



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2020

OF THE CONDITION AND AFFAIRS OF THE

TOTAL HEALTH CARE USA, INC.

NAIC Group Code 3383 , 1238 NAIC Company Code 12326 Employer's ID Number 38-3240485
(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[] No[X] N/A[]

Incorporated/Organized 02/18/1994 Commenced Business 02/18/1994

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 (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 #	MARY ANNE JONES #
MARTI RAE LOLLI #	KRISTA FELICIA POOLE
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 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals						
0299997 Subtotal - Group Subscribers:						
0299998 Premiums due and unpaid not individually listed	901,733	48,048	908	636	636	950,689
0299999 TOTAL Group	901,733	48,048	908	636	636	950,689
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) ..	901,733	48,048	908	636	636	950,689

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed	32,203	12,691	128,465	610,478	715,555	68,282
0299999 Subtotal - Claim Overpayment Receivables	32,203	12,691	128,465	610,478	715,555	68,282
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						
Risk Sharing Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	32,203	12,691	128,465	610,478	715,555	68,282

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables						
2. Claim overpayment receivables	587,464	25,348,549	187,903	595,934	775,367	580,642
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	587,464	25,348,549	187,903	595,934	775,367	580,642

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Elixir	1,196,274					1,196,274
0199999 Total - Individually Listed Claims Unpaid	1,196,274					1,196,274
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,879,690					1,879,690
0499999 Subtotals	3,075,964					3,075,964
0599999 Unreported claims and other claim reserves						12,290,416
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						15,366,380
0899999 Accrued Medical Incentive Pool and Bonus Amounts						607,787

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Total Health Care, Inc.	202,224					202,224	
0199999 Total - Individually listed receivables	202,224					202,224	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	202,224					202,224	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0299999 Payables not Individually Listed	X X X .....	.....	.....	.....
0399999 TOTAL Gross Payables	X X X .....	.....	.....	.....

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
Capitation Payments:						
1. Medical groups	5,778,804	4.261	24,666	70.912		5,778,804
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments	5,778,804	4.261	24,666	70.912		5,778,804
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	128,752,520	94.927	X X X	X X X		128,752,520
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	1,102,516	0.813	X X X	X X X		1,102,516
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	129,855,036	95.739	X X X	X X X		129,855,036
13. TOTAL (Line 4 plus Line 12)	135,633,840	100.000	X X X	X X X		135,633,840

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
NONE					
9999999	TOTALS		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures	NONE					
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 12326

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	38,942	13,309	25,633							
2. First Quarter	37,994	11,831	26,163							
3. Second Quarter	36,794	10,989	25,805							
4. Third Quarter	35,445	10,712	24,733							
5. Current Year	34,784	10,118	24,666							
6. Current Year Member Months	438,275	132,829	305,446							
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	195,519	60,055	135,464							
8. Non-Physician	122,772	33,290	89,482							
9. TOTAL	318,291	93,345	224,946							
10. Hospital Patient Days Incurred	4,973	1,724	3,249							
11. Number of Inpatient Admissions	1,318	377	941							
12. Health Premiums Written (b)	153,803,807	50,735,877	103,067,930							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	153,085,852	50,502,915	102,582,937							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	135,633,840	40,355,378	95,278,462							
18. Amount Incurred for Provision of Health Care Services	130,624,282	40,073,174	90,551,108							

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 3383

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

NAIC Company Code 12326

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	38,942	13,309	25,633							
2. First Quarter	37,994	11,831	26,163							
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18. Amount Incurred for Provision of Health Care Services	130,624,282	40,073,174	90,551,108							

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

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 Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div>												
9999999 Total (Sum of 0799999 and 1099999)												

