schedule S – Part 4 | 34 |
| Schedule S – Part 5 | 35 |
| Schedule S – Part 6 | 36 |
| Schedule S – Part 7 | 37 |
| Schedule T – Part 2 – Interstate Compact | 39 |
| Schedule T – Premiums and Other Considerations | 38 |
| Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group | 40 |
| Schedule Y – Part 1A – Detail of Insurance Holding Company System | 41 |
| Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates | 42 |
| Statement of Revenue and Expenses | 4 |
| Summary Investment Schedule | SI01 |

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

| | |
|---|----|
| Supplemental Exhibits and Schedules Interrogatories | 43 |
| Underwriting and Investment Exhibit – Part 1 | 8 |
| Underwriting and Investment Exhibit – Part 2 | 9 |
| Underwriting and Investment Exhibit – Part 2A | 10 |
| Underwriting and Investment Exhibit – Part 2B | 11 |
| Underwriting and Investment Exhibit – Part 2C | 12 |
| Underwriting and Investment Exhibit – Part 2D | 13 |
| Underwriting and Investment Exhibit – Part 3 | 14 |

