



# ANNUAL STATEMENT

## For the Year Ending DECEMBER 31, 2020

### OF THE CONDITION AND AFFAIRS OF THE

# TOTAL HEALTH CARE, INC.

NAIC Group Code 3383 , 1238 NAIC Company Code 95644 Employer's ID Number 38-2018957  
(Current Period) (Prior Period)

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

Country of Domicile United States

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

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

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

Main Administrative Office 3011 W. GRAND BLVD. SUITE 1600  
(Street and Number)

DETROIT, MI, US 48202 (313)871-2000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 3011 W. GRAND BLVD. SUITE 1600  
(Street and Number)

DETROIT, MI, US 48202 (313)871-2000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address THCMI.COM

Statutory Statement Contact SARA JANE MCGLYNN, CONTROLLER (313)293-6466  
(Name) (Area Code)(Telephone Number)(Extension)  
SMCGLYNN@THCMI.COM (313)748-1391  
(E-Mail Address) (Fax Number)

### OFFICERS

| Name                 | Title          |   |
|----------------------|----------------|---|
| JOAN ANTAYA BUDDEN   | PRESIDENT      | # |
| RANDY ALAN NAROWITZ  | VICE PRESIDENT |   |
| MARY ANNE JONES      | TREASURER      | # |
| KIMBERLY LYNN THOMAS | SECRETARY      | # |

### OTHERS

### DIRECTORS OR TRUSTEES

|                         |                               |
|-------------------------|-------------------------------|
| JOAN ANTAYA BUDDEN #    | KRYSTALYNN PATRICE CAMPBELL # |
| MARY ANNE JONES #       | MARTI RAE LOLLI #             |
| RICK VIRGILIO MORRONE # | RANDY ALAN NAROWITZ #         |

State of \_\_\_\_\_  
 County of \_\_\_\_\_ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of 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)  
**PRAVEEN GOPE THADANI**  
(Printed Name)  
 1.  
**PRESIDENT**  
(Title)

\_\_\_\_\_  
(Signature)  
**MARY ANNE JONES**  
(Printed Name)  
 2.  
**SVP, FINANCE**  
(Title)

\_\_\_\_\_  
(Signature)  
**KIMBERLY LYNN THOMAS**  
(Printed Name)  
 3.  
**SVP, GENERAL COUNSEL**  
(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2021

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

Yes[X] No[ ]

\_\_\_\_\_  
(Notary Public Signature)

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1<br>Name of Debtor  | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|--|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 TOTAL Individuals .....  |                  |                   |                   |                   |                  |               |
| 0299997 Subtotal - Group Subscribers: .....                              |                  |                   |                   |                   |                  |               |
| 0299998 Premiums due and unpaid not individually listed .....            |                  |                   |                   |                   |                  |               |
| 0299999 TOTAL Group .....  |                  |                   |                   |                   |                  |               |
| 0399999 Premiums due and unpaid from Medicare entities .....             |                  |                   |                   |                   |                  |               |
| 0499999 Premiums due and unpaid from Medicaid entities .....             |                  |                   |                   |                   |                  |               |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) .. |                  |                   |                   |                   |                  |               |

### EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1<br>Name of Debtor  | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|--|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....  |                  |                   |                   |                   |                  |               |
| 0199999 Subtotal - Pharmaceutical Rebate Receivables .....                 |                  |                   |                   |                   |                  |               |
| 0299998 Claim Overpayment Receivables - Not Individually Listed .....      | 116,620          | 79,164            | 3,918             | 1,139,828         | 1,311,097        | 28,434        |
| 0299999 Subtotal - Claim Overpayment Receivables .....                     | 116,620          | 79,164            | 3,918             | 1,139,828         | 1,311,097        | 28,434        |
| 0399998 Loans and Advances to Providers - Not Individually Listed .....    |                  |                   |                   |                   |                  |               |
| 0399999 Subtotal - Loans and Advances to Providers .....                   |                  |                   |                   |                   |                  |               |
| 0499998 Capitation Arrangement Receivables - Not Individually Listed ..... |                  |                   |                   |                   |                  |               |
| 0499999 Subtotal - Capitation Arrangement Receivables .....                |                  |                   |                   |                   |                  |               |
| 0599998 Risk Sharing Receivables - Not Individually Listed .....           |                  |                   |                   |                   |                  |               |
| 0599999 Subtotal - Risk Sharing Receivables .....                          |                  |                   |                   |                   |                  |               |
| <b>Other Receivables</b>   |                  |                   |                   |                   |                  |               |
| Maternity Receivable .....   | 740,706          |                   |                   |                   |                  | 740,706       |
| 0699998 Other Receivables - Not Individually Listed .....                  |                  |                   |                   |                   |                  |               |
| 0699999 Subtotal - Other Receivables .....                                 | 740,706          |                   |                   |                   |                  | 740,706       |
| 0799999 Gross health care receivables .....                                | 857,326          | 79,164            | 3,918             | 1,139,828         | 1,311,097        | 769,140       |

