QUARTERLY STATEMENT

AS OF MARCH 31, 2015

OF THE CONDITION AND AFFAIRS OF THE

TOTAL HEALTH CARE, INC.

NAIC Group Code 1238 (Current Period), 1238 (Prior Period) NAIC Company Code 95644 Employer's ID Number 38-2018957

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[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]
Other[ ] Is HMO Federally Qualified? Yes[X] No[ ] N/A[ ]

Incorporated/Organized 07/01/1973 Commenced Business 05/01/1976

Statutory Home Office 3011 W. GRAND BLVD. SUITE 1600 (Street and Number), DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)

Main Administrative Office 3011 W. GRAND BLVD. SUITE 1600 (Street and Number)
DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code) (313)871-2000 (Area Code) (Telephone Number)

Mail Address 3011 W. GRAND BLVD. SUITE 1600 (Street and Number or P.O. Box), DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 3011 W. GRAND BLVD. SUITE 1600 (Street and Number)
DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code) (313)871-2000 (Area Code) (Telephone Number)

Internet Web Site Address THCMI.COM

Statutory Statement Contact NICOLE ROUSH, CFO (Name) (313)871-6402 (Area Code)(Telephone Number)(Extension)
NROUSH@THCMI.COM (E-Mail Address) (313)871-4762 (Fax Number)

OFFICERS

Name	Title
RANDY NAROWITZ	EXECUTIVE DIRECTOR
JEANETTE ABBOTT	TREASURER
ROBYN JAMES ARRINGTON JR.,M.D.	MEDICAL DIRECTOR
DOUGLAS PAUL BAKER	CHAIRPERSON
RUBY OCTAVIA COLE	V-CHAIRPERSON/SECRETARY

OTHERS

DIRECTORS OR TRUSTEES

JEANETTE ABBOTT
RUBY OCTAVIA COLE
ELIZABETH PRATCHER
DOUGLAS PAUL BAKER
GERTRUDE HELEN MINKIEWICZ
LA-VENIA BROWN

State of Michigan
County of WAYNE ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of 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)	(Signature)	(Signature)
RANDY NAROWITZ	NICOLE ROUSH	DOUGLAS PAUL BAKER
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
EXECUTIVE DIRECTOR	CHIEF FINANCIAL OFFICER	CHAIRPERSON
(Title)	(Title)	(Title)

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

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

(Notary Public Signature)

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	1,000,243		1,000,243	998,579
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	17,487,934		17,487,934	17,599,068
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)				
4.2 Properties held for the production of income (less $.....0 encumbrances)				
4.3 Properties held for sale (less $.....0 encumbrances)				
5. Cash ($.....40,529,397), cash equivalents ($.....0) and short-term investments ($.....1,395,956)	41,925,353		41,925,353	39,127,415
6. Contract loans (including $.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	60,413,530		60,413,530	57,725,062
13. Title plants less $.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	14,848		14,848	10,549
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,220,059		1,220,059	1,376,788
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums	189,000		189,000	189,000
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				2,603
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	139,000		139,000	139,000
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets ($.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care ($.....1,458,585) and other amounts receivable	2,324,992	866,407	1,458,585	1,056,462
25. Aggregate write-ins for other than invested assets	94,044	92,374	1,670	
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	64,395,473	958,781	63,436,692	60,499,464
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	64,395,473	958,781	63,436,692	60,499,464
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid Expenses	92,374	92,374		
2502. Other Receivables	1,670		1,670	
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	94,044	92,374	1,670	

