



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2014

OF THE CONDITION AND AFFAIRS OF THE

Meridian Health Plan of Michigan, Inc.

NAIC Group Code	4640 <small>(Current Period)</small>	4640 <small>(Prior Period)</small>	NAIC Company Code	52563	Employer's ID Number	38-3253977
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	12/31/1995		Commenced Business	12/31/1995		
Statutory Home Office	777 Woodward Ave. Suite 600 <small>(Street and Number)</small>			Detroit, MI, US 48226 <small>(City or Town, State, Country and Zip Code)</small>		
Main Administrative Office	777 Woodward Ave. Suite 600 <small>(Street and Number)</small>					
	Detroit, MI, US 48226 <small>(City or Town, State, Country and Zip Code)</small>			(313)324-3700 <small>(Area Code) (Telephone Number)</small>		
Mail Address	777 Woodward Ave. Suite 600 <small>(Street and Number or P.O. Box)</small>			Detroit, MI, US 48226 <small>(City or Town, State, Country and Zip Code)</small>		
Primary Location of Books and Records	777 Woodward Avenue Suite 600 <small>(Street and Number)</small>					
	Detroit, MI, US 48226 <small>(City or Town, State, Country and Zip Code)</small>			(313)324-3700 <small>(Area Code) (Telephone Number)</small>		
Internet Website Address	www.mhplan.com					
Statutory Statement Contact	Matthew Agnone <small>(Name)</small>			(313)324-3700 <small>(Area Code)(Telephone Number)(Extension)</small>		
	matthew.agnone@mhplan.com <small>(E-Mail Address)</small>			(313)324-1822 <small>(Fax Number)</small>		

OFFICERS

Name	Title
Jon B. Cotton	President
Sean P. Cotton	Secretary
Janice Torosian	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

George Ellis
Thomas Lauzon

Karie Pasternak

State of _____
County of _____ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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.

(Signature) Jon B. Cotton	(Signature) Sean P. Cotton	(Signature) Janice Torosian
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
President (Title)	Secretary (Title)	Treasurer (Title)

Subscribed and sworn to before me this _____ day of _____, 2015

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

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
NONE						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Meridian Rx Pharmacy Rebate Receivable	1,205,023		461,594	524,757	524,757	1,666,617
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	1,205,023		461,594	524,757	524,757	1,666,617
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
ACA Fee Receivable				13,333,424		13,333,424
Coverage GAP Discount	96,050				96,050	
Grant Receivable	50,126					50,126
State of Michigan	6,478,370	1,650,097	1,789,213	6,432,413		16,350,092
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	6,624,546	1,650,097	1,789,213	19,765,837	96,050	29,733,642
0799999 Gross health care receivables	7,829,569	1,650,097	2,250,807	20,290,594	620,807	31,400,259

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	520,445	346,445		2,191,374	520,445	520,445
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	7,479,139	1,415,313,190	294,355	29,535,337	7,773,494	7,479,139
7. TOTALS (Lines 1 through 6)	7,999,584	1,415,659,635	294,355	31,726,711	8,293,939	7,999,584

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

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
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	42,345,905				1,313,201	43,659,106
0499999 Subtotals	42,345,905				1,313,201	43,659,106
0599999 Unreported claims and other claim reserves						152,518,428
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						196,177,534
0899999 Accrued Medical Incentive Pool and Bonus Amounts						2,357,151

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted		
						7 Current	8 Non-Current	
	N O N E							
0399999 TOTAL Gross Amounts Receivable								

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Caidan Management Company, LLC	Intercompany Payable	2,477,835	2,477,835	
Meridian Rx, LLC	Intercompany Payable	197,381	197,381	
0199999 Total - Individually Listed Payables	X X X	2,675,216	2,675,216	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	2,675,216	2,675,216	

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	307,040,576	27.295				307,040,576
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments	307,040,576	27.295				307,040,576
Other Payments:						
5. Fee-for-service	112,148,294	9.970	X X X	X X X		112,148,294
6. Contractual fee payments	694,839,946	61.770	X X X	X X X		694,839,946
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	10,851,836	0.965	X X X	X X X		10,851,836
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	817,840,076	72.705	X X X	X X X		817,840,076
13. TOTAL (Line 4 plus Line 12)	1,124,880,652	100.000	X X X	X X X		1,124,880,652

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		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures	N O N E					
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. TOTAL						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code 4640

NAIC Company Code 52563

	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 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	713									713
3. Second Quarter	1,113									1,113
4. Third Quarter	1,617									1,617
5. Current Year	1,861									1,861
6. Current Year Member Months	14,344									14,344
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	1,650,834									1,650,834
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,650,834									1,650,834
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,214,985									2,214,985
18. Amount Incurred for Provision of Health Care Services	2,131,139									2,131,139

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4640

BUSINESS IN THE STATE OF **KENTUCKY** DURING THE YEAR

NAIC Company Code 52563

	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 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	994									994
3. Second Quarter	1,333									1,333
4. Third Quarter	1,733									1,733
5. Current Year	1,971									1,971
6. Current Year Member Months	16,806									16,806
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	1,985,245									1,985,245
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,985,245									1,985,245
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,595,164									2,595,164
18. Amount Incurred for Provision of Health Care Services	2,496,927									2,496,927

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4640

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code 52563

	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 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	296,655							553	296,102	
2. First Quarter	311,711	8						1,361	308,966	1,376
3. Second Quarter	371,214	13						1,828	367,296	2,077
4. Third Quarter	365,284	12						2,468	359,985	2,819
5. Current Year	371,131	11						2,752	365,130	3,238
6. Current Year Member Months	4,195,110	127						23,252	4,145,686	26,045
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	3,676,825	20						47,978	3,628,827	
8. Non-Physician	3,976,168	13						43,502	3,932,653	
9. TOTAL	7,652,993	33						91,480	7,561,480	
10. Hospital Patient Days Incurred	188,411							4,132	184,279	
11. Number of Inpatient Admissions	50,605							741	49,864	
12. Health Premiums Written (b)	1,414,593,546	51,057						20,182,653	1,391,705,226	2,654,610
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,414,593,546	51,057						20,182,653	1,391,705,226	2,654,610
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,115,463,769	1,977						15,349,248	1,096,635,437	3,477,107
18. Amount Incurred for Provision of Health Care Services	1,197,382,508	43,444						17,892,866	1,176,100,713	3,345,485

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....20,182,653



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
 BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 4640

NAIC Company Code 52563

	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 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	1,570									1,570
3. Second Quarter	2,559									2,559
4. Third Quarter	3,667									3,667
5. Current Year	4,384									4,384
6. Current Year Member Months	32,898									32,898
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	3,393,136									3,393,136
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,393,136									3,393,136
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	4,606,734									4,606,734
18. Amount Incurred for Provision of Health Care Services	4,432,351									4,432,351

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4640

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 52563

	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 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	296,655							553	296,102	
2. First Quarter	314,988	8						1,361	308,966	4,653
3. Second Quarter	376,219	13						1,828	367,296	7,082
4. Third Quarter	372,301	12						2,468	359,985	9,836
5. Current Year	379,347	11						2,752	365,130	11,454
6. Current Year Member Months	4,259,158	127						23,252	4,145,686	90,093
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	3,676,825	20						47,978	3,628,827	
8. Non-Physician	3,976,168	13						43,502	3,932,653	
9. TOTAL	7,652,993	33						91,480	7,561,480	
10. Hospital Patient Days Incurred	188,411							4,132	184,279	
11. Number of Inpatient Admissions	50,605							741	49,864	
12. Health Premiums Written (b)	1,421,622,761	51,057						20,182,653	1,391,705,226	9,683,825
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,421,622,761	51,057						20,182,653	1,391,705,226	9,683,825
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,124,880,652	1,977						15,349,248	1,096,635,437	12,893,990
18. Amount Incurred for Provision of Health Care Services	1,206,442,925	43,444						17,892,866	1,176,100,713	12,405,902

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....20,182,653

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999)											

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
13989	98-0636926	01/01/2014	SAXON RE LTD	MI	318,947	
16535	36-4233459	07/01/2013	ZURICH AMER INS CO	NY	716,955	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					1,035,902	
2199999 Total - Accident and Health - Non-Affiliates					1,035,902	
2299999 Total - Accident and Health					1,035,902	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,035,902	
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Total (Sum of 1199999 and 2299999)					1,035,902	

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	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													
11835	04-1590940	07/01/2013	PARTNERRE AMER INS CO	DE	SSL/A/I	MC	1,204,234						
13989	98-0636926	01/01/2014	SAXON RE LTD	MI	SSL/A/I	MC	1,100,700						
11835	04-1590940	07/01/2013	PARTNERRE AMER INS CO	DE	SSL/A/I	MR	3,415						
11835	04-1590940	07/01/2014	PARTNERRE AMER INS CO	DE	SSL/A/I	MR	8,990						
11835	04-1590940	07/01/2014	PARTNERRE AMER INS CO	DE	SSL/A/I	MC	614,576						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,931,915						
1099999 Total - General Account - Authorized - Non-Affiliates							2,931,915						
1199999 Total - General Account Authorized							2,931,915						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							2,931,915						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							2,931,915						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							2,931,915						

34 Schedule S - Part 4 NONE

35 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					
2. Title XVIII-Medicare	12	3	2		
3. Title XIX - Medicaid	2,920	3,752	1,796	1,082	668
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	884	1,124	428	352	489
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	1,036	395	377	353	14
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers				X X X	X X X
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust				X X X	X X X
18. Funds deposited by and withheld from (F)				X X X	X X X
19. Letters of credit (L)				X X X	X X X
20. Trust agreements (T)				X X X	X X X
21. Other (O)				X X X	X X X

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	280,483,633		280,483,633
2. Accident and health premiums due and unpaid (Line 15)	1,420,000		1,420,000
3. Amounts recoverable from reinsurers (Line 16.1)	1,035,902	(1,035,902)	
4. Net credit for ceded reinsurance	X X X	1,035,902	1,035,902
5. All other admitted assets (Balance)	41,565,118		41,565,118
6. TOTAL Assets (Line 28)	324,504,653		324,504,653
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	196,177,534		196,177,534
8. Accrued medical incentive pool and bonus payments (Line 2)	2,357,151		2,357,151
9. Premiums received in advance (Line 8)	1,385		1,385
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	18,569,099		18,569,099
15. TOTAL Liabilities (Line 24)	217,105,169		217,105,169
16. TOTAL Capital and Surplus (Line 33)	107,399,484	X X X	107,399,484
17. TOTAL Liabilities, Capital and Surplus (Line 34)	324,504,653		324,504,653
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	1,035,902		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	1,035,902		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	1,035,902		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

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

NONE

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)	Name 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	52-2422207	.....	.....	.....	Caidan Enterprises, Inc.	MI	UIP	David B. Cotton	Ownership, Board of Directors	32.4	David B. Cotton	.....
.....	00000	26-4004578	.....	.....	.....	Caidan Holding Company, Inc.	MI	UDP	Caidan Enterprises, Inc.	Ownership	100.0	David B. Cotton	.....
.....	0000	26-4004494	.....	.....	.....	Caidan Management Company, LLC	MI	NIA	Caidan Enterprises, Inc.	Ownership	100.0	David B. Cotton	.....
.....	0000	38-3360283	.....	.....	.....	Health Management, Inc	MI	NIA	Caidan Enterprises, Inc.	Ownership	100.0	David B. Cotton	.....
.....	00000	27-1339224	.....	.....	.....	MeridianRx, LLC	MI	NIA	Caidan Enterprises, Inc.	Ownership	100.0	David B. Cotton	.....
4640	13189	20-3209671	.....	.....	.....	Meridian Health Plan of Illinois, Inc	IL	IA	Caidan Holding Company, Inc.	Ownership	100.0	David B. Cotton	.....
4640	14145	45-1749180	.....	.....	.....	Meridian Health Plan of Iowa, Inc	IA	NIA	Caidan Holding Company, Inc.	Ownership	100.0	David B. Cotton	.....
4640	14228	36-4717033	.....	.....	.....	Granite Care - Meridian Health Plan of New Hampshire, Inc	NH	IA	Caidan Holding Company, Inc.	Ownership	100.0	David B. Cotton	.....
4640	52563	38-3253977	.....	.....	.....	Meridian Health Plan of Michigan, Inc	MI	RE	Caidan Holding Company, Inc.	Ownership	100.0	David B. Cotton	.....
.....	00000	.....	.....	.....	.....	.....	.....	UDP	.....	.....	100.0	.....	.....

41

Asterisk	Explanation
0000001

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)
52563	38-3253977	MERIDIAN HLTH PLAN OF MI INC		16,200,000			(331,450,399)				(315,250,399)	
13189	20-3209671	MERIDIAN HLTH PLAN OF IL INC		26,700,000			(88,295,815)				(61,595,815)	
14145	45-1749180	MERIDIAN HLTH PLAN OF IA INC		10,000,000			(13,464,532)				(3,464,532)	
14228	36-4717033	GRANITE CARE MERIDIAN HLTH PLAN OF N					(22,729,179)				(22,729,179)	
00000	26-4004494	Caidan Management Company					189,000,197				189,000,197	
00000	27-1338224	Meridian Rx					266,939,728				266,939,728	
00000	26-4004578	Caidan Holding Company		(52,900,000)							(52,900,000)	
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

- | | |
|---|-----|
| 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 it 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 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? | Yes |
| 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 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 |
|--|-----|

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement



Health Property / Casualty Supplement



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



52563201421100000

2014

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



52563201421300000

2014

Document Code: 213

OVERFLOW PAGE FOR WRITE-INS



Medicare Part D Coverage Supplement (Net of Reinsurance)

NAIC Group Code: 4640

(To be Filed By March 1)

NAIC Company Code: 52563

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		X X X		X X X	
1.12 Without Reinsurance Coverage	8,207,825	X X X		X X X	8,207,825
1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
1.2 Supplemental Benefits		X X X		X X X	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		X X X		X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits		X X X		X X X	X X X
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable	1,476,000	X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		X X X		X X X	X X X
5.12 Without Reinsurance Coverage	8,207,825	X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments	1,476,000	X X X		X X X	X X X
5.2 Supplemental Benefits		X X X		X X X	X X X
6. TOTAL Premiums	9,683,825	X X X		X X X	8,207,825
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		X X X		X X X	
7.12 Without Reinsurance Coverage	12,405,902	X X X		X X X	12,405,902
7.2 Supplemental Benefits		X X X		X X X	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		X X X		X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		X X X		X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits		X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		X X X		X X X	X X X
10.12 Without Reinsurance Coverage	12,405,902	X X X		X X X	X X X
10.2 Supplemental Benefits		X X X		X X X	X X X
11. TOTAL Claims	12,405,902	X X X		X X X	12,405,902
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of reimbursements applied	X X X	7,429,056	X X X		7,429,056
12.2 Reimbursements Received but Not Applied - change	X X X		X X X		
12.3 Reimbursements Receivable - change	X X X	7,429,056	X X X		X X X
12.4 Healthcare Receivables - change	X X X		X X X		X X X
13. Aggregate Policy Reserves - change					X X X
14. Expenses Paid	1,039,590	X X X		X X X	1,039,590
15. Expenses Incurred	1,039,590	X X X		X X X	X X X
16. Underwriting Gain/Loss	(3,761,667)	X X X		X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	(12,666,723)

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