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

| Type of Health Care Receivable              | Health Care Receivables Collected During the Year          |   | Health Care Receivables Accrued as of December 31 of Current Year |   | 5  | 6   |
|---|--|---|---|---|--|---|
|   | 1<br>On Amounts Accrued Prior to January 1 of Current Year | 2<br>On Amounts Accrued During the Year | 3<br>On Amounts Accrued December 31 of Prior Year                 | 4<br>On Amounts Accrued During the Year | Health Care Receivables in Prior Years (Columns 1 + 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| 1. Pharmaceutical rebate receivables .....  |  |   |   |   |  |   |
| 2. Claim overpayment receivables .....      | 55,021   | 40,817,764                              | 603,173   | 736,358                                 | 658,194  | 874,751   |
| 3. Loans and advances to providers .....    |  |   |   |   |  |   |
| 4. Capitation arrangement receivables ..... |  |   |   |   |  |   |
| 5. Risk sharing receivables .....           |  |   |   |   |  |   |
| 6. Other health care receivables .....      | 779,688  |   |   | 740,706                                 | 779,688  | 779,688   |
| 7. TOTALS (Lines 1 through 6) .....         | 834,709  | 40,817,764                              | 603,173   | 1,477,064                               | 1,437,882  | 1,654,439   |

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

## EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

### Aging Analysis of Unpaid Claims

| 1<br>Account   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| <b>Claims Unpaid (Reported)</b>                                      |                  |                   |                   |                    |                    |            |
| Elixir .....   | 1,559,299        |                   |                   |                    |                    | 1,559,299  |
| 0199999 Total - Individually Listed Claims Unpaid .....              | 1,559,299        |                   |                   |                    |                    | 1,559,299  |
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered ..... |                  |                   |                   |                    |                    |            |
| 0399999 Aggregate Accounts Not Individually Listed - Covered .....   | 4,079,497        |                   |                   |                    |                    | 4,079,497  |
| 0499999 Subtotals .....  | 5,638,796        |                   |                   |                    |                    | 5,638,796  |
| 0599999 Unreported claims and other claim reserves .....             |                  |                   |                   |                    |                    | 16,304,919 |
| 0699999 TOTAL Amounts Withheld .....                                 |                  |                   |                   |                    |                    |            |
| 0799999 TOTAL Claims Unpaid .....                                    |                  |                   |                   |                    |                    | 21,943,715 |
| 0899999 Accrued Medical Incentive Pool and Bonus Amounts .....       |                  |                   |                   |                    |                    | 1,307,161  |

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1<br>Name of Affiliate                            | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | Admitted     |                  |
|---|------------------|-------------------|-------------------|-------------------|------------------|--------------|------------------|
|   |                  |                   |                   |                   |                  | 7<br>Current | 8<br>Non-Current |
| 0299999 Receivables not individually listed ..... |                  |                   |                   |                   |                  |              |                  |
| 0399999 TOTAL Gross Amounts Receivable .....      |                  |                   |                   |                   |                  |              |                  |

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1<br>Affiliate                                     | 2<br>Description | 3<br>Amount | 4<br>Current | 5<br>Non-Current |
|--|------------------|-------------|--------------|------------------|
| <b>Individually Listed Payables</b>                |                  |             |              |                  |
| Total Health Care USA, Inc. ....                   |                  | 202,224     | 202,224      |                  |
| Priority Health .....                              |                  | 1,701,141   | 1,701,141    |                  |
| 0199999 Total - Individually Listed Payables ..... | X X X            | 1,903,365   | 1,903,365    |                  |
| 0299999 Payables not Individually Listed .....     | X X X            |             |              |                  |
| 0399999 TOTAL Gross Payables .....                 | X X X            | 1,903,365   | 1,903,365    |                  |

### EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

|   | 1                              | 2                                 | 3                     | 4                                | 5  | 6  |
|---|--------------------------------|-----------------------------------|-----------------------|----------------------------------|--|--|
| Payment Method  | Direct Medical Expense Payment | Column 1 as a % of Total Payments | Total Members Covered | Column 3 as a % of Total Members | Column 1 Expenses Paid to Affiliated Providers | Column 1 Expenses Paid to Non-Affiliated Providers |
| <b>Capitation Payments:</b>                                     |                                |                                   |                       |                                  |  |  |
| 1. Medical groups .....   | 11,662,165                     | 6.515                             | 31,463                | 50.736                           | 11,662,165                                     |  |
| 2. Intermediaries .....   |                                |                                   |                       |                                  |  |  |
| 3. All other providers .....                                    |                                |                                   |                       |                                  |  |  |
| 4. TOTAL Capitation Payments .....                              | 11,662,165                     | 6.515                             | 31,463                | 50.736                           | 11,662,165                                     |  |
| <b>Other Payments:</b>  |                                |                                   |                       |                                  |  |  |
| 5. Fee-for-service .....  | 179,049                        | 0.100                             | X X X                 | X X X                            |  | 179,049  |
| 6. Contractual fee payments .....                               | 164,765,676                    | 92.048                            | X X X                 | X X X                            |  | 164,765,676  |
| 7. Bonus/withhold arrangements - fee-for-service .....          |                                |                                   | X X X                 | X X X                            |  |  |
| 8. Bonus/withhold arrangements - contractual fee payments ..... | 2,393,258                      | 1.337                             | X X X                 | X X X                            |  | 2,393,258  |
| 9. Non-contingent salaries .....                                |                                |                                   | X X X                 | X X X                            |  |  |
| 10. Aggregate cost arrangements .....                           |                                |                                   | X X X                 | X X X                            |  |  |
| 11. All other payments .....                                    |                                |                                   | X X X                 | X X X                            |  |  |
| 12. TOTAL Other Payments .....                                  | 167,337,983                    | 93.485                            | X X X                 | X X X                            |  | 167,337,983  |
| 13. TOTAL (Line 4 plus Line 12) .....                           | 179,000,148                    | 100.000                           | X X X                 | X X X                            | 11,662,165                                     | 167,337,983  |

### EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1           | 2                    | 3               | 4                          | 5                                     | 6   |
|-------------|----------------------|-----------------|----------------------------|---------------------------------------|---|
| NAIC Code   | Name of Intermediary | Capitation Paid | Average Monthly Capitation | Intermediary's Total Adjusted Capital | Intermediary's Authorized Control Level RBC |
| <b>NONE</b> |                      |                 |                            |                                       |   |
| 9999999     | TOTALS               |                 | X X X                      | X X X                                 | X X X                                       |



## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

|  | 1           | 2            | 3                           | 4                                  | 5                         | 6                         |
|--|-------------|--------------|-----------------------------|------------------------------------|---------------------------|---------------------------|
| Description  | Cost        | Improvements | Accumulated<br>Depreciation | Book Value<br>Less<br>Encumbrances | Assets<br>Not<br>Admitted | Net<br>Admitted<br>Assets |
| 1. Administrative furniture and equipment .....    |             |              |                             |                                    |                           |                           |
| 2. Medical furniture, equipment and fixtures ..... | <b>NONE</b> |              |                             |                                    |                           |                           |
| 3. Pharmaceuticals and surgical supplies .....     |             |              |                             |                                    |                           |                           |
| 4. Durable medical equipment .....                 |             |              |                             |                                    |                           |                           |
| 5. Other property and equipment .....              |             |              |                             |                                    |                           |                           |
| 6. TOTAL .....                                     |             |              |                             |                                    |                           |                           |



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 3383

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code 95644

|   | 1<br>Total  | Comprehensive (Hospital & Medical) |            | 4<br>Medicare Supplement | 5<br>Vision Only | 6<br>Dental Only | 7<br>Federal Employees Health Benefits Plan | 8<br>Title XVIII Medicare | 9<br>Title XIX Medicaid | 10<br>Other |
|---|-------------|------------------------------------|------------|--------------------------|------------------|------------------|---|---------------------------|-------------------------|-------------|
|   |             | 2<br>Individual                    | 3<br>Group |                          |                  |                  |   |                           |                         |             |
| <b>TOTAL Members at end of:</b>                                 |             |                                    |            |                          |                  |                  |   |                           |                         |             |
| 1. Prior Year .....   | 48,919      |                                    |            |                          |                  |                  |   | 225                       | 48,694                  |             |
| 2. First Quarter .....  | 49,207      |                                    |            |                          |                  |                  |   | 192                       | 49,015                  |             |
| 3. Second Quarter .....   | 54,495      |                                    |            |                          |                  |                  |   | 198                       | 54,297                  |             |
| 4. Third Quarter .....  | 59,471      |                                    |            |                          |                  |                  |   | 203                       | 59,268                  |             |
| 5. Current Year .....   | 62,013      |                                    |            |                          |                  |                  |   | 200                       | 61,813                  |             |
| 6. Current Year Member Months .....                             | 662,165     |                                    |            |                          |                  |                  |   | 2,435                     | 659,730                 |             |
| <b>TOTAL Member Ambulatory Encounters for Year:</b>             |             |                                    |            |                          |                  |                  |   |                           |                         |             |
| 7. Physician .....  | 281,528     |                                    |            |                          |                  |                  |   | 1,079                     | 280,449                 |             |
| 8. Non-Physician .....  | 215,973     |                                    |            |                          |                  |                  |   | 827                       | 215,146                 |             |
| 9. TOTAL .....  | 497,501     |                                    |            |                          |                  |                  |   | 1,906                     | 495,595                 |             |
| 10. Hospital Patient Days Incurred .....                        | 12,639      |                                    |            |                          |                  |                  |   | 46                        | 12,593                  |             |
| 11. Number of Inpatient Admissions .....                        | 3,414       |                                    |            |                          |                  |                  |   | 13                        | 3,401                   |             |
| 12. Health Premiums Written (b) .....                           | 189,811,034 |                                    |            |                          |                  |                  |   | 180,715                   | 189,630,319             |             |
| 13. Life Premiums Direct .....                                  |             |                                    |            |                          |                  |                  |   |                           |                         |             |
| 14. Property/Casualty Premiums Written .....                    |             |                                    |            |                          |                  |                  |   |                           |                         |             |
| 15. Health Premiums Earned .....                                | 189,475,002 |                                    |            |                          |                  |                  |   | 179,979                   | 189,295,023             |             |
| 16. Property/Casualty Premiums Earned .....                     |             |                                    |            |                          |                  |                  |   |                           |                         |             |
| 17. Amount Paid for Provision of Health Care Services .....     | 179,275,578 |                                    |            |                          |                  |                  |   | (134,869)                 | 179,410,447             |             |
| 18. Amount Incurred for Provision of Health Care Services ..... | 169,725,078 |                                    |            |                          |                  |                  |   | (55,091)                  | 169,780,169             |             |

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



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 3383

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

NAIC Company Code 95644

|   | 1<br>Total  | Comprehensive (Hospital & Medical) |            | 4<br>Medicare Supplement | 5<br>Vision Only | 6<br>Dental Only | 7<br>Federal Employees Health Benefits Plan | 8<br>Title XVIII Medicare | 9<br>Title XIX Medicaid | 10<br>Other |
|---|-------------|------------------------------------|------------|--------------------------|------------------|------------------|---|---------------------------|-------------------------|-------------|
|   |             | 2<br>Individual                    | 3<br>Group |                          |                  |                  |   |                           |                         |             |
| <b>TOTAL Members at end of:</b>                                 |             |                                    |            |                          |                  |                  |   |                           |                         |             |
| 1. Prior Year .....   | 48,919      |                                    |            |                          |                  |                  |   | 225                       | 48,694                  |             |
| 2. First Quarter .....  | 49,207      |                                    |            |                          |                  |                  |   | 192                       | 49,015                  |             |
| 3. Second Quarter .....   | 54,495      |                                    |            |                          |                  |                  |   | 198                       | 54,297                  |             |
| 4. Third Quarter .....  | 59,471      |                                    |            |                          |                  |                  |   | 203                       | 59,268                  |             |
| 5. Current Year .....   | 62,013      |                                    |            |                          |                  |                  |   | 200                       | 61,813                  |             |
| 6. Current Year Member Months .....                             | 662,165     |                                    |            |                          |                  |                  |   | 2,435                     | 659,730                 |             |
| <b>TOTAL Member Ambulatory Encounters for Year:</b>             |             |                                    |            |                          |                  |                  |   |                           |                         |             |
| 7. Physician .....  | 281,528     |                                    |            |                          |                  |                  |   | 1,079                     | 280,449                 |             |
| 8. Non-Physician .....  | 215,973     |                                    |            |                          |                  |                  |   | 827                       | 215,146                 |             |
| 9. TOTAL .....  | 497,501     |                                    |            |                          |                  |                  |   | 1,906                     | 495,595                 |             |
| 10. Hospital Patient Days Incurred .....                        | 12,639      |                                    |            |                          |                  |                  |   | 46                        | 12,593                  |             |
| 11. Number of Inpatient Admissions .....                        | 3,414       |                                    |            |                          |                  |                  |   | 13                        | 3,401                   |             |
| 12. Health Premiums Written (b) .....                           | 189,811,034 |                                    |            |                          |                  |                  |   | 180,715                   | 189,630,319             |             |
| 13. Life Premiums Direct .....                                  |             |                                    |            |                          |                  |                  |   |                           |                         |             |
| 14. Property/Casualty Premiums Written .....                    |             |                                    |            |                          |                  |                  |   |                           |                         |             |
| 15. Health Premiums Earned .....                                | 189,475,002 |                                    |            |                          |                  |                  |   | 179,979                   | 189,295,023             |             |
| 16. Property/Casualty Premiums Earned .....                     |             |                                    |            |                          |                  |                  |   |                           |                         |             |
| 17. Amount Paid for Provision of Health Care Services .....     | 179,275,578 |                                    |            |                          |                  |                  |   | (134,869)                 | 179,410,447             |             |
| 18. Amount Incurred for Provision of Health Care Services ..... | 169,725,078 |                                    |            |                          |                  |                  |   | (55,091)                  | 169,780,169             |             |

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

30 Grand Total

## SCHEDULE S - PART 1 - SECTION 2

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

| 1  | 2            | 3                 | 4                 | 5                           | 6                                 | 7                              | 8        | 9                    | 10   | 11   | 12                                 | 13  |
|--|--------------|-------------------|-------------------|-----------------------------|-----------------------------------|--------------------------------|----------|----------------------|--|--|------------------------------------|---|
| NAIC<br>Company<br>Code                    | ID<br>Number | Effective<br>Date | Name of Reinsured | Domiciliary<br>Jurisdiction | Type of<br>Reinsurance<br>Assumed | Type of<br>Business<br>Assumed | Premiums | Unearned<br>Premiums | Reserve<br>Liability<br>Other Than<br>for Unearned<br>Premiums | Reinsurance<br>Payable on<br>Paid and<br>Unpaid Losses | Modified<br>Coinsurance<br>Reserve | Funds<br>Withheld<br>Under<br>Coinsurance |
| 9999999 Total (Sum of 0799999 and 1099999) |              |                   |                   |                             |                                   |                                |          |                      |  |  |                                    |   |

## SCHEDULE S - PART 2

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

| 1<br>NAIC<br>Company<br>Code  | 2<br>ID<br>Number | 3<br>Effective<br>Date | 4<br>Name of Company       | 5<br>Domiciliary<br>Jurisdiction | 6<br>Paid Losses | 7<br>Unpaid Losses |
|---|-------------------|------------------------|----------------------------|----------------------------------|------------------|--------------------|
| <b>Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates</b>                   |                   |                        |                            |                                  |                  |                    |
| 60739 ...   | 74-0484030 ...    | 11/01/2016             | AMERICAN NATL INS CO ..... | TX .....                         | 36,711           |                    |
| 2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates ..... |                   |                        |                            |                                  | 36,711           |                    |
| 2199999 Total - Accident and Health - Non-Affiliates .....                              |                   |                        |                            |                                  | 36,711           |                    |
| 2299999 Total - Accident and Health .....   |                   |                        |                            |                                  | 36,711           |                    |
| 2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....             |                   |                        |                            |                                  | 36,711           |                    |
| 9999999 Total (Sum of 1199999 and 2299999) .....  |                   |                        |                            |                                  | 36,711           |                    |

## SCHEDULE S - PART 3 - SECTION 2

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

| 1<br>NAIC<br>Company<br>Code  | 2<br>ID<br>Number | 3<br>Effective<br>Date | 4<br>Name of Company  | 5<br>Domiciliary<br>Jurisdiction | 6<br>Type of<br>Reinsurance<br>Ceded | 7<br>Type of<br>Business<br>Ceded | 8<br>Premiums | 9<br>Unearned<br>Premiums<br>(Estimated) | 10<br>Reserve<br>Credit Taken<br>Other than for<br>Unearned<br>Premiums | Outstanding Surplus Relief |                     | 13<br>Modified<br>Coinsurance<br>Reserve | 14<br>Funds<br>Withheld<br>Under<br>Coinsurance |
|---|-------------------|------------------------|-----------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------|--|---|----------------------------|---------------------|--|---|
|   |                   |                        |                       |                                  |                                      |                                   |               |  |   | 11<br>Current<br>Year      | 12<br>Prior<br>Year |  |   |
| <b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>  |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 25364   | 13-1675535        | 11/01/2019             | SWISS REINS AMER CORP | NY                               | SSL/I                                | MC                                | 336,032       |  |   |                            |                     |  |   |
| 0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates  |                   |                        |                       |                                  |                                      |                                   | 336,032       |  |   |                            |                     |  |   |
| 1099999 Total - General Account - Authorized - Non-Affiliates   |                   |                        |                       |                                  |                                      |                                   | 336,032       |  |   |                            |                     |  |   |
| 1199999 Total - General Account - Authorized  |                   |                        |                       |                                  |                                      |                                   | 336,032       |  |   |                            |                     |  |   |
| 1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total   |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 1899999 Total - General Account - Unauthorized - Affiliates   |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 2299999 Total - General Account - Unauthorized  |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total  |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 2999999 Total - General Account - Certified - Affiliates  |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 3399999 Total - General Account - Certified   |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total  |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates  |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 4499999 Total - General Account - Reciprocal Jurisdiction   |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified   |                   |                        |                       |                                  |                                      |                                   | 336,032       |  |   |                            |                     |  |   |
| 4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total   |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 5299999 Total - Separate Accounts - Authorized Affiliates   |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 5699999 Total - Separate Accounts - Authorized  |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total   |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 6399999 Total - Separate Accounts - Unauthorized - Affiliates   |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 6799999 Total - Separate Accounts - Unauthorized  |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total  |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 7499999 Total - Separate Accounts - Certified - Affiliates  |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 7899999 Total - Separate Accounts - Certified   |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total  |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates  |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 8999999 Total - Separate Accounts - Reciprocal Jurisdiction   |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified   |                   |                        |                       |                                  |                                      |                                   |               |  |   |                            |                     |  |   |
| 9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999) |                   |                        |                       |                                  |                                      |                                   | 336,032       |  |   |                            |                     |  |   |
| 9999999 Total (Sum of 4599999 and 9099999)  |                   |                        |                       |                                  |                                      |                                   | 336,032       |  |   |                            |                     |  |   |

34 Schedule S - Part 4 ..... NONE

35 Schedule S - Part 5 ..... NONE

**SCHEDULE S - PART 6**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(\$000 Omitted)**

|  | 1<br>2020 | 2<br>2019 | 3<br>2018 | 4<br>2017 | 5<br>2016 |
|--|-----------|-----------|-----------|-----------|-----------|
| <b>A. OPERATIONS ITEMS</b>                                   |           |           |           |           |           |
| 1. Premiums .....  |           |           |           |           |           |
| 2. Title XVIII-Medicare .....                                | 1         | 1         |           | 1         |           |
| 3. Title XIX - Medicaid .....                                | 335       | 409       | 276       | 403       | 593       |
| 4. Commissions and reinsurance expense allowance .....       |           |           |           |           |           |
| 5. TOTAL Hospital and Medical Expenses .....                 |           |           |           |           |           |
| <b>B. BALANCE SHEET ITEMS</b>                                |           |           |           |           |           |
| 6. Premiums receivable .....                                 |           |           |           |           |           |
| 7. Claims payable .....                                      |           |           |           |           |           |
| 8. Reinsurance recoverable on paid losses .....              | 37        | 70        | 1,870     | 213       | 58        |
| 9. Experience rating refunds due or unpaid .....             |           |           |           |           |           |
| 10. Commissions and reinsurance expense allowances due ..... |           |           |           |           |           |
| 11. Unauthorized reinsurance offset .....                    |           |           |           |           |           |
| 12. Offset for reinsurance with Certified Reinsurers .....   |           |           |           |           |           |
| <b>C. UNAUTHORIZED REINSURANCE</b>                           |           |           |           |           |           |
| <b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>                 |           |           |           |           |           |
| 13. Funds deposited by and withheld from (F) .....           |           |           |           |           |           |
| 14. Letters of credit (L) .....                              |           |           |           |           |           |
| 15. Trust agreements (T) .....                               |           |           |           |           |           |
| 16. Other (O) .....  |           |           |           |           |           |
| <b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>              |           |           |           |           |           |
| <b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>                 |           |           |           |           |           |
| 17. Multiple Beneficiary Trust .....                         |           |           |           |           |           |
| 18. Funds deposited by and withheld from (F) .....           |           |           |           |           |           |
| 19. Letters of credit (L) .....                              |           |           |           |           |           |
| 20. Trust agreements (T) .....                               |           |           |           |           |           |
| 21. Other (O) .....  |           |           |           |           |           |



## SCHEDULE S - PART 7

### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

|   | 1<br>As Reported<br>(net of ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(gross of ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| <b>ASSETS (Page 2, Col. 3)</b>  |                                    |                                 |                                   |
| 1. Cash and invested assets (Line 12) .....   | 78,828,003                         |                                 | 78,828,003                        |
| 2. Accident and health premiums due and unpaid (Line 15) .....  | 1,845,933                          |                                 | 1,845,933                         |
| 3. Amounts recoverable from reinsurers (Line 16.1) .....  | 36,711                             |                                 | 36,711                            |
| 4. Net credit for ceded reinsurance .....   | X X X                              |                                 |                                   |
| 5. All other admitted assets (Balance) .....  | 8,901,709                          |                                 | 8,901,709                         |
| 6. TOTAL Assets (Line 28) .....   | 89,612,356                         |                                 | 89,612,356                        |
| <b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>  |                                    |                                 |                                   |
| 7. Claims unpaid (Line 1) .....   | 21,943,737                         |                                 | 21,943,737                        |
| 8. Accrued medical incentive pool and bonus payments (Line 2) .....   | 1,307,161                          |                                 | 1,307,161                         |
| 9. Premiums received in advance (Line 8) .....  |                                    |                                 |                                   |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers<br>(Line 19, first inset amount plus second inset amount) ..... |                                    |                                 |                                   |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....  |                                    |                                 |                                   |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....  |                                    |                                 |                                   |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset<br>amount) .....   |                                    |                                 |                                   |
| 14. All other liabilities (Balance) .....   | 24,229,660                         |                                 | 24,229,660                        |
| 15. TOTAL Liabilities (Line 24) .....   | 47,480,558                         |                                 | 47,480,558                        |
| 16. TOTAL Capital and Surplus (Line 33) .....   | 42,131,798                         | X X X                           | 42,131,798                        |
| 17. TOTAL Liabilities, Capital and Surplus (Line 34) .....  | 89,612,356                         |                                 | 89,612,356                        |
| <b>NET CREDIT FOR CEDED REINSURANCE</b>   |                                    |                                 |                                   |
| 18. Claims unpaid .....   |                                    |                                 |                                   |
| 19. Accrued medical incentive pool .....  |                                    |                                 |                                   |
| 20. Premiums received in advance .....  |                                    |                                 |                                   |
| 21. Reinsurance recoverable on paid losses .....  |                                    |                                 |                                   |
| 22. Other ceded reinsurance recoverables .....  |                                    |                                 |                                   |
| 23. TOTAL Ceded Reinsurance Recoverables .....  |                                    |                                 |                                   |
| 24. Premiums receivable .....   |                                    |                                 |                                   |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....   |                                    |                                 |                                   |
| 26. Unauthorized reinsurance .....  |                                    |                                 |                                   |
| 27. Reinsurance with Certified Reinsurers .....   |                                    |                                 |                                   |
| 28. Funds held under reinsurance treaties with Certified Reinsurers .....   |                                    |                                 |                                   |
| 29. Other ceded reinsurance payables/offsets .....  |                                    |                                 |                                   |
| 30. TOTAL Ceded Reinsurance Payables/Offsets .....  |                                    |                                 |                                   |
| 31. TOTAL Net Credit for Ceded Reinsurance .....  |                                    |                                 |                                   |

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

| Direct Business only              |  |   |  |   |                                |             |
|-----------------------------------|--|---|--|---|--------------------------------|-------------|
| States, Etc.                      | 1<br>Life<br>(Group and<br>Individual) | 2<br>Annuities<br>(Group and<br>Individual) | 3<br>Disability<br>Income<br>(Group and<br>Individual) | 4<br>Long-Term<br>Care<br>(Group and<br>Individual) | 5<br>Deposit-Type<br>Contracts | 6<br>Totals |
| 1. Alabama (AL)                   |  |   |  |   |                                |             |
| 2. Alaska (AK)                    |  |   |  |   |                                |             |
| 3. Arizona (AZ)                   |  |   |  |   |                                |             |
| 4. Arkansas (AR)                  |  |   |  |   |                                |             |
| 5. California (CA)                |  |   |  |   |                                |             |
| 6. Colorado (CO)                  |  |   |  |   |                                |             |
| 7. Connecticut (CT)               |  |   |  |   |                                |             |
| 8. Delaware (DE)                  |  |   |  |   |                                |             |
| 9. District of Columbia (DC)      |  |   |  |   |                                |             |
| 10. Florida (FL)                  |  |   |  |   |                                |             |
| 11. Georgia (GA)                  |  |   |  |   |                                |             |
| 12. Hawaii (HI)                   |  |   |  |   |                                |             |
| 13. Idaho (ID)                    |  |   |  |   |                                |             |
| 14. Illinois (IL)                 |  |   |  |   |                                |             |
| 15. Indiana (IN)                  |  |   |  |   |                                |             |
| 16. Iowa (IA)                     |  |   |  |   |                                |             |
| 17. Kansas (KS)                   |  |   |  |   |                                |             |
| 18. Kentucky (KY)                 |  |   |  |   |                                |             |
| 19. Louisiana (LA)                |  |   |  |   |                                |             |
| 20. Maine (ME)                    |  |   |  |   |                                |             |
| 21. Maryland (MD)                 |  |   |  |   |                                |             |
| 22. Massachusetts (MA)            |  |   |  |   |                                |             |
| 23. Michigan (MI)                 |  |   |  |   |                                |             |
| 24. Minnesota (MN)                |  |   |  |   |                                |             |
| 25. Mississippi (MS)              |  |   |  |   |                                |             |
| 26. Missouri (MO)                 |  |   |  |   |                                |             |
| 27. Montana (MT)                  |  |   |  |   |                                |             |
| 28. Nebraska (NE)                 |  |   |  |   |                                |             |
| 29. Nevada (NV)                   |  |   |  |   |                                |             |
| 30. New Hampshire (NH)            |  |   |  |   |                                |             |
| 31. New Jersey (NJ)               |  |   |  |   |                                |             |
| 32. New Mexico (NM)               |  |   |  |   |                                |             |
| 33. New York (NY)                 |  |   |  |   |                                |             |
| 34. North Carolina (NC)           |  |   |  |   |                                |             |
| 35. North Dakota (ND)             |  |   |  |   |                                |             |
| 36. Ohio (OH)                     |  |   |  |   |                                |             |
| 37. Oklahoma (OK)                 |  |   |  |   |                                |             |
| 38. Oregon (OR)                   |  |   |  |   |                                |             |
| 39. Pennsylvania (PA)             |  |   |  |   |                                |             |
| 40. Rhode Island (RI)             |  |   |  |   |                                |             |
| 41. South Carolina (SC)           |  |   |  |   |                                |             |
| 42. South Dakota (SD)             |  |   |  |   |                                |             |
| 43. Tennessee (TN)                |  |   |  |   |                                |             |
| 44. Texas (TX)                    |  |   |  |   |                                |             |
| 45. Utah (UT)                     |  |   |  |   |                                |             |
| 46. Vermont (VT)                  |  |   |  |   |                                |             |
| 47. Virginia (VA)                 |  |   |  |   |                                |             |
| 48. Washington (WA)               |  |   |  |   |                                |             |
| 49. West Virginia (WV)            |  |   |  |   |                                |             |
| 50. Wisconsin (WI)                |  |   |  |   |                                |             |
| 51. Wyoming (WY)                  |  |   |  |   |                                |             |
| 52. American Samoa (AS)           |  |   |  |   |                                |             |
| 53. Guam (GU)                     |  |   |  |   |                                |             |
| 54. Puerto Rico (PR)              |  |   |  |   |                                |             |
| 55. U.S. Virgin Islands (VI)      |  |   |  |   |                                |             |
| 56. Northern Mariana Islands (MP) |  |   |  |   |                                |             |
| 57. Canada (CAN)                  |  |   |  |   |                                |             |
| 58. Aggregate other alien (OT)    |  |   |  |   |                                |             |
| 59. TOTALS                        |  |   |  |   |                                |             |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1          | 2               | 3                 | 4          | 5            | 6   | 7  | 8   | 9                    | 10                               | 11   | 12   | 13   | 14   | 15                               | 16      |
|------------|-----------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|---------|
| Group Code | Group Name      | NAIC Company Code | ID Number  | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | *       |
| 3383       | Priority Health | 9556100000        | 38-2715520 |              |     |  | Priority Health                             | MI                   | UDP                              | Spectrum Health System                           | Ownership  | 93.9                                       | Spectrum Health System                       | N                                | 0000001 |
|            |                 | 00000             |            |              |     |  | Munson HealthCare                           |                      |                                  |  | Ownership  | 5.5  |  | N                                | 0000001 |
|            |                 | 00000             |            |              |     |  | McClaren Northern Michigan                  |                      |                                  |  | Ownership  | 0.6  |  | N                                | 0000001 |
| 3383       | Priority Health | 11520             | 32-0016523 |              |     |  | Priority Health Choice, Inc                 | MI                   | IA                               | Priority Health                                  | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
| 3383       | Priority Health | 12208             | 20-1529553 |              |     |  | Priority Health Insurance Company           | MI                   | IA                               | Priority Health                                  | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
| 3383       | Priority Health | 95644             | 38-2018957 |              |     |  | Total Health Care, Inc.                     | MI                   | IA                               | Priority Health                                  | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
| 3383       | Priority Health | 12326             | 38-3240485 |              |     |  | Total Health Care USA, Inc.                 | MI                   | IA                               | Total Health Care, Inc.                          | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
| 3383       | Priority Health | 00000             | 84-2310771 |              |     |  | Total Health Care Foundation                | MI                   | NIA                              | Priority Health                                  | Board of Directors   |  | Spectrum Health System                       | N                                |         |
| 3383       | Priority Health | 00000             | 38-2715520 |              |     |  | PHMB Properties, LLC                        | MI                   | NIA                              | Priority Health                                  | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
| 3383       | Priority Health | 00000             | 38-2663747 |              |     |  | Trinity Health Plans                        | MI                   | NIA                              | Priority Health                                  | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
| 3383       | Priority Health | 00000             | 38-3085182 |              |     |  | Priority Health Managed Benefits, Inc.      | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
|            |                 | 00000             |            |              |     |  | Spectrum Health Grand Rapids                | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
|            |                 | 00000             |            |              |     |  | Spectrum Health Big Rapids Hospital         | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
|            |                 | 00000             |            |              |     |  | Spectrum Health Reed City Hospital          | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
|            |                 | 00000             |            |              |     |  | Spectrum Health Gerber Hospital             | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
|            |                 | 00000             |            |              |     |  | Spectrum Health Ludington Hospital          | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
|            |                 | 00000             |            |              |     |  | Spectrum Health Pennock                     | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
|            |                 | 00000             |            |              |     |  | Spectrum Health United Hospital             | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
|            |                 | 00000             |            |              |     |  | Spectrum Health Kelsey Hospital             | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
|            |                 | 00000             |            |              |     |  | Spectrum Health Zeeland Community Hospital  | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
|            |                 | 00000             |            |              |     |  | Spectrum Health Continuing Care             | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
|            |                 | 00000             |            |              |     |  | Spectrum Health Medical Group               | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |
|            |                 | 00000             |            |              |     |  | Spectrum Health Lakeland                    | MI                   | NIA                              | Spectrum Health System                           | Ownership  | 100.0                                      | Spectrum Health System                       | N                                |         |