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	29,691,767		29,691,767	27,854,543
2.	Accrued medical incentive pool and bonus amounts	451,461		451,461	293,759
3.	Unpaid claims adjustment expenses	667,913		667,913	626,585
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	2,127,806		2,127,806	1,717,865
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				20,986
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and $.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified ($.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	61,000		61,000	61,000
23.	Aggregate write-ins for other liabilities (including $.....0 current)				
24.	Total liabilities (Lines 1 to 23)	32,999,947		32,999,947	30,574,738
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX		
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	30,436,745	29,924,726
32.	Less treasury stock, at cost:				
	32.1 .....0 shares common (value included in Line 26 $.....0)	XXX	XXX		
	32.2 .....0 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	30,436,745	29,924,726
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	63,436,692	60,499,464
DETAILS OF WRITE-INS					
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	192,941	176,429	751,756
2.	Net premium income (including $.....0 non-health premium income)	XXX	79,686,296	56,705,273	272,273,797
3.	Change in unearned premium reserves and reserves for rate credits	XXX			
4.	Fee-for-service (net of $.....0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	79,686,296	56,705,273	272,273,797
Hospital and Medical:					
9.	Hospital/medical benefits		49,209,691	37,536,195	169,214,941
10.	Other professional services		3,047,745	1,813,907	9,625,294
11.	Outside referrals				
12.	Emergency room and out-of-area		6,890,270	4,842,248	24,226,359
13.	Prescription drugs		7,422,766	6,004,861	26,931,024
14.	Aggregate write-ins for other hospital and medical		190,821	243,356	890,262
15.	Incentive pool, withhold adjustments and bonus amounts		(24,713)	51,492	5,681
16.	Subtotal (Lines 9 to 15)		66,736,580	50,492,059	230,893,561
Less:					
17.	Net reinsurance recoveries		(2,603)	(32,772)	194,198
18.	Total hospital and medical (Lines 16 minus 17)		66,739,183	50,524,831	230,699,363
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....0 cost containment expenses		138,942	109,951	437,720
21.	General administrative expenses		12,285,752	5,937,795	36,151,072
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		79,163,877	56,572,577	267,288,155
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	522,419	132,696	4,985,642
25.	Net investment income earned		23,543	15,979	43,178
26.	Net realized capital gains (losses) less capital gains tax of $.....0				
27.	Net investment gains or (losses) (Lines 25 plus 26)		23,543	15,979	43,178
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	545,962	148,675	5,028,820
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	545,962	148,675	5,028,820
DETAILS OF WRITE-INS					
0601.		XXX			
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.	Child Adolescent Outreach		190,821	243,356	890,262
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		190,821	243,356	890,262
2901.					
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	29,924,726	23,235,523	23,235,523
34.	Net income or (loss) from Line 32	545,962	148,675	5,028,820
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of $.....0	(111,134)	(704,392)	2,138,461
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	77,191	894	(478,078)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	512,019	(554,823)	6,689,203
49.	Capital and surplus end of reporting period (Line 33 plus 48)	30,436,745	22,680,700	29,924,726
DETAILS OF WRITE-INS				
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	79,843,025	56,523,875	271,531,785
2.	Net investment income	19,244	13,131	42,611
3.	Miscellaneous income	(326,796)	(582,131)	(388,293)
4.	TOTAL (Lines 1 to 3)	79,535,473	55,954,875	271,186,103
5.	Benefit and loss related payments	64,741,654	47,258,245	222,828,526
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	11,973,425	5,972,332	35,175,494
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)			
10.	TOTAL (Lines 5 through 9)	76,715,079	53,230,577	258,004,020
11.	Net cash from operations (Line 4 minus Line 10)	2,820,394	2,724,298	13,182,083
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds			
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds		249,000	249,000
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications	1,664	879	2,029
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	1,664	249,879	251,029
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,664)	(249,879)	(251,029)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	(20,792)	106,366	93,488
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(20,792)	106,366	93,488
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	2,797,938	2,580,785	13,024,542
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	39,127,415	26,102,873	26,102,873
	19.2 End of period (Line 18 plus Line 19.1)	41,925,353	28,683,658	39,127,415

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
20.0002				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	62,675	2						248	62,425	
2. First Quarter	65,119							272	64,847	
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	192,941							808	192,133	
Total Member Ambulatory Encounters for Period:										
7. Physician	97,606							757	96,849	
8. Non-Physician	38,800							311	38,489	
9. Total	136,406							1,068	135,338	
10. Hospital Patient Days Incurred	13,003							183	12,820	
11. Number of Inpatient Admissions	2,653							32	2,621	
12. Health Premiums Written (a)	79,917,091							1,124,407	78,792,684	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	79,917,091							1,124,407	78,792,684	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	64,744,257	(26,517)						993,364	63,777,410	
18. Amount Incurred for Provision of Health Care Services	66,736,580							951,969	65,784,611	

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

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)						
Envision Rx	2,645,761					2,645,761
0199999 Individually Listed Claims Unpaid	2,645,761					2,645,761
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	10,381,316					10,381,316
0499999 Subtotals	13,027,077					13,027,077
0599999 Unreported claims and other claim reserves						16,664,690
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						29,691,767
0899999 Accrued Medical Incentive Pool And Bonus Amounts						451,461

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1. Comprehensive (hospital & medical)	4,823	(31,340)	33,569		38,392	7,052
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	322,955	673,765	23,084	19,206	346,039	84,438
7. Title XIX - Medicaid	22,609,036	41,347,434	2,996,932	26,618,976	25,605,968	27,763,054
8. Other health						
9. Health subtotal (Lines 1 to 8)	22,936,814	41,989,859	3,053,585	26,638,182	25,990,399	27,854,544
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts		(182,415)	237,079	214,382	237,079	293,759
13. Totals (Lines 9 - 10 + 11 + 12)	22,936,814	41,807,444	3,290,664	26,852,564	26,227,478	28,148,303

(a) Excludes $.....0 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Nature of Business and Summary of Significant Accounting Policies

Total Health Care, Inc. (the "Company"), a not-for-profit corporation, operates as a state-licensed health maintenance organization (HMO). The Company provides medical services to persons primarily in southeastern Michigan who subscribe as recipients of federal and state health benefits or as individuals.

Total Health Care, Inc., and its wholly owned subsidiary, Total Health Care USA, Inc., have common officers on their respective governing boards.

a. Accounting Practices

The accompanying financial statements of Total Health Care, Inc. (the "Company" or "THC") have been prepared in conformity with statutory accounting practices prescribed or permitted by Section 1007 of the Michigan statutes of the state of Michigan for determining and reporting the financial conditions and results of operations of an insurance company for determining its solvency under Michigan Insurance law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Michigan.

Statutory accounting principles differ from generally accepted accounting principles (GAAP) in their definition of assets and liabilities. Specifically, certain assets (such as intangible assets and receivables greater than 90 days) are excluded from the statutory-basis balance sheet. GAAP net assets exceed statutory net assets by approximately $959,000 and $1,036,000 at March 31, 2015 and December 31, 2014, respectively. There are no significant differences between statutory accounting principles prescribed by NAIC and the State of Michigan accounting requirements that are applicable to the Company.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Michigan is shown below:

		2015	2014
(1)	Net Income Michigan state basis	545,962	5,028,820
(2)	State Prescribed Practices (Income):	-	-
(3)	State Permitted Practices (Income):	-	-
(4)	Net Income, NAIC SAP	545,962	5,028,820
(5)	Statutory Surplus Michigan basis	30,436,745	29,924,726
(6)	State Prescribed Practices (Surplus):	-	-
(7)	State Permitted Practices (Surplus):	-	-
(8)	Statutory Surplus, NAIC SAP	30,436,745	29,924,726

b. Use of Estimates in the Preparation of the Financial Statements.

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

Certain significant estimates exist relating to unpaid claims. It is at least reasonably possible that these estimates will be materially revised in the near term.

c. Accounting Policy

Cash and Short-term Investments - The Company considers all highly liquid investments purchased with an original maturity of three months or less when purchased to be cash equivalents. Certificates of deposit in banks or other similar financial institutions with maturity dates of one year or less from the acquisition date are considered cash under statutory accounting principles. Short-term investments are stated at amortized cost.

In addition, the Company uses the following accounting policies:

(1) Short-term investments and long-term certificates of deposit are recorded at amortized cost, which approximates fair market value. Long-term certificates of deposit are classified as bonds on the balance sheet per statutory guidance. Investment income or loss (including realized gains and losses on

Notes to Financial Statement

investments, interest, and dividends) is included in net investment income on the statement of operations. Changes in unrealized gains and losses on investments are included as a direct adjustment to capital and surplus.

(2) Bonds not backed by other loans are stated at amortized cost using the interest method.

(3) The Company had no common stocks except items noted in (7) below.

(4) The Company had no preferred stocks.

(5) The Company had no mortgage loans.

(6) The Company had no loan-backed securities.

(7) The Company had investments in health care subsidiaries which are reported at the statutory net worth value of the subsidiary under the equity method and are reported as common stocks on the balance sheet.

(8) The Company had no joint ventures of limited partnerships.

(9) The Company had no derivatives.

(10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.

(11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

(12) The Company has not modified its capitalization policy from the prior period.

(13) The Company's pharmaceutical rebate receivables are estimated based prior period actual receipts.

Revenue Recognition and Accounts Receivable – Capitation revenue and subscriber premiums are recognized in the period that members are entitled to related health care services. A portion of the health care receivable is due from third-party payors for subscribers located within southeastern Michigan. No allowance for doubtful accounts is recorded at March 31, 2015 and December 31, 2014, respectively. Receivables greater than 90 days old are treated as non-admitted for statutory accounting purposes. Approximately $866,000 and $942,000 of receivables greater than 90 days old were non-admitted at March 31, 2015 and December 31, 2014, respectively.

Recognition of Medical and Hospital Expenses - Medical and hospital expenses and the related liabilities are recorded when eligible medical and hospital services are authorized or performed. Claims unpaid represent management's estimate of the ultimate cost to settle all claims incurred prior to year-end. Capitation retained for the settlement of risk-sharing is included in the accrued medical incentive pool liability at March 31, 2015 and December 31, 2014, respectively.

Physician Group Contracts - The Company contracts with physician groups for the provision of medical care and compensates the groups on a capitation basis. These contracts have a specialty claims incentive and pay-for-performance incentive. If the providers meet the incentives, they share in the savings and a payable is recorded. If the providers do not meet the incentives, they share in the excess costs and a health care receivable is recorded if deemed collectible by management. During 2015 and 2014, health care receivables and payables have been recorded from/to providers.

Hospital Group Contracts - The Company contracts with several hospitals and other groups. These contracts are paid under capitated fees or various other charge arrangements.

Malpractice Claims - The Company has a claims-made policy for malpractice insurance. The Company's policy is to accrue for estimated costs of claims and incidents during the term of the claims-made policy.

Notes to Financial Statement

Employee Staffing and Purchased Services Agreement - The Company has an employee staffing and purchased services agreement with a limited liability company, which is responsible for payment of most of the management, operational, and administrative expenses. Ultimate operational control rests with the board of directors of Total Health Care, Inc.

Income Taxes - Total Health Care, Inc. has received federal income tax exemption under Internal Revenue Code Section 501(c)(4). The Company is also exempt from state and local income taxes.

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

a. Statutory Purchase Method- None

b. Statutory Merger - None

c. Assumption Reinsurance – None

d. Impairment Loss – None

4. Discontinued Operations

None

5. Investments

a. Mortgage Loans, including Mezzanine Real Estate Loans – None

b. Debt Restructuring – None

c. Reverse Mortgages – None

d. Loan-Backed Securities – None

e. Repurchase Agreements and/or Securities Lending Transactions – None

f. Real Estate – None

g. Low-income housing tax credits (LIHTC) – None

h. (1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Assets	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Assets
a. Subject to contractual obligation for which liability is not shown	$	$	$	$	%	%
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
e. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						

Notes to Financial Statement

g. Placed under option contracts						
h. Letter stock or securities restricted as to sale						
i. On deposit with states	1,004,243	1,010,717	(6,474)	1,004,243	1.56%	1.58%
j. On deposit with other regulatory bodies						
k. Pledged as collateral not captured in other categories						
l. Other restricted assets						
m. Total Restricted Assets	$ 1,004,243	$ 1,010,717	$ (6,474)	$ 1,004,243	1.56%	1.58%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

(3) Detail of Other Restricted Assets – None

i. Working Capital Finance Investments - None

j. Offsetting and Netting of Assets and Liabilities - None

k. Structured Notes – None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company does not have any Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of the admitted assets.

B. The Company does not have any impaired investment in Joint Ventures, Partnerships or Limited Liability Companies.

7. Investment Income

a. All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default are excluded from surplus.

b. The Company had no investment income due and accrued excluded from surplus.

8. Derivative Instruments

None

9. Income Taxes

None

10. Information Concerning Parent, Subsidiaries and Affiliates

a, b, & c

The Company owns 100 percent of a subsidiary: Total Health Care USA, Inc., whose carrying value is equal to or exceeds 10% of the total admitted assets of the company. The Company carries Total Health Care USA, Inc. at the statutory net worth value of the subsidiary under the equity method and are reported as common stocks on the balance sheet.

Total Health Care USA, Inc. has a statutory statement value of $17,487,934 and $17,599,068 at March 31, 2015 and December 31, 2014, respectively. The value of investments in Total Health Care USA, Inc. has been reduced by non-admitted assets totaling $1,685,934 and $948,946 at March 31, 2015 and December 31, 2014, respectively.

Notes to Financial Statement

Total Health Care USA, Inc.'s (Total USA) net income was $625,854 and $2,272,548 at March 31, 2015 and December 31, 2014, respectively, and therefore the company's investment in Total USA increased by the same amount less the change in non-admitted assets of $77,191 in 2015 and $134,087 in 2014.

d. Amounts Due from or (to) Related Parties – At March 31, 2015 and December 31, 2014, the Company had amounts due from (to) subsidiaries of $0 and $(20,986), respectively, resulting from costs paid (for)by the Company on behalf of subsidiaries for operating expenses.

e. Guarantees – The Company has no guarantees with any companies within its holding company structure.

f. Material management contracts – The Company has an employee, office space, and equipment leasing agreement with Total Health Care USA, Inc. (USA). The agreement calls for the Company to provide personnel, office space, and supplies necessary to USA in order for USA to carry out its HMO business operations. The agreement calls for USA to pay the Company 12 to 13 percent of USA's gross revenue from the second preceding month after certain deductions. During 2015 and 2014, the proceeds from this arrangement totaled $4,926,733 and $17,325,541, respectively.

g. Common Control - Total Health Care, Inc., and its wholly owned subsidiary, Total Health Care USA, Inc., have common officers on their respective governing boards. Total Health Care, Inc., the Parent Company, is domiciled in the State of Michigan.

h. Deductions in Value - There have been no deductions in value between affiliated companies.

i. SCA that exceed 10% of Admitted Assets - None

j. Impaired SCAs - The Company did not recognize any impairment write down for its investments in Subsidiary, Controlled, or Affiliated Companies during the statement period.

k. Foreign Subsidiary - None

l. Downstream Noninsurance Holding Company - None

11. Debt

None

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits, Compensated Absences and other Postretirement Benefit Plans.

a.- d. Defined Benefit Plan – None

e. Defined Contribution Plans – None.

f. Multi-Employer Plan – None

g. Consolidated/Holding Company Plans – None

h. Post-Employment Benefits and Compensated Absences – None

i. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

1) The Company has issued no capital stock.

2) The Company has no preferred stock outstanding.

(3) Dividends are paid as determined by the Board of Directors with the approval of the Commissioner of the State of Michigan Office of Insurance Regulation, as long as the Company meets or exceeds minimum surplus requirements.

(4) During 2015 the Company did not pay dividends.

Notes to Financial Statement

(5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

(6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being paid.

(7) The Company has no advances to surplus not repaid.

(8) The Company held no stock.

(9) There were no changes to the balances of any special surplus funds from the prior year.

(10) The portion of unassigned funds (surplus) represented or increased (decreased) by unrealized gains (losses) is $(111,134) and $2,138,461 at March 31, 2015 and December 31, 2014, respectively. The portion of unassigned funds (surplus) represented by the change in non-admitted asset value is $77,191 and $(478,078) at March 31, 2015 and December 31, 2014, respectively.

(11) The Company did not issue any surplus debentures or similar obligations.

(12) and (13) There have been no quasi-reorganizations.

14. Contingencies

Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation and other matters are not considered material in relation to the financial position of the Company. No amounts have been accrued for losses as no losses are deemed probable or estimable. Estimated losses for claims-related matters are accrued as claims unpaid.

a. Contingent Commitments – None

b. Assessments – None

c. Gain Contingencies – None

d. Claims related extra contractual obligations and bad faith losses stemming from lawsuits – None

e. Joint and Several Liabilities - None

f. All Other Contingencies – There are no balances of assets covered by SSAP No. 6, Uncollected Premium Balances, Bills Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47, Uninsured Plans, or SSAP No. 66, Retrospectively Rated Contracts.

15. Leases

A. Lessee Operating Lease

(1) The Company leases office space and computer software services under various non-cancelable operating lease agreements that expire through July, 2022. Rent payments are the responsibility of the management company and are included in the monthly payment under the employee staffing and purchased services agreement. Rent expense for 2015 and 2014 was approximately $300,633 and $1,175,322, respectively.

(2) The future minimum rental payments under the operating lease as of March 31, 2015 are as follows:

Notes to Financial Statement

Year Ending December 31	Operating Leases
2015	$ 901,899
2016	232,702
2017	144,187
2018	144,187
2019	144,187
Thereafter	372,483
Total	$ 1,939,645

(3) The company is not involved in any material sales – leaseback transactions.

B. Lessor Leases

None

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations Of Credit Risk.

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities.

a. Transfers of Receivables reported as Sales – None

b. Transfer and Servicing of Financial Assets – None

c. Wash Sales – None

18. Gain or Loss to the Reporting Entity from Uninsured A & H Plans and the Uninsured Portion of Partially Insured Plans.

a. ASO Plans – None

b. ASC Plans – None.

c. Medicare or Other Similarly Structured Cost Based Reimbursement Contract - None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.

None

20. Fair Value Measurements

The following table presents information about the Company's assets and liabilities measured at fair value at March 31, 2015, and the valuation techniques used by the Company to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Company has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based in the lowest level input that is significant to the valuation. The Company's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

Notes to Financial Statement

A. (1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at Fair Value				
Perpetual Preferred Stock				
Industrial and Misc	$ -	$ -	$ -	$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	$ -	$ -	$ -	$ -
Bonds				
U.S. Governments	$ -	$ -	$ -	$ -
Industrial and Misc	-	1,000,243	-	1,000,243
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	$ -	$ 1,000,243	$ -	$ 1,000,243
Common Stock				
Industrial and Misc	$ -	$ -	$ -	$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	$ -	$ -	$ -	$ -
Derivative Assets				
Interest Rate Contracts	$ -	$ -	$ -	$ -
Foreign Exchange Contracts	-	-	-	-
Credit Contracts	-	-	-	-
Commodity Futures Contracts	-	-	-	-
Commodity Forward Contracts	-	-	-	-
Total Derivatives	$ -	$ -	$ -	$ -
Separate Account Assets	$ -	$ -	$ -	$ -
Total Assets at Fair Value	$ -	$ 1,000,243	$ -	$ 1,000,243
b. Liabilities at Fair Value				
Derivative Liabilities	$ -	$ -	$ -	$ -
Total Liabilities at Fair Value	$ -	$ -	$ -	$ -

(2) Fair Value Measurements in (Level 3) of the Fair Value - None

(3) The Company's policy for determining when transfers between levels are recognized is determined at the end of the reporting period.

(4) The Company has not valued any securities at a Level 3.

(5) Derivative assets and liabilities- None

B. N/A

C. Aggregate Fair Value for all Financial Instruments

Type of Financial Instrment	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	$ 1,000,243	$ 1,000,243	$ -	$ 1,000,243	$ -	$ -
Common Stock	-	-	-	-	-	-
Perpetual Preferred Stock	-	-	-	-	-	-
Mortgage Loans	-	-	-	-	-	-
Totals	$ 1,000,243	$ 1,000,243	$ -	$ 1,000,243	$ -	$ -

D. Not Practicable to Estimate Fair Value – N/A

Notes to Financial Statement

21. Other Items

a. Extraordinary Items – None

b. Troubled Debt Restructuring – None

c. Other Disclosures and Unusual Items – Funds Maintained Under Statutory Requirements - The Company maintains segregated funds under statutory requirements to protect members and health care providers in the event the Company is unable to meet its contractual obligations. These funds can be used only at the direction of the insurance commissioner in accordance with statutory and contractual provisions. These funds are classified according to the nature of the investment. At March 31, 2015 and December 31, 2014, the Company maintained $1,004,243 and $1,010,717, respectively, in long-term certificates of deposit and money market funds to fulfill these requirements. Interest earned on these funds can be utilized by the Company.

At March 31, 2015 and December 31, 2014, the Company had admitted assets of $3,006,644 and $2,761,250, respectively, in accounts receivable for amounts due from subscribers, governmental entities, and other health care providers. During 2015 and 2014, the Company routinely assessed the collectability of these receivables and directly wrote off any uncollectible receivables accordingly. Receivables not expected to be collected within 90 days were considered non-admitted.

d. Business Interruption Insurance Recoveries - None

e. State Transferable and Non-transferable Tax Credits - None

f. Subprime Mortgage Related Risk Exposure – None, The Companies wholly-owned subsidiaries have no activity related to subprime related risk exposure.

g. Retained Assets – None

22. Events Subsequent

Type I. – Recognized Subsequent Events – No Change

Subsequent events have been considered through 02/23/2015 for the statutory statement issued on December 31, 2014.

None

Type II. – Non-recognized Subsequent Events – No Change

Subsequent events have been considered through 02/23/2015 for the statutory statement issued on December 31, 2014.

On January 1, 2015, the Company will not be subject to an annual fee under section 9010 of the Affordable care Act (ACA) because it qualifies as a nonprofit corporation meeting the requirements of Section 57.2(b)(2)(iv) of the Act. This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment but qualifies as a nonprofit corporation meeting the requirements as noted above, expects to conduct health insurance business in 2015, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2015 to be $0. This assessment is expected to impact risk based capital by 0%. Reporting the ACA assessment as of December 31, 2014 would not have triggered an RBC action level.

Notes to Financial Statement

	Current Year	Prior Year
A. ACA fee assessment payable for the upcoming year	$ -	$ -
B. ACA fee assessment paid	$ -	$ -
C. Premium written subject to ACA 9010 assessment	$ -	$ -
D. Total Adjusted Capital before surplus adjustment	$29,924,726	
E. Authorized Control Level before surplus adjustment	$13,043,525	
F. Total Adjusted Capital after surplus adjustment	$29,924,726	
G. Authorized Control Level after surplus adjustment	$13,043,525	
H. Would reporting the ACA assessment as of Dec. 31, 2014 trigger an RBC action level? (YES/NO)	No	

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( ) No (x)

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( ) No (x)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes ( ) No (x)

a. Not Applicable

b. The Company had reinsurance recoverable receivables of $0 and $2,603 recorded at March 31, 2015 and December 31, 2014, respectively. The estimated reduction in surplus is zero.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured polices?

Yes ( ) No (x)

Section 3 – Ceded Reinsurance Report – Part B

(1) The estimated reduction in surplus is zero.

(2) The Company has renewed an agreement with Star Line Group effective November 1, 2014. The reinsurance policy provides the same coverage's on an annual per member basis after a $220,000 (Medicaid non-CSHCS, Dual eligible and Medicare) to $300,000 (Medicaid CSHCS and Commercial Individual) deductible is reached. The maximum lifetime reinsurance indemnity payable under each agreement is $2,000,000 per member. The reinsurance policy also provides for a supplemental corridor adjustment to reinsurance recoverable applied with the lower of: 1) 50% of reinsurance premiums paid, or 2) the amount by which reinsurance recoverable exceed 50% of the reinsurance premiums paid.

B. Uncollectible Reinsurance – None

Notes to Financial Statement

C. Commutation of Ceded Reinsurance – None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments for its group health insurance business through a mathematical approach using an algorithm of the company's underwriting rules and experience rating practices.

B. The Company records accrued retrospective premium as an adjustment to earned premium.

C. The amount of net premiums written by the Company at March 31, 2015 that are subject to retrospective rating features was $0 that represented 0% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. At December 31, 2014, the Company had no medical loss ratio rebates required pursuant to the Public Health Service Act.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premiums which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? NO

The Company has zero balances for the risk corridors program due to a lack of sufficient data to estimate the recoverable amounts.

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Notes to Financial Statement

a. Permanent ACA Risk Adjustment Program		Amount
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment	$	-
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment	$	16
3. Premium adjustments payable due to ACA Risk Adjustment	$	-
Operations (Revenue & Expenses)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	$	-
5. Reported in expenses as ACA risk adjustment user fees (incurred/Paid)	$	-
b. Transitional ACA Reinsurance Program		
Assets		
1. Amount recoverable for claims paid due to ACA Reinsurance	$	-
2. Amount recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	$	-
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	$	-
Liabilities		
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	$	1
5. Ceded reinsurance premiums payable due to ACA Reinsurance	$	-
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	$	-
Operations (Revenue & Expenses)		
7. Ceded reinsurance premiums due to ACA Reinsurance	$	-
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected paymments		
9. ACA Reinsurance contributions - not reported as ceded premium	$	-
c. Temporary ACA Risk Corridors Program		
Assets		
1. Accrued retrospective premiums due to ACA Risk Corridors	$	-
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	$	-
Operations (Revenue & Expenses)		
3. Effect of ACA Risk Corridors on net premium income (paid/received)	$	-
4. Effect of ACA Risk Corridors on change in reserves for rate credits	$	-

Notes to Financial Statement

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettl
					Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cummu Balance Prior y (Col1-
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)	9 Ref	1 Recei
djustment										
receivable	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	A	$
(payable)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	B	$
nt Risk	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$
urance										
for claims	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	C	$
for claims	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	D	$
lating to	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	E	$
ions payable										
e - not niums	$ -	$ 820	$ -	$ 819	$ -	$ 1	$ -	$ -	F	$
miums	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	G	$
eld under	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	H	$
nal	$ -	$ 820	$ -	$ 819	$ -	$ 1	$ -	$ -		$
orridors										
premium	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	I	$
s or policy nds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	J	$
idors	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	K	$
ing	$ -	$ 820	$ -	$ 819	$ -	$ 1	$ -	$ -		$

nts

Notes to Financial Statement

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2014 were $28,774,888. As of March 31, 2015, $22,936,814 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $3,290,664 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive Medical lines of business. Therefore, there has been a $2,547,410 favorable prior-year development since December 31, 2014 to March 31, 2015. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

Reserves as of December 31, 2013 were $20,849,498. As of December 31, 2014, $19,316,012 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $109,185 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive Medical lines of business. Therefore, there has been a $1,424,301 favorable prior-year development since December 31, 2013 to December 31, 2014. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

The Company reports risk-sharing receivables and payables related to global capitation and specialty claims arrangements based upon the terms of its contracts.

No Change

29. Participating Policies

None

30. Premium Deficiency Reserves – No Change

1. Liability carried for premium deficiency reserves	$0
2. Date of the most recent evaluation of this liability	02/23/2015
3. Was anticipated investment income utilized?	Yes ☐ No X

31. Anticipated Salvage and Subrogation

Loss reserves have not been reduced for any salvage or subrogation. During 2015 and 2014, the Company received subrogation totaling $103,057 and $109,554, respectively.

Notes to Financial Statement

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[ ]
If yes, complete Schedule Y, Parts 1 and 1A.
3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
3.3 If the response to 3.2 is yes, provide a brief description of those changes:

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[ ] N/A[X]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2012
6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2012
6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/02/2014
6.4 By what department or departments?
Michigan Department of Insurance & Financial Services
6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[X] No[ ] N/A[ ]
6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[ ] N/A[ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
N/A		Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
9.11 If the response to 9.1 is No, please explain:
9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]
11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[X] No[ ]
14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock	17,599,068	17,487,934
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	17,599,068	17,487,934
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[ ] No[X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[ ] No[ ] N/A[X]
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.3 Total payable for securities lending reported on the liability page $ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[ ]
17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
COMERICA BANK - LYNN HUTZEL-VISEL	P.O. BOX 75000, DETROIT, MI 48275-3462

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A		

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[ ] No[X]
17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
N/A		

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[ ] No[X]
18.2 If no, list exceptions:
NOT REQUIRED BY STATE OF DOMICILE

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
   1.1 A&H loss percent 83.680%
   1.2 A&H cost containment percent 0.170%
   1.3 A&H expense percent excluding cost containment expenses 15.370%

2.1 Do you act as a custodian for health savings accounts? Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date. $..... 0
2.3 Do you act as an administrator for health savings accounts? Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date. $..... 0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Affiliates								
60739	74-0484030	11/01/2014	AMERICAN NATL INS CO	TX	SSL/L/I	Authorized		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Direct Business Only							
	1	2	3	4	5	6	7	8	9
State, Etc.	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	L		1,124,407	78,792,684				79,917,091	
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	N								
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX		1,124,407	78,792,684				79,917,091	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1		1,124,407	78,792,684				79,917,091	
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

TOTAL HEALTH CARE, INC. – PARENT
38-2018957, NAIC #95644, STATE OF MICHIGAN

TOTAL HEALTH CARE USA, INC. – WHOLLY OWNED SUBSIDIARY OF TOTAL HEALTH CARE, INC.
383240485, NAIC #12326, STATE OF MICHIGAN

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
1238	TOTAL HEALTH GROUP	95644	38-2018957				TOTAL HEALTH CARE INC	MI	UDP					
1238	TOTAL HEALTH GROUP	12326	38-3240485				TOTAL HEALTH CARE USA INC	MI	DS	TOTAL HEALTH CARE INC	Ownership, Board of Directors	100.0	TOTAL HEALTH CARE INC	
		00000							UDP					

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

95644201536500001 2015 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
0604.	XXX			
0605.	XXX			
0606.	XXX			
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	XXX			
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	XXX			
1404.				
1405.				
1406.				
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)				
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
4704.			
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)			

SCHEDULE A - VERIFICATION

Real Estate

NONE

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying va		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

		1 Year To Date	2 Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest poin		
9.	Total foreign exchange change in book value/recorded inve		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	18,597,647	16,208,157
2.	Cost of bonds and stocks acquired		249,000
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	(109,470)	2,140,490
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	18,488,177	18,597,647
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	18,488,177	18,597,647

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	1,142,968	1,002,101		1,582	2,146,651			1,142,968
2. NAIC 2 (a)	249,466			82	249,548			249,466
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	1,392,434	1,002,101		1,664	2,396,199			1,392,434
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	1,392,434	1,002,101		1,664	2,396,199			1,392,434

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 $.....0; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	1,395,956	X X X	1,395,956	53	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	393,855	596,170
2.	Cost of short-term investments acquired	1,002,101	9,281,685
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		9,484,000
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,395,956	393,855
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,395,956	393,855

SI04 Schedule DB - Part A Verification . . . . . NONE

SI04 Schedule DB - Part B Verification . . . . . NONE

SI05 Schedule DB Part C Section 1 . . . . . NONE

SI06 Schedule DB Part C Section 2 . . . . . NONE

SI07 Schedule DB - Verification . . . . . NONE

SI08 Schedule E - Verification (Cash Equivalents) . . . . . NONE

E01 Schedule A Part 2 . . . . . NONE

E01 Schedule A Part 3 . . . . . NONE

E02 Schedule B Part 2 . . . . . NONE

E02 Schedule B Part 3 . . . . . NONE

E03 Schedule BA Part 2 . . . . . NONE

E03 Schedule BA Part 3 . . . . . NONE

E04 Schedule D Part 3 . . . . . NONE

E05 Schedule D Part 4 . . . . . NONE

E06 Schedule DB Part A Section 1 . . . . . NONE

E07 Schedule DB Part B Section 1 . . . . . NONE

E08 Schedule DB Part D Section 1 . . . . . NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity . . . . . NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity . . . . . NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets . . . . . NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets . . . . . NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
							6	7	8	
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
Comerica Bank	COMERICA, DETROIT, MI			0.060	1,528	660	29,005,898	29,784,249	32,290,600	X X X
Safra Natl Bk New York CTF .20%	COMERICA, DETROIT, MI	02/27/2014		0.200	498		249,000			X X X
Privatebank & Trust Co CTF .25%	COMERICA, DETROIT, MI	02/28/2014		0.250	621		248,970			X X X
Bank of China .25%	COMERICA, DETROIT, MI	03/05/2014		0.250	622		248,968	249,000		X X X
Apple bank for Savings .25%	COMERICA, DETROIT, MI	06/11/2014		0.250		501	248,828	248,871	249,020	X X X
Banco Popular De PR Hato Rey .25%	COMERICA, DETROIT, MI	06/10/2014		0.250	466		248,943	248,980		X X X
Discover Bank .40%	COMERICA, DETROIT, MI	06/18/2014		0.400		783	248,943	248,963	249,085	X X X
State Bank of India .35%	COMERICA, DETROIT, MI	06/27/2014		0.350		664	248,885	248,923	249,060	X X X
Bank of Baroda .30%	COMERICA, DETROIT, MI	08/08/2014		0.300		477	249,900	249,928	250,033	X X X
Comenity Cap Bk Salt Lake City U .35%	COMERICA, DETROIT, MI	08/15/2014		0.350		559	249,808	249,855	250,028	X X X
Everbank Jacksonville F S B .40%	COMERICA, DETROIT, MI	08/14/2014		0.400		630	249,868	249,903	250,068	X X X
Merrick Bk South Jordan Utah .45%	COMERICA, DETROIT, MI	08/14/2014		0.450	276	55	248,935	248,960	249,112	X X X
Oriental .50%	COMERICA, DETROIT, MI	08/22/2014		0.500	308	34	250,000	250,008	250,155	X X X
Premier Bk of the South Cullman .35%	COMERICA, DETROIT, MI	08/18/2014		0.350	216	33	249,798	249,843	250,018	X X X
TCF National Bank .35%	COMERICA, DETROIT, MI	08/13/2014		0.350		554	249,805	249,850	250,025	X X X
Customers Bk Phoenixville PA .45%	COMERICA, DETROIT, MI	09/10/2014		0.450		626	249,915	249,933	250,087	X X X
First Niagara Bk Nat'l Assn Buffa .45%	COMERICA, DETROIT, MI	09/12/2014		0.450		619	249,913	249,933	250,085	X X X
First bank P R Santurce .60%	COMERICA, DETROIT, MI	09/12/2014		0.600	370	82	250,080	250,078	250,205	X X X
Medallion Bank .40%	COMERICA, DETROIT, MI	09/10/2014		0.400		556	249,840	249,870	250,035	X X X
Synovus BK Columbus .50%	COMERICA, DETROIT, MI	09/11/2014		0.500		692	249,988	249,998	250,140	X X X
Bank of India .35%	COMERICA, DETROIT, MI	10/22/2014		0.350		384	248,664	248,738	248,913	X X X
Bank Of Augusta .30%	COMERICA, DETROIT, MI	10/29/2014		0.300	184	8	248,547	248,644	248,833	X X X
Bank Champaign Nat'l Assn Ill .35%	COMERICA, DETROIT, MI	10/30/2014		0.350	215	10	248,636	248,721	248,900	X X X
Beal Bank USA Las Vegas Nev .35%	COMERICA, DETROIT, MI	10/22/2014		0.350		384	248,664	248,738	248,913	X X X
Bogota Svgs Bk N J .35%	COMERICA, DETROIT, MI	10/30/2014		0.350		367	249,635	249,717	249,900	X X X
Iroquois Fed Svgs & Ln Assn Wats .35%	COMERICA, DETROIT, MI	10/30/2014		0.350	216	10	249,635	249,720	249,900	X X X
Regal Bk & Tr Owings Mls Md .30%	COMERICA, DETROIT, MI	10/21/2014		0.300		332	248,577	248,661	248,846	X X X
Santander Bk Natl Assn Wilmington .40%	COMERICA, DETROIT, MI	10/23/2014		0.400		422	249,882	249,930	250,080	X X X
Standard B&T Company .40%	COMERICA, DETROIT, MI	10/29/2014		0.400		422	250,040	250,080	250,212	X X X
Welch St BK Okla .30%	COMERICA, DETROIT, MI	10/30/2014		0.300	184	8	248,544	248,639	248,831	X X X
Bankers Bk Okla City .30%	COMERICA, DETROIT, MI	11/14/2014		0.300	185	37	249,495	249,597	249,800	X X X
Brand Baking Co .40%	COMERICA, DETROIT, MI	10/31/2014		0.400	247	3	249,725	249,800	249,972	X X X
Enerbank USA Salt Lake City .45%	COMERICA, DETROIT, MI	11/26/2014		0.450		388	249,750	249,822	250,005	X X X
GE Cap Bk Inc Retail Ctf Dep Pro .40%	COMERICA, DETROIT, MI	11/24/2014		0.400		362	249,657	249,740	249,932	X X X
Newbridge BK Greensboro NC .30%	COMERICA, DETROIT, MI	11/28/2014		0.300	185	8	249,440	249,545	249,762	X X X
Plainscapital Bk Lubbock TX .35%	COMERICA, DETROIT, MI	10/31/2014		0.350		364	249,635	249,717	249,900	X X X
Sterling Bk Poplar Bluff MO .40%	COMERICA, DETROIT, MI	10/31/2014		0.400		415	248,728	248,800	248,970	X X X
Northfield Bk Staten IS N Y .45%	COMERICA, DETROIT, MI	12/09/2014		0.450		348	249,702	249,787	249,972	X X X
	COMERICA, DETROIT, MI									X X X
	COMERICA, DETROIT, MI									X X X
	COMERICA, DETROIT, MI									X X X
	COMERICA, DETROIT, MI									X X X
	COMERICA, DETROIT, MI									X X X
	COMERICA, DETROIT, MI									X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X	6,321	11,797	38,233,241	38,515,541	40,529,397	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X	6,321	11,797	38,233,241	38,515,541	40,529,397	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X	6,321	11,797	38,233,241	38,515,541	40,529,397	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total - Cash Equivalents							

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