



ANNUAL STATEMENT

For the Year Ended December 31, 2019
of the Condition and Affairs of the

Priority Health Choice, Inc.

NAIC Group Code..... 3383, 3383 (Current Period) (Prior Period) NAIC Company Code..... 11520 Employer's ID Number..... 32-0016523

Organized under the Laws of MI State of Domicile or Port of Entry MI Country of Domicile US

Licensed as Business Type Health Maintenance Organization Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized..... June 3, 2002 Commenced Business..... October 1, 2002

Statutory Home Office 1231 East Beltline NE .. Grand Rapids .. MI .. US .. 49525-4501
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1231 East Beltline NE .. Grand Rapids .. MI .. US .. 49525-4501
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1231 East Beltline NE .. Grand Rapids .. MI .. US .. 49525-4501
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1231 East Beltline NE .. Grand Rapids .. MI .. US .. 49525-4501
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.priorityhealth.com

Statutory Statement Contact Paul Van't Hof 616-575-4911
(Name) (Area Code) (Telephone Number) (Extension)
paul.vanthof@priorityhealth.com
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Joan Antaya Budden	President / Chief Executive Officer	2. Mary Anne Jones	Treasurer / Chief Financial Officer
3. Kimberly Lynn Thomas	Secretary	4.	

OTHER

DIRECTORS OR TRUSTEES

Joan Antaya Budden	Michael Richard Koziara	Mary Anne Jones	James Dwight Forshee
Marti Rae Lolli	Kimberly Lynn Thomas		

State of.....
County of.....

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

_____ (Signature) Joan Antaya Budden	_____ (Signature) Mary Anne Jones	_____ (Signature) Kimberly Lynn Thomas
_____ 1. (Printed Name) President / Chief Executive Officer	_____ 2. (Printed Name) Treasurer / Chief Financial Officer	_____ 3. (Printed Name) Secretary
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
This _____ day of _____ 2020

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 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
A&H Premiums Due and Unpaid						
0499999. Premiums due and unpaid from Medicaid entities.....	2,000,835	25				2,000,860
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	2,000,835	25	0	0	0	2,000,860

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
Claim Overpayment Receivables						
Aggregate of amounts not individually listed.....	85,524	61,942	21,094			168,560
0299999. Total Claim Overpayment Receivables.....	85,524	61,942	21,094	0	0	168,560
Other Receivables						
State of Michigan.....	6,408,897	148,358	196,044	494,738		7,248,037
0699999. Total Other Receivables.....	6,408,897	148,358	196,044	494,738	0	7,248,037
0799999. Gross Health Care Receivables.....	6,494,421	210,300	217,138	494,738	0	7,416,597

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.....					0	
2. Claim overpayment receivables.....	637,629			168,560	637,629	637,629
3. Loans and advances to providers.....					0	
4. Capitation arrangement receivables.....					0	
5. Risk sharing receivables.....					0	
6. Other health care receivables.....	8,122,136			7,248,037	8,122,136	8,122,135
7. Totals (Lines 1 through 6).....	8,759,765	0	0	7,416,597	8,759,765	8,759,764

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
Claims Unpaid (Reported)						
0399999. Aggregate accounts not individually listed - covered.....	10,438,209					10,438,209
0499999. Subtotals.....	10,438,209	0	0	0	0	10,438,209
0599999. Unreported claim and other claim reserves.....						22,071,575
0799999. Total claims unpaid.....						32,509,784
0899999. Accrued medical incentive pool and bonus amounts.....						4,538,835

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
Amounts Due From Parent, Subsidiaries and Affiliates							
Priority Health.....	379,579					379,579	
Priority Health Managed Benefits.....	35,225					35,225	
0199999. Individually listed receivables.....	414,804	0	0	0	0	414,804	0
0399999. Total gross amounts receivable.....	414,804	0	0	0	0	414,804	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Priority Health Managed Benefits.....	Management Fee Payable.....	2,510,122	2,510,122	
Priority Health.....		4,693,560	4,693,560	
Priority Health Insurance Company.....		235,663	235,663	
Spectrum Health.....		1,000,000	1,000,000	
0199999. Individually listed payables.....		8,439,345	8,439,345	0
0299999. Payables not individually listed.....		393	393	
0399999. Total gross payables.....		8,439,738	8,439,738	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	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.....	199,931	0.1	15,657	12.4	199,931	
2. Intermediaries.....	0	0.0				
3. All other providers.....	80,208,340	22.8	41,711	33.1	80,208,340	
4. Total capitation payments.....	80,408,271	22.9	57,368	45.6	80,408,271	0
Other Payments:						
5. Fee-for-service.....	18,570,947	5.3	.XXX	.XXX		18,570,947
6. Contractual fee payments.....	173,425,778	49.3	.XXX	.XXX	173,425,778	
7. Bonus/withhold arrangements - fee-for-service.....	0	0.0	.XXX	.XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	79,407,319	22.6	.XXX	.XXX	79,407,319	
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.....	271,404,044	77.1	.XXX	.XXX	252,833,097	18,570,947
13. Total (Line 4 plus Line 12).....	351,812,315	100.0	.XXX	.XXX	333,241,368	18,570,947

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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
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NONE

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.....		NONE				.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....						.0
6. Total.....	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Priority Health Choice, Inc. 2. Michigan

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....3383

NAIC Company Code.....11520

	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.....	125,703							4,711	120,992	
2. First quarter.....	124,329							4,474	119,855	
3. Second quarter.....	123,079							4,337	118,742	
4. Third quarter.....	123,955							4,303	119,652	
5. Current year.....	125,889							4,487	121,402	
6. Current year member months.....	1,492,095							53,073	1,439,022	
Total Member Ambulatory Encounters for Year:										
7. Physician.....	1,387,075							49,337	1,337,738	
8. Non-physician.....	298,751							10,626	288,125	
9. Totals.....	1,685,826	0	0	0	0	0	0	59,963	1,625,863	0
10. Hospital patient days incurred.....	55,372							1,970	53,402	
11. Number of inpatient admissions.....	12,399							441	11,958	
12. Health premiums written (b).....	406,978,687							4,454,632	402,524,055	
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	406,978,687							4,454,632	402,524,055	
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	351,812,315							3,684,463	348,127,852	
18. Amount incurred for provision of health care services.....	345,622,657							3,657,014	341,965,643	

(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 \$.....4,454,632



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Priority Health Choice, Inc.

2. Michigan

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

(Location)

NAIC Group Code.....3383

NAIC Company Code.....11520

	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.....	125,703							4,711	120,992	
2. First quarter.....	124,329							4,474	119,855	
3. Second quarter.....	123,079							4,337	118,742	
4. Third quarter.....	123,955							4,303	119,652	
5. Current year.....	125,889							4,487	121,402	
6. Current year member months.....	1,492,095							53,073	1,439,022	
Total Member Ambulatory Encounters for Year:										
7. Physician.....	1,387,075							49,337	1,337,738	
8. Non-physician.....	298,751							10,626	288,125	
9. Totals.....	1,685,826	0	0	0	0	0	0	59,963	1,625,863	0
10. Hospital patient days incurred.....	55,372							1,970	53,402	
11. Number of inpatient admissions.....	12,399							441	11,958	
12. Health premiums written (b).....	406,978,687							4,454,632	402,524,055	
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	406,978,687							4,454,632	402,524,055	
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	351,812,315							3,684,463	348,127,852	
18. Amount incurred for provision of health care services.....	345,622,657							3,657,014	341,965,643	

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(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 \$.....4,454,632

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 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld under Coinsurance
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NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
10227.....	13-4924125....	09/01/2017	Munich Reinsurance America, Inc.....	NJ.....	.....2,553	.....
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.....2,553	.....0
2199999.	Total - Accident and Health Non-Affiliates.....				.....2,553	.....0
2299999.	Total - Accident and Health.....				.....2,553	.....0
2399999.	Total U.S.....				.....2,553	.....0
9999999.	Total.....				.....2,553	.....0

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														
82627.....	06-0839705....	.09/01/2019	Swiss Reinsurance Life & Health America, Inc.....	MO.....	SSL/I.....		499,633							
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						499,633	.0	.0	.0	.0	.0	.0	.0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						499,633	.0	.0	.0	.0	.0	.0	.0
1199999.	Total - General Account - Authorized.....						499,633	.0	.0	.0	.0	.0	.0	.0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						499,633	.0	.0	.0	.0	.0	.0	.0
6999999.	Total - U.S.....						499,633	.0	.0	.0	.0	.0	.0	.0
9999999.	Total.....						499,633	.0	.0	.0	.0	.0	.0	.0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums.....					
2. Title XVIII - Medicare.....	5	7			
3. Title XIX - Medicaid.....	494	546	630	492	373
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....	1,139	334	187	108	277
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	3	330			423
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.....					
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.....					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					

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).....	157,401,238	499,633	157,900,871
2. Accident and health premiums due and unpaid (Line 15).....	2,000,860		2,000,860
3. Amounts recoverable from reinsurers (Line 16.1).....	2,553		2,553
4. Net credit for ceded reinsurance.....	XXX	(499,633)	(499,633)
5. All other admitted assets (balance).....	40,427,860		40,427,860
6. Totals assets (Line 28).....	199,832,511	0	199,832,511
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	32,509,783		32,509,783
8. Accrued medical incentive pool and bonus payments (Line 2).....	4,538,835		4,538,835
9. Premiums received in advance (Line 8).....			0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....			0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....			0
12. Reinsurance with certified reinsurers (Line 20 inset amount).....			0
13. Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount).....			0
14. All other liabilities (balance).....	45,499,667		45,499,667
15. Total liabilities (Line 24).....	82,548,285	0	82,548,285
16. Total capital and surplus (Line 33).....	117,284,223	XXX	117,284,223
17. Total liabilities, capital and surplus (Line 34).....	199,832,508	0	199,832,508
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	0		
22. Other ceded reinsurance recoverables.....	(499,633)		
23. Total ceded reinsurance recoverables.....	(499,633)		
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.....	(499,633)		

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

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	16
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)	Is an SCA Filing Required? (Y/N)	*
Members															
3383	Priority Health.....	95561...	38-2715520..				Priority Health.....	MI.....	UDP.....	Spectrum Health System.....	Ownership.....	93.900	Spectrum Health System.....	N.....	1.....
										Munson HealthCare.....	Ownership.....	5.500		N.....	1.....
										McLaren Northern Michigan.....	Ownership.....	0.600		N.....	1.....
3383	Priority Health.....	11520..	32-0016523..				Priority Health Choice, Inc.....	MI.....	IA.....	Priority Health.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
3383	Priority Health.....	12208..	20-1529553..				Priority Health Insurance Company.....	MI.....		Priority Health.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
3383	Priority Health.....		38-2715520..				PHMB Properties, LLC.....	MI.....	NIA.....	Priority Health.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
3383	Priority Health.....		38-2663747..				Trinity Health Plans.....	MI.....	NIA.....	Priority Health.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
3383	Priority Health.....		38-3085182..				Priority Health Managed Benefits, Inc.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
							Spectrum Health Grand Rapids.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
							Spectrum Health Big Rapids Hospital.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
							Spectrum Health Reed City Hospital.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
							Spectrum Health Gerber Memorial.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
							Spectrum Health Ludington Hospital.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
							Spectrum Health Pennock.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
							Spectrum Health United Hospital.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
							Spectrum Health Kelsey Hospital.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
							Spectrum Health Zeeland Community Hospital.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
							Spectrum Health Continuing Care.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
							Spectrum Health Medical Group.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	
							Spectrum Health Lakeland.....	MI.....	NIA.....	Spectrum Health System.....	Ownership.....	100.000	Spectrum Health System.....	N.....	

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Aster Explanation

1	Spectrum Health Systems (EIN 38-3382353), Class A Shareholder - 93.9%; Munson Healthcare (EIN 38-1362830), Class B Shareholder - 5.5%; McLaren Northern Michigan (EIN 38-2146751), Class B Shareholder - 0.6%
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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)
Affiliated Transactions												
12208.....	20-1529553.....	Priority Health Insurance Company.....	.....	.....	.....	.....	(22,296,452)	.....	.....	.....	(22,296,452)	.....
.....	38-3085182.....	Priority Health Managed Benefits.....	.....	.....	.....	.....	287,410,823	.....	.....	13,974,889	301,385,712	.....
95561.....	38-2715520.....	Priority Health.....	.....	(86,700,000)	.....	.....	(237,043,224)	.....	.....	(13,974,889)	(337,718,113)	.....
11520.....	32-0016523.....	Priority Health Choice, Inc.....	.....	.....	.....	.....	(27,064,357)	.....	.....	.....	(27,064,357)	.....
.....	38-2715520.....	PHMB Properties, LLC.....	.....	86,700,000	.....	.....	(1,006,790)	.....	.....	.....	85,693,210	.....
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

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

Responses

YES

YES

YES

YES

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

YES

YES

YES

JUNE FILING

8. Will an audited financial report be filed by June 1?
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES

YES

AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

YES

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
14. 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?
15. 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?
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
17. 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?
18. 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?
19. 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

NO

NO

NO

NO

NO

NO

NO

NO

APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
23. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?

NO

NO

YES

YES

NO

NO

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?


YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES


EXPLANATIONS:

BAR CODE:


- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11. The data for this supplement is not required to be filed.
- 12. The data for this supplement is not required to be filed.
- 13. The data for this supplement is not required to be filed.
- 14. The data for this supplement is not required to be filed.
- 15. The data for this supplement is not required to be filed.
- 16. The data for this supplement is not required to be filed.
- 17. The data for this supplement is not required to be filed.
- 18. The data for this supplement is not required to be filed.
- 19. The data for this supplement is not required to be filed.
- 20. The data for this supplement is not required to be filed.
- 21. The data for this supplement is not required to be filed.
- 22.
- 23.
- 24. The data for this supplement is not required to be filed.
- 25. The data for this supplement is not required to be filed.
- 26.




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Overflow Page for Write-Ins

Additional Write-ins for Underwriting and Investment Exhibit-Part 3:

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Other Corporate Mgmt Fee.....	27,616	30,321	75,989		133,926
2597. Summary of remaining write-ins for Line 25.....	27,616	30,321	75,989	0	133,926

Overflow Page for Write-Ins

NONE

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