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|          |             |
|----------|-------------|
| Asterisk | Explanation |
| 0000001  |             |

## SCHEDULE Y

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

| 1                            | 2                | 3   | 4                        | 5                        | 6  | 7   | 8   | 9   | 10    | 11   | 12               | 13  |
|------------------------------|------------------|---|--------------------------|--------------------------|--|---|---|---|-------|--|------------------|---|
| NAIC<br>Company<br>Code      | ID<br>Number     | Names of Insurers and Parent,<br>Subsidiaries or Affiliates | Shareholder<br>Dividends | Capital<br>Contributions | Purchases, Sales<br>or Exchanges of<br>Loans, Securities,<br>Real Estate,<br>Mortgage<br>Loans or Other<br>Investments | Income/(Disburse-<br>ments) Incurred in<br>Connection with<br>Guarantees or<br>Undertakings<br>for the Benefit<br>of any Affiliate(s) | Management<br>Agreements<br>and<br>Service<br>Contracts | Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | *     | Any Other<br>Material Activity<br>not in the<br>Ordinary<br>Course of<br>the Insurer's<br>Business | Totals           | Reinsurance<br>Recoverable/<br>(Payable)<br>on Losses<br>and/or Reserve<br>Credit Taken/<br>(Liability) |
| .. 12208 ..                  | .. 20-1529553 .. | Priority Health Insurance Company .....                     | .....                    | .....                    | .....  | .....   | (23,034,094)  | .....   | ..... | .....  | .. (23,034,094)  | .....   |
| .....                        | .. 38-3085182 .. | Priority Health Managed Benefits .....                      | .....                    | .....                    | .....  | .....   | 370,622,654   | .....   | ..... | .....  | .. 370,622,654   | .....   |
| .. 95561 ..                  | .. 38-2715520 .. | Priority Health .....                                       | .....                    | .....                    | .....  | .....   | (285,475,253)   | .....   | ..... | .....  | .. (285,475,253) | .....   |
| .. 11520 ..                  | .. 32-0016523 .. | Priority Health Choice, Inc. ....                           | .....                    | .....                    | .....  | .....   | (36,652,528)  | .....   | ..... | .....  | .. (36,652,528)  | .....   |
| .. 95644 ..                  | .. 38-2018957 .. | Total Health Care Inc. ....                                 | .....                    | .....                    | .....  | .....   | (15,083,052)  | .....   | ..... | .....  | .. (15,083,052)  | .....   |
| .. 12326 ..                  | .. 38-3240485 .. | Total Health Care USA Inc. ....                             | .....                    | .....                    | .....  | .....   | (10,377,727)  | .....   | ..... | .....  | .. (10,377,727)  | .....   |
| 9999999 Control Totals ..... |                  |   | .....                    | .....                    | .....  | .....   | .....   | .....   | X X X | .....  | .....            | .....   |

Schedule Y Part 2 Explanation:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

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

**APRIL FILING**

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

**JUNE FILING**

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

**AUGUST FILING**

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

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

**MARCH FILING**

- |  |    |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | No |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | No |
| 13. Will 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?  | No |
| 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 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 |
|--|-----|

Explanation:

Bar Code:



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



95644202022600000 2020 Document Code: 226

LTC Supplemental Interrogatories



95644202030600000 2020 Document Code: 306

Health Life Supplement - April



95644202021100000 2020 Document Code: 211

Supplemental Health Care Exhibit



95644202021600000 2020 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



95644202021700000 2020 Document Code: 217

LHA Guaranty Association Reconciliation



95644202029000000 2020 Document Code: 290

LHA Guaranty Association Adjustment Exhibit



95644202030000000 2020 Document Code: 300

## STATEMENT OF REVENUE AND EXPENSES

|  | Current Year   |            | Prior Year |
|--|----------------|------------|------------|
|  | 1<br>Uncovered | 2<br>Total | 3<br>Total |
| 0604. ....   | X X X          |            |            |
| 0605. ....   | X X X          |            |            |
| 0606. ....   | X X X          |            |            |
| 0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....  | X X X          |            |            |
| 0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796) .....  | X X X          |            |            |
| 1404. ....   |                |            |            |
| 1405. ....   |                |            |            |
| 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            | 2          |
|--|--------------|------------|
|  | Current Year | Prior Year |
| 4704. ....   |              |            |
| 4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) ..... |              |            |