



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Reliance HMO, Inc.

NAIC Group Code 0000 NAIC Company Code 16542 Employer's ID Number 81-4977640
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 01/13/2017 Commenced Business 03/01/2019

Statutory Home Office 23900 Orchard Lake Rd, Farmington Hills, MI, US 48336-2512
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 23900 Orchard Lake Rd
(Street and Number)
Farmington Hills, MI, US 48336-2512, 248-715-5400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 23900 Orchard Lake Rd, Farmington Hills, MI, US 48336-2512
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 23900 Orchard Lake Rd
(Street and Number)
Farmington Hills, MI, US 48336-2512, 248-715-5400
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address http://reliancemedicareadvantage.org/

Statutory Statement Contact Jeffrey Neuburger, 248-715-5411
(Name) (Area Code) (Telephone Number)
jneuburger@relianceaco.org, 248-715-5415
(E-mail Address) (FAX Number)

OFFICERS

President Gene Avron Farber Chief Executive Officer Nazmul NMN Haque MD
Secretary/Treasurer Neil James Belgiano DO

OTHER

DIRECTORS OR TRUSTEES

Nazmul NMN Haque MD Mohamed Sayeedur Siddique MD Gene Avron Farber
Neil James Belgiano DO

State of State of Michigan SS:
County of County of Oakland

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.

Gene Avron Farber
President

Neil James Belgiano, DO
Secretary/Treasurer

Nazmul NMN Haque, MD
Chief Executive Officer

Subscribed and sworn to before me this _____ day of _____

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

Identifier Cell Comments Report

Run Date: 3/2/2020
Run Time: 10:07 AM

User Name: Jeff Neuburger

1	2	3	4	5	6	7	8	9	10	11
Printer Page #	NAIC Name	Full Name	Modified Date	Browse Only	None	Reference Locked	Sort for Display	Other Alien	Filing Period	Attachment/ Replacement/ Custom PDF
Annual Health Naic	Accumulated:None									
JURAT	JURAT	JURAT	3/2/2020:9:22 AM	No	No	No	No		Due March 1, April 1	No No

Exhibit 2 - A&H Premiums Due and Unpaid

NONE

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Health Care Receivables Collected and Accrued

NONE

Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus

NONE

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
0199999. Individually listed receivables	0	0	0	0	0	0	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

Identifier Cell Comments Report

Run Date: 3/2/2020
Run Time: 10:09 AM

User Name: Jeff Neuburger

1	2	3	4	5	6	7	8	9	10	11
Printer Page #	NAIC Name	Full Name	Modified Date	Browse Only	None	Reference Locked	Sort for Display	Other Alien	Filing Period	Attachment/ Replacement/ Custom PDF
Annual Health Naic Accumulated:None										
22	EXAMTDUFROM	EXAMTDUFROM	3/2/2020:9:22 AM	No	No	No	No		Due March 1	No No

Identifier Cell Comments Report

Run Date: 3/2/2020
Run Time: 10:09 AM

User Name: Jeff Neuburger

1	2	3	4	5	6	7	8	9	10	11
Printer Page #	NAIC Name	Full Name	Modified Date	Browse Only	None	Reference Locked	Sort for Display	Other Alien	Filing Period	Attachment/ Replacement/ Custom PDF
Annual Health Naic Accumulated:None										
23	EXAMTDUTO	EXAMTDUTO	3/2/2020:9:22 AM	No	No	No	No		Due March 1	No No

Exhibit 7 - Part 1 - Summary of Transactions with Providers

NONE

Exhibit 7 - Part 2

NONE

Exhibit 8 - Furniture and Equipment Owned

NONE



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Reliance HMO Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF									
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	(LOCATION)		
		2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
NONE										
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
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)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned.....										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services.....										
18. Amount Incurred for Provision of Health Care Services										

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

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

Identifier Cell Comments Report

Run Date: 3/2/2020
Run Time: 10:10 AM

User Name: Jeff Neuburger

1	2	3	4	5	6	7	8	9	10	11
Printer Page #	NAIC Name	Full Name	Modified Date	Browse Only	None	Reference Locked	Sort for Display	Other Alien	Filing Period	Attachment/ Replacement/ Custom PDF
Annual Health Naic Accumulated:None										
30	PREMENROL	PREMENROL	1/6/2020:9:54 AM	Yes	Yes	No	No		Due March 1	No No

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

Schedule S - Part 6

NONE

Schedule S - Part 7

NONE

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					
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. Total						

NONE

Identifier Cell Comments Report

Run Date: 3/2/2020
Run Time: 10:10 AM

User Name: Jeff Neuburger

1	2	3	4	5	6	7	8	9	10	11
Printer Page #	NAIC Name	Full Name	Modified Date	Browse Only	None	Reference Locked	Sort for Display	Other Alien	Filing Period	Attachment/ Replacement/ Custom PDF
Annual Health Naic	Accumulated:None									
39	SCTINTCOMPP	SCTINTCOMPP	1/6/2020:9:59 AM	Yes	Yes	No	No		Due March 1	No No

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	Domi-ciliary Loca-tion	Relation-ship 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 Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
							Reliance Health, LLC	MI	UIP	Nazmul Haque, MD	Ownership	32.000	Nazmul Haque, MD	N	
							Reliance Health, LLC	MI	UIP	Gene Farber	Ownership	13.000	Gene Farber	N	

Asterisk	Explanation

Identifier Cell Comments Report

Run Date: 3/2/2020
Run Time: 10:10 AM

User Name: Jeff Neuburger

1	2	3	4	5	6	7	8	9	10	11
Printer Page #	NAIC Name	Full Name	Modified Date	Browse Only	None	Reference Locked	Sort for Display	Other Alien	Filing Period	Attachment/ Replacement/ Custom PDF
Annual Health Naic Accumulated:None										
41	SCYPT1A	SCYPT1A	3/2/2020:9:22 AM	No	No	No	No		Due March 1	No No

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Reliance HMO Inc

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
		Reliance Health, LLC					660,000				660,000	
	46-1262045	Reliance ACO, LLC					244,382				244,382	
	81-4977640	Reliance HMO, Inc.					(904,382)				(904,382)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

Identifier Cell Comments Report

Run Date: 3/2/2020
Run Time: 10:10 AM

User Name: Jeff Neuburger

1	2	3	4	5	6	7	8	9	10	11
Printer Page #	NAIC Name	Full Name	Modified Date	Browse Only	None	Reference Locked	Sort for Display	Other Alien	Filing Period	Attachment/ Replacement/ Custom PDF
Annual Health Naic Accumulated:None										
42	SCYPT2	SCYPT2	3/2/2020:9:57 AM	No	No	No	No		Due March 1	No No

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.

	Responses
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?	SEE EXPLANATION
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	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 annual 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?	YES
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
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?.....	NO
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?.....	NO
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
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?	NO
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?	NO
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
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
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?	NO
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?	NO
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?	NO
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	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
Explanations:	
7. No policy experience existed in FY 2019	
12. The Company has no Life Insurance Operations	
13. Less than 100 shareholders	
14. The Company has no Life Insurance Operations	
15. The Company has no Life Insurance Operations	
17. Entity will have first audit in FY 2019	
18. Entity will have first audit in FY 2019	
19. Board of Directors serves as the Audit Committee	
20. No policy experience existed in FY 2019	
21. The Company has no Life Insurance Operations	
22. No policy experience existed in FY 2019	
23. No policy experience existed in FY 2019	
24. No policy experience existed in FY 2019	
25. No policy experience existed in FY 2019	

Bar Codes:

12. Life Supplement [Document Identifier 205]	
13. SIS Stockholder Information Supplement [Document Identifier 420]	
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
19. Relief from the Requirements for Audit Committees [Document Identifier 226]	
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Life Supplement [Document Identifier 211]



22. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



23. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]



24. Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]



25. Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]



Identifier Cell Comments Report

Run Date: 3/2/2020
Run Time: 10:10 AM

User Name: Jeff Neuburger

1	2	3	4	5	6	7	8	9	10	11
Printer Page #	NAIC Name	Full Name	Modified Date	Browse Only	None	Reference Locked	Sort for Display	Other Alien	Filing Period	Attachment/ Replacement/ Custom PDF
Annual Health Naic Accumulated:None										
43	SUPINT	SUPINT	3/2/2020:10:04 AM	No	No	No	No		Due March 1	No No



SUPPLEMENT FOR THE YEAR 2019 OF THE Reliance HMO Inc
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF
NAIC Group Code
NAIC Company Code
ADDRESS (City, State and Zip Code)
Person Completing This Exhibit
Title
Telephone Number

NONE

Table with 18 columns: 1 Compliance with OBRA, 2 Policy Form Number, 3 Standardized Medicare Supplement Benefit Plan, 4 Medicare Select, 5 Plan Characteristics, 6 Date Approved, 7 Date Approval Withdrawn, 8 Date Last Amended, 9 Date Closed, 10 Policy Marketing Trade Name, 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives, 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives.

NONE

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss... for this date.
2.1 Address:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".

Identifier Cell Comments Report

Run Date: 3/2/2020
Run Time: 10:13 AM

User Name: Jeff Neuburger

1	2	3	4	5	6	7	8	9	10	11
Printer Page #	NAIC Name	Full Name	Modified Date	Browse Only	None	Reference Locked	Sort for Display	Other Alien	Filing Period	Attachment/ Replacement/ Custom PDF
Annual Health Naic	Accumulated:None									
360	MEDSUP	MEDSUP	1/6/2020:10:16 AM	Yes	Yes	No	No		Due March 1	No No



SUPPLEMENT FOR THE YEAR 2019 OF THE Reliance HMO Inc
MEDICARE PART D COVERAGE SUPPLEMENT
 (Net of Reinsurance)

NAIC Group Code 0000

(To Be Filed by March 1)

NAIC Company Code 16542

	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		XXX		XXX	0
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	0
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	0	XXX	0	XXX	XXX
5.2 Supplemental Benefits	0	XXX	0	XXX	XXX
6. Total Premiums	0	XXX	0	XXX	0
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage		XXX		XXX	0
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	0	XXX	0	XXX	XXX
11. Total Claims	0	XXX	0	XXX	0
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		0
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid		XXX		XXX	0
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss	0	XXX	0	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	0

Identifier Cell Comments Report

Run Date: 3/2/2020
Run Time: 10:13 AM

User Name: Jeff Neuburger

1	2	3	4	5	6	7	8	9	10	11
Printer Page #	NAIC Name	Full Name	Modified Date	Browse Only	None	Reference Locked	Sort for Display	Other Alien	Filing Period	Attachment/ Replacement/ Custom PDF
Annual Health Naic Accumulated:None										
365	MEDPTDCOV	MEDPTDCOV	2/26/2020:2:12 PM	No	No	No	No		Due March 1	No No

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
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 - Part E	E24
Schedule DB - Verification	SI14
Schedule DL - Part 1	E25
Schedule DL - Part 2	E26
Schedule E - Part 1 - Cash	E27
Schedule E - Part 2 - Cash Equivalents	E28
Schedule E - Part 2 - Verification Between Years	SI15
Schedule E - Part 3 - Special Deposits	E29

ANNUAL STATEMENT BLANK (Continued)

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
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

Identifier Cell Comments Report

Run Date: 3/2/2020
Run Time: 10:13 AM

User Name: Jeff Neuburger

1	2	3	4	5	6	7	8	9	10	11
Printer Page #	NAIC Name	Full Name	Modified Date	Browse Only	None	Reference Locked	Sort for Display	Other Alien	Filing Period	Attachment/ Replacement/ Custom PDF
Annual Health Naic	Accumulated:None									
INDEX1, INDEX2	INDEX	INDEX	3/2/2020:9:22 AM	No	No	No	No		Due March 1	No No