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
60739	74-0484030	11/01/2016	AMERICAN NATL INS CO	TX	61,118	
25364	13-1675535	11/01/2019	SWISS REINS AMER CORP	NY	245,327	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					306,445	
2199999 Total - Accident and Health - Non-Affiliates					306,445	
2299999 Total - Accident and Health					306,445	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					306,445	
9999999 Total (Sum of 1199999 and 2299999)					306,445	

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
25364	13-1675535	11/01/2019	SWISS REINS AMER CORP	NY	SSL/I	CMM	232,962						
25364	13-1675535	11/01/2019	SWISS REINS AMER CORP	NY	SSL/G	CMM	484,993						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							717,955						
1099999 Total - General Account - Authorized - Non-Affiliates							717,955						
1199999 Total - General Account - Authorized							717,955						
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							717,955						
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)							717,955						
9999999 Total (Sum of 4599999 and 9099999)							717,955						

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 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums	718	687	710	621	696
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	306	279	287	517	1,903
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	67,441,689		67,441,689
2. Accident and health premiums due and unpaid (Line 15)	1,098,328		1,098,328
3. Amounts recoverable from reinsurers (Line 16.1)	306,445		306,445
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	273,358		273,358
6. TOTAL Assets (Line 28)	69,119,820		69,119,820
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	15,366,380		15,366,380
8. Accrued medical incentive pool and bonus payments (Line 2)	607,787		607,787
9. Premiums received in advance (Line 8)	3,768,669		3,768,669
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	18,228,761		18,228,761
15. TOTAL Liabilities (Line 24)	37,971,597		37,971,597
16. TOTAL Capital and Surplus (Line 33)	31,148,223	X X X	31,148,223
17. TOTAL Liabilities, Capital and Surplus (Line 34)	69,119,820		69,119,820
NET CREDIT FOR CEDED REINSURANCE			
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 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	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	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	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	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.	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.	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	Total Health Care Foundation	MI	NIA	Priority Health	Board of Directors		Spectrum Health System	N	
3383	Priority Health	00000	38-2715520			PHMB Properties, LLC	PHMB Properties, LLC	MI	NIA	Priority Health	Ownership	100.0	Spectrum Health System	N	
3383	Priority Health	00000	38-2663747			Trinity Health Plans	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.	Priority Health Managed Benefits, Inc.	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	
		00000				Spectrum Health Grand Rapids	Spectrum Health Grand Rapids	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	
		00000				Spectrum Health Big Rapids Hospital	Spectrum Health Big Rapids Hospital	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	
		00000				Spectrum Health Reed City Hospital	Spectrum Health Reed City Hospital	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	
		00000				Spectrum Health Gerber Hospital	Spectrum Health Gerber Hospital	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	
		00000				Spectrum Health Ludington Hospital	Spectrum Health Ludington Hospital	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	
		00000				Spectrum Health Pennock	Spectrum Health Pennock	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	
		00000				Spectrum Health United Hospital	Spectrum Health United Hospital	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	
		00000				Spectrum Health Kelsey Hospital	Spectrum Health Kelsey Hospital	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	
		00000				Spectrum Health Zeeland Community Hospital	Spectrum Health Zeeland Community Hospital	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	
		00000				Spectrum Health Continuing Care	Spectrum Health Continuing Care	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	
		00000				Spectrum Health Medical Group	Spectrum Health Medical Group	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	
		00000				Spectrum Health Lakeland	Spectrum Health Lakeland	MI	NIA	Spectrum Health System	Ownership	100.0	Spectrum Health System	N	

41

Asterisk	Explanation
0000001	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 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? | Yes |
| 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:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



12326202022600000

2020

Document Code: 226

LTC Supplemental Interrogatories



12326202030600000

2020

Document Code: 306

Health Life Supplement - April



12326202021100000

2020

Document Code: 211

Supplemental Health Care Exhibit's Expense Allocation Report



12326202021700000

2020

Document Code: 217

LHA Guaranty Association Reconciliation



12326202029000000

2020

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



12326202030000000

2020

Document Code: 300

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
4704.
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)