



**QUARTERLY STATEMENT
AS OF MARCH 31, 2019
OF THE CONDITION AND AFFAIRS OF THE
TOTAL HEALTH CARE USA, INC.**

NAIC Group Code 1238 , 1238 NAIC Company Code 12326 Employer's ID Number 38-3240485
(Current Period) (Prior Period)

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

Country of Domicile United States of America

Licensed as business type: 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 Web Site Address THCMI.COM

Statutory Statement Contact NICOLE ROUSH, CFO (313)871-6402
(Name) (Area Code)(Telephone Number)(Extension)

NROUSH@THCMI.COM (313)871-4762
(E-Mail Address) (Fax Number)

OFFICERS

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

OTHERS

DIRECTORS OR TRUSTEES

DOUGLAS PAUL BAKER	JEANETTE ABBOTT
RUBY OCTAVIA COLE	

State of Michigan
 County of WAYNE ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of 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) RANDY NAROWITZ _____ (Printed Name) 1. EXECUTIVE DIRECTOR _____ (Title)	_____ (Signature) NICOLE ROUSH _____ (Printed Name) 2. CHIEF FINANCIAL OFFICER _____ (Title)	_____ (Signature) DOUGLAS PAUL BAKER _____ (Printed Name) 3. CHAIRPERSON/TREASURER _____ (Title)
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Subscribed and sworn to before me this _____ day of _____, 2019

- 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)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	998,230		998,230	994,043
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....89,335,894), cash equivalents (\$.....732,390) and short-term investments (\$.....0)	90,068,283		90,068,283	73,209,908
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	91,066,513		91,066,513	74,203,951
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	358,006		358,006	258,912
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,460,791		2,460,791	1,242,312
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	244,170	2,692	241,478	279,154
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	20,707		20,707	20,707
24. Health care (\$.....1,082,497) and other amounts receivable	1,241,174	158,677	1,082,497	712,354
25. Aggregate write-ins for other-than-invested assets	17,538	17,035	503	64,224
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	95,408,899	178,404	95,230,495	76,781,614
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	95,408,899	178,404	95,230,495	76,781,614
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid	17,035	17,035		
2502. AR - Other	503		503	64,224
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	17,538	17,035	503	64,224

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	27,483,087		27,483,087	11,406,127
2. Accrued medical incentive pool and bonus amounts	1,167,283		1,167,283	1,078,281
3. Unpaid claims adjustment expenses	571,548		571,548	205,590
4. Aggregate health policy reserves, including the liability of \$.....4,649,193 for medical loss ratio rebate per the Public Health Service Act	17,811,694		17,811,694	15,179,193
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	1,464,878		1,464,878	5,447,670
9. General expenses due or accrued	776,527		776,527	800,527
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated	581,718		581,718	101,056
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	450,000		450,000	
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	50,306,735		50,306,735	34,218,444
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	6,273,089	6,273,089
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	38,650,671	36,290,081
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	44,923,760	42,563,170
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	95,230,495	76,781,614
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	X X X	X X X		
2502. 2017 ACA Fee Assessment payable in 2018	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	133,566	137,793	530,908
2. Net premium income (including \$.....0 non-health premium income)	X X X	52,066,106	49,767,654	190,441,177
3. Change in unearned premium reserves and reserves for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X	(2,586,220)	84,672	(8,213,317)
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	49,479,886	49,852,326	182,227,860
Hospital and Medical:				
9. Hospital/medical benefits		29,717,159	30,010,686	92,663,279
10. Other professional services		1,914,236	1,995,341	8,658,811
11. Outside referrals				
12. Emergency room and out-of-area		1,798,902	2,960,024	12,404,068
13. Prescription drugs		6,069,308	5,829,064	25,800,519
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		(133,955)	(165,564)	(17,810)
16. Subtotal (Lines 9 to 15)		39,365,650	40,629,551	139,508,867
Less:				
17. Net reinsurance recoveries			103,550	183,335
18. Total hospital and medical (Lines 16 minus 17)		39,365,650	40,526,001	139,325,532
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....0 cost containment expenses		121,351	96,989	467,780
21. General administrative expenses		8,179,530	7,592,611	33,093,313
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		47,666,531	48,215,601	172,886,625
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	1,813,355	1,636,725	9,341,235
25. Net investment income earned		439,214	205,256	1,252,132
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)		439,214	205,256	1,252,132
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	2,252,569	1,841,981	10,593,367
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	2,252,569	1,841,981	10,593,367
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401. Clinical Incentive				
1402.				
1403. Other Expense				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	42,563,170	45,839,950	45,839,950
34. Net income or (loss) from Line 32	2,252,569	1,841,981	10,593,367
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	108,025	(1,235,878)	129,853
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			(14,000,000)
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	2,360,594	606,103	(3,276,780)
49. Capital and surplus end of reporting period (Line 33 plus 48)	44,923,764	46,446,053	42,563,170
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	49,504,320	50,932,129	201,897,190
2. Net investment income	340,120	142,740	1,124,486
3. Miscellaneous income	(2,906,436)	(220,790)	(8,236,925)
4. TOTAL (Lines 1 to 3)	46,938,004	50,854,079	194,784,751
5. Benefit and loss related payments	23,162,012	29,513,337	137,979,619
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	7,958,927	5,708,774	33,417,805
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10. TOTAL (Lines 5 through 9)	31,120,939	35,222,111	171,397,424
11. Net cash from operations (Line 4 minus Line 10)	15,817,065	15,631,968	23,387,327
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds		4,230	1,808
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)		4,230	1,808
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	4,187		
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	4,187		
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(4,187)	4,230	1,808
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			14,000,000
16.6 Other cash provided (applied)	1,045,497	(1,356,991)	22,219
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	1,045,497	(1,356,991)	(13,977,781)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	16,858,375	14,279,207	9,411,354
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	73,209,908	63,798,554	63,798,554
19.2 End of period (Line 18 plus Line 19.1)	90,068,283	78,077,761	73,209,908

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

20.0001	.....		
20.0002	.....		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	42,382	15,582	26,800							
2. First Quarter	44,513	17,823	26,690							
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	133,566	53,435	80,131							
Total Member Ambulatory Encounters for Period:										
7. Physician	54,988	21,314	33,674							
8. Non-Physician	21,928	8,254	13,674							
9. Total	76,916	29,568	47,348							
10. Hospital Patient Days Incurred	1,976	671	1,305							
11. Number of Inpatient Admissions	657	213	444							
12. Health Premiums Written (a)	52,249,213	21,482,270	30,766,943							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	52,249,213	21,482,270	30,766,943							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	23,199,688	5,368,233	17,831,455							
18. Amount Incurred for Provision of Health Care Services	39,365,650	14,892,244	24,473,406							

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
Envision	1,037,909					1,037,909
0199999 Individually Listed Claims Unpaid	1,037,909					1,037,909
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	4,640,472					4,640,472
0499999 Subtotals	5,678,381					5,678,381
0599999 Unreported claims and other claim reserves						21,804,707
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						27,483,088
0899999 Accrued Medical Incentive Pool And Bonus Amounts						1,167,283

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)	7,800,959	15,621,685	3,244,651	24,238,436	11,045,610	11,406,127
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	7,800,959	15,621,685	3,244,651	24,238,436	11,045,610	11,406,127
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts	124,293	(347,251)	953,988	213,295	1,078,281	1,078,281
13. Totals (Lines 9 - 10 + 11 + 12)	7,925,252	15,274,434	4,198,639	24,451,731	12,123,891	12,484,408

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

Notes to Financial Statement

1. Nature of Business and Summary of Significant Accounting Policies

Total Health Care USA, Inc. (the "Company"), a not-for-profit corporation and wholly owned subsidiary of Total Health Care, Inc., operates as a state-licensed health maintenance organization (HMO). The Company provides medical services to persons primarily in southeastern Michigan who subscribe as part of an employer group or as individuals.

a. Accounting Practices

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

Statutory accounting principles differ from generally accepted accounting principles (GAAP) in their definition of assets and liabilities. Specifically, certain assets (such as certain receivables from affiliates) are excluded from the statutory-basis balance sheet. GAAP net assets exceed statutory net assets by approximately \$178,000 and \$286,000 at March 31, 2019 and December 31, 2018, respectively. There are no significant differences between statutory accounting principles prescribed by NAIC and the State of Michigan accounting requirements that are applicable to the Company.

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

NET INCOME	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2019</u>	<u>2018</u>
(1) Total Health Care USA state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	2,252,569	10,593,367
(2) State Prescribed Practices that increase (decrease) NAIC SAP:	N/A	N/A	N/A	-	-
(3) State Permitted Practices that increase (decrease) NAIC SAP:	N/A	N/A	N/A	-	-
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	2,252,569	10,593,367
SURPLUS					
(5) Total Health Care USA state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	44,923,760	42,563,170
(6) State Prescribed Practices that increase (decrease) NAIC SAP:	N/A	N/A	N/A	-	-
(7) State Permitted Practices that increase (decrease) NAIC SAP:	N/A	N/A	N/A	-	-
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	44,923,760	42,563,170

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

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

Certain significant estimates exist relating to unpaid claims, health policy reserves, and risk-sharing provisions. It is at least reasonably possible that these estimates will be materially revised in the near term.

Notes to Financial Statement

c. Accounting Policy

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

In addition, the Company uses the following accounting policies:

(1) Short-term investments and long-term certificates of deposit are recorded at amortized cost, which approximates fair market value. Long-term certificates of deposit are classified as bonds on the balance sheet per statutory guidance. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in net investment income on the statement of operations. Changes in unrealized gains and losses on investments are included as a direct adjustment to capital and surplus.

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

(3) The Company had no common stock.

(4) The Company had no preferred stock.

(5) The Company had no mortgage loans.

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

(7) The Company had no subsidiaries, controlled or affiliated investments.

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

(9) The Company had no derivatives.

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

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

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

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

Revenue Recognition and Accounts Receivable - Subscriber premiums are recognized in the period that members are entitled to related health care services. A substantial portion of health premiums due and unpaid is due from third-party payers for subscribers located within southeastern Michigan. Health premiums due and unpaid are stated at invoice amounts. No allowance for doubtful accounts is recorded at March 31, 2019 and December 31, 2018, respectively. Unpaid invoices greater than 90 days old are treated as non-admitted for statutory accounting purposes.

Recognition of Medical and Hospital Expenses - Medical and hospital expenses and the related liabilities are recorded when eligible medical and hospital services are authorized or performed. Claims unpaid represent management's estimate of the ultimate cost to settle all claims incurred prior to year-end.

Physician Group Contracts - The Company contracts with certain physician groups for the provision of medical care and compensates the groups on a capitation basis. These contracts have a pay-for-performance incentive. If the providers meet the incentives, they share in the savings and a payable is recorded. If the providers do not meet the incentives, they share in the excess costs and a health care receivable is recorded if deemed collectible by management. During 2019 and 2018, health care receivables and payables have been recorded from/to providers.

Hospital and Other Group Contracts - The Company contracts with several hospitals and other groups. These contracts are paid under a capitation fee or various other charge arrangements.

Notes to Financial Statement

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

Employee, Office Space and Equipment Leasing Agreement - The Company has an employee, office space and equipment leasing agreement with Total Health Care, Inc., its parent company, which is responsible for payment of most of the management, operational, and administrative expenses. Ultimate operational control rests with the board of directors of Total Health Care USA, Inc.

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

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

a. Statutory Purchase Method- None

b. Statutory Merger - None

c. Assumption Reinsurance – None

d. Impairment Loss – None

4. Discontinued Operations

None

5. Investments

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

b. Debt Restructuring – None

c. Reverse Mortgages – None

d. Loan-Backed Securities – None

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

f. Repurchase Agreements Transactions Accounted for as Secured Borrowing –None

g. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing –None

h. Repurchase Agreements Transactions Accounted for as a Sale – None

i. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None

j. Real Estate – None

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

l. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Assets	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	%	%

Notes to Financial Statement

b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
e. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale						
i. FHLB capital stock						
j. On deposit with states	1,028,846	1,021,430	7,416	95,230,495	1.08%	1.08%
k. On deposit with other regulatory bodies						
l. Pledged as collateral to FHLB (including assets backing funding agreements)						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets	1,028,846	1,021,430	7,416	95,230,495	1.08%	1.08%

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

(3) Detail of Other Restricted Assets – None

m. Working Capital Finance Investments - None

n. Offsetting and Netting of Assets and Liabilities - None

o. Structured Notes – Notes

p. 5* Securities – None

q. Short Sales –None

r. Prepayment Penalty and Acceleration Fees --None

6. Joint Ventures, Partnerships and Limited Liability Companies

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

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

7. Investment Income

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

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

Notes to Financial Statement

8. Derivative Instruments

None

9. Income Taxes

None

10. Information Concerning Parent, Subsidiaries and Affiliates

a, b, & c

The Company is a wholly owned subsidiary of Total Health Care, Inc., the parent company.

d. Amounts Due for or to Related Parties – At March 31, 2019 and December 31, 2018, the Company had amounts due from(to) parent of (\$429,293) and \$20,707 respectively, resulting from costs paid for the Company on behalf of the parent for operating expenses.

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

f. Material Employee, Office Space and Equipment Leasing Agreement – The Company has an employee, office space and equipment leasing agreement with Total Health Care, Inc. The agreement calls for Total Health Care, Inc. to provide personnel, office space, and supplies necessary to the Company in order for the Company to carry out its HMO business operations. The agreement calls for the Company to pay Total Health Care, Inc. 12-13 percent of the Company's gross revenue from the second preceding month after certain deductions. During 2019 and 2018 the Company paid \$6,067,629 and \$17,780,638 respectively, related to this agreement.

g. Common Control – All outstanding shares of Total Health Care USA, Inc. are owned by the Parent Company, Total Health Care, Inc, an insurance holding company domiciled in the State of Michigan.

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

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

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

k. Foreign Subsidiary - None

l. Downstream Noninsurance Holding Company – None

m. All SCA Investments – None

n. Investment in Insurance SCAs - None

11. Debt

None

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

a.- d. Defined Benefit Plan – None

e. Defined Contribution Plans – None.

f. Multi-Employer Plan – None

g. Consolidated/Holding Company Plans – None

h. Post-Employment Benefits and Compensated Absences – None

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

Notes to Financial Statement

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

- (1) The Company has issued no capital stock.
- (2) The Company has no preferred stock outstanding.
- (3) Dividends are paid as determined by the Board of Directors with the approval of the Commissioner of the State of Michigan Office of Insurance Regulation, as long as the Company meets or exceeds minimum surplus requirements.
- (4) During 2019 the Company did not pay dividends.
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being paid.
- (7) The Company has no advances to surplus not repaid.
- (8) The Company held no stock.
- (9) There were no changes to the balances of any special surplus funds from the prior year.
- (10) Portion of unassigned funds represented or reduced by unrealized gains or losses is \$0. The portion of unassigned funds represented or reduced by the change in non-admitted asset values is \$108,025 and \$129,853 at March 31, 2019 and December 31, 2018, respectively.
- (11) The Company did not issue any surplus debentures or similar obligations.
- (12) and (13) There have been no quasi-reorganizations.

14. Liabilities, Contingencies and Assessments

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

- a. Contingent Commitments – None
- b. Assessments – None
- c. Gain Contingencies – None
- d. Claims related extra contractual obligations and bad faith losses stemming from lawsuits – None
- e. Joint and Several Liabilities - None
- f. All Other Contingencies – There are no balances of assets covered by SSAP No. 6, Uncollected Premium Balances, Bills Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47, Uninsured Plans, or SSAP No. 66, Retrospectively Rated Contracts.

15. Leases

None

16. Information about Financial Instruments with off-balance sheet risk and financial instruments with concentrations of credit risk.

None

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

- a. Transfers of Receivables reported as Sales – None

Notes to Financial Statement

b. Transfer and Servicing of Financial Assets – None

c. Wash Sales – None

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

a. ASO Plans – None

b. ASC Plans – None.

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

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

None

20. Fair Value Measurements

The following table presents information about the Company's assets and liabilities measured at fair value at March 31, 2019, and the valuation techniques used by the Company to determine those fair values.

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

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

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

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

The fair value of bonds was determined primarily based on level 2 inputs. The Company obtains the fair value of these investments based on values determined and provided by the investment custodians.

A. (1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at Fair Value				
Perpetual Preferred Stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	-	1,028,846	-	1,028,846
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ -	\$ 1,028,846	\$ -	\$ 1,028,846
Common Stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative Assets				
Interest Rate Contracts	\$ -	\$ -	\$ -	\$ -
Foreign Exchange Contracts	-	-	-	-

Notes to Financial Statement

Credit Contracts	-	-	-	-
Commodity Futures Contracts	-	-	-	-
Commodity Forward Contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate Account Assets	\$ -	\$ -	\$ -	\$ -
Total Assets at Fair Value	\$ -	\$ 1,028,846	\$ -	\$ 1,028,846

b. Liabilities at Fair Value

Derivative Liabilities	\$ -	\$ -	\$ -	\$ -
Total Liabilities at Fair Value	\$ -	\$ -	\$ -	\$ -

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

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

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

(5) Derivative assets and liabilities- None

B. N/A

C. Aggregate Fair Value for all Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$ 1,028,846	\$ 1,028,846	\$ -	\$ 1,028,846	\$ -	\$ -
Cash	-	-	-	-	-	-
Short Term Certificates of Deposit	-	-	-	-	-	-
Money Market Funds	-	-	-	-	-	-
Totals	\$ 1,028,846	\$ 1,028,846	\$ -	\$ 1,028,846	\$ -	\$ -

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

E. N/A

21. Other Items

a. Extraordinary Items – None

b. Troubled Debt Restructuring – None

c. Other Disclosures and Unusual Items – Funds Maintained Under Statutory Requirements - The Company maintains segregated funds under statutory requirements to protect members and health care providers in the event the Company is unable to meet its contractual obligations. These funds can be issued only at the direction of the insurance commissioner in accordance with statutory and contractual provisions. At March 31, 2019 and December 31, 2018, \$1,028,846 and \$1,021,430, respectively were held in long-term certificates of deposit and money market funds to fulfill these requirements. Interest earned on these funds can be utilized by the Company.

Notes to Financial Statement

At March 31, 2019 and December 31, 2018, respectively the Company had admitted assets of \$3,543,288 and \$1,954,668, respectively, in health premiums due and unpaid for amounts due from subscribers, governmental entities, and other health care providers. The Company routinely assessed the collectability of these receivables and directly wrote off any uncollectible receivables accordingly. Receivables greater than 90 days are considered non-admitted for statutory purposes.

- d. Business Interruption Insurance Recoveries - None
- e. State Transferable and Non-transferable Tax Credits - None
- f. Subprime Mortgage Related Risk Exposure – None
- g. Retained Assets – None
- h. Insurance-Linked Securities (ILS) Contracts - None

22. Events Subsequent

Type I. – Recognized Subsequent Events –

Subsequent events have been considered through 02/27/2019 for the statutory statement issued on December 31, 2018.

None

Type II. – Non-recognized Subsequent Events –

Subsequent events have been considered through 02/27/2019 for the statutory statement issued on December 31, 2018.

The Company is subject to an annual fee under section 9010 of the Affordable care Act (ACA). This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. During 2018, legislation was enacted which suspends the collection of the health insurance provider fee for the 2019 calendar year only. As a result, health insurers, including the Company, are not required to pay the fee during 2019. As of March 31, 2019, the Company has written health insurance subject to the ACA assessment for 2020. The Company estimates their portion of the annual health insurance industry fee to be payable on September 30, 2020 to be \$366,789.

	<u>Current Year</u>	<u>Prior Year</u>
A. ACA fee assessment payable for the upcoming year	\$ 366,789	\$ -
B. ACA fee assessment paid	\$ -	\$ 1,090,642
C. Premium written subject to ACA 9010 assessment	\$ 52,249,214	\$ 53,604,895
D. Total Adjusted Capital before surplus adjustment	\$ 44,923,760	\$ 44,563,170
E. Authorized Control Level before surplus adjustment	\$ 5,891,033	\$ 5,891,033
F. Total Adjusted Capital after surplus adjustment	\$ 44,556,971	\$ 42,563,170
G. Authorized Control Level after surplus adjustment	\$ 5,891,033	\$ 5,891,033
H. Would reporting the ACA assessment as of Dec. 31, 2017 trigger an RBC action level? (YES/NO)	No	No

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (x)

Notes to Financial Statement

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

Yes () No (x)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (x)

a. Not Applicable

b. The Company had reinsurance recoverable receivables of \$241,478 and \$279,154 recorded at March 31, 2019 and December 31, 2018, respectively. In addition, the Company had \$0 in ACA transitional reinsurance recoverable receivables recorded at March 31, 2019 and December 31, 2018, respectively.

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

Yes () No (x)

Section 3 – Ceded Reinsurance Report – Part B

(1) The estimated reduction in surplus is zero.

(2) The Company has renewed an agreement with Star Line Group effective November 1, 2018. The reinsurance policy provides the same coverage's on an annual per member basis after a \$300,000 (Commercial-Group and Commercial Individual) deductible is reached. The maximum lifetime reinsurance indemnity payable under each agreement is \$2,000,000 per member. The reinsurance policy, which was negotiated in conjunction with the Company's parent, Total Health Care, Inc., also provides for a retained corridor adjustment to reinsurance recoverables. The corridor is equal to the lower of 1) 50% of reinsurance premiums paid for the policy by both the Company and Total health Care, Inc. or 2) the sum of 0.73 times the number of commercial members (of both the Company and Total Health Care, Inc.) and 0.59 times the number of Medicaid (non-CSHCS) members (of Total Health Care, Inc.) during the policy period. The retained corridor will be calculated upon expiration of the policy and will be allocated to the Company based on its share of the policy reserves.

B. Uncollectible Reinsurance – None

C. Commutation of Ceded Reinsurance – None

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

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

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

C. The amount of net premiums written by the Company at December 31, 2018 that are subject to retrospective rating features was \$149,961,343 that represented 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. At December 31, 2018, the Company had medical loss ratio rebates payable of \$4,649,193. At December 31, 2017, the Company had medical loss ratio rebates payable of \$3,964,189. For December 31, 2017 the actual rebate amounts paid to subscribers was \$6,854,651. The difference between the amount estimated at December 31, 2017 and the amount paid during 2018 related primarily to actual claim experience being more favorable than estimated and changes in the Risk Adjustment estimate for the 2017 plan year.

Notes to Financial Statement

	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	-	2,250,395	2,398,798	-	4,469,193
(2) Medical loss ratio rebates paid	1,734,310	3,003,425	2,116,916	-	6,854,651
(3) Medical loss ratio rebates unpaid	-	2,250,395	2,398,798	-	4,649,193
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	XXX
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	XXX
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	XXX
Current Reporting Year-to-Date					
(1) Medical loss ratio rebates incurred	-	-	-	-	-
(2) Medical loss ratio rebates paid	-	-	-	-	-
(3) Medical loss ratio rebates unpaid	-	2,250,395	2,398,798	-	4,649,193
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	XXX
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	XXX
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	4,649,193

E. Risk Sharing Provisions of the Affordable Care Act

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

The Company recorded \$2,632,500 and \$10,530,000 due for risk adjustment for 2019 and 2018.

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

	December 31, 2017	December 31, 2016
	Amount	Amount
a. Permanent ACA Risk Adjustment Program		
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ 0	\$ -
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 49,436	\$ 38,864
3. Premium adjustments payable due to ACA Risk Adjustment	\$ 13,162,500	\$ 10,530,000
Operations (Revenue & Expenses)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (2,586,220)	\$ (8,213,317)
5. Reported in expenses as ACA risk adjustment user fees (incurred/Paid)	\$ 10,572	\$ 39,047
b. Transitional ACA Reinsurance Program		
Assets		
1. Amount recoverable for claims paid due to ACA Reinsurance	\$ -	\$ -
2. Amount recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -	\$ -
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -	\$ -
Liabilities		

Notes to Financial Statement

4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$	-	\$	-
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$	-	\$	-
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	-	\$	-
Operations (Revenue & Expenses)				
7. Ceded reinsurance premiums due to ACA Reinsurance	\$	-	\$	-
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$	-	\$	-
9. ACA Reinsurance contributions - not reported as ceded premium	\$	-	\$	-
<u>c. Temporary ACA Risk Corridors Program</u>				
Assets				
1. Accrued retrospective premiums due to ACA Risk Corridors	\$	-	\$	-
Liabilities				
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	-	\$	-
Operations (Revenue & Expenses)				
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$	-	\$	-
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	-	\$	-

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

	Accrued During the Prior Year on Business		Received or Paid as of the Current Year on Business		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
	Written Before December 31 of the Prior Year		Business Written Before December 31 of the Prior Year		Prior Year Accrued	Prior Year Accrued	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior years (Col 1-3+7)	Cumulative Balance from Prior years (Col 2-4+8)
	1	2	3	4	5	6	7	8	9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable	-	-	46,820	-	(46,820)	-	46,820	-	A	-
2. Premium adjustments (payable)	-	10,530,000	-	-	-	10,530,000	-	-	B	10,530,000
3. Subtotal ACA Permanent										
Risk Adjustment Program										
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	-	-	-	-	-	-	-	-	C	-
2. Amounts recoverable for Claims unpaid (contra liability)	-	-	-	-	-	-	-	-		-

Notes to Financial Statement

3. Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	-	-	-
4. Liabilities for contributions payable due to ACA											
Reinsurance - not reported as ceded premiums	-	-	-	-	-	-	-	-	-	-	-
5. Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	-	-	-
6. Liability for amounts held											
uninsured plans	-	-	-	-	-	-	-	-	-	-	-
7. Subtotal ACA Transitional Reinsurance Program	2,692		-			-		-		2,692	-
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	-	-	-	-	-	-	-	-	-	-	-
2. Reserve for rate credits or policy experience rating refunds	-		-		-		-		-	-	-
3. Subtotal ACA Risk Corridors Program	-		-		-		-		-	-	-
d. Total for ACA Risk Sharing											
Provisions	\$ 669,606	\$ (759,000)	\$ 2,224,597	\$ 0	\$ (1,554,991)	\$ (759,000)	\$ 1,557,683	\$ 759,000	\$ 2,692	\$ -	

Explanations of Adjustments

A) Adjustment based on CMS final results to increase receivable

B) Adjustment based on CMS final results from payable to receivable

C) Adjustment based on CMS final results to increase receivable

(4) Roll Forward of ACA Risk Corridor Asset and Liability Balances: Not Applicable

(5) ACA Risk Corridor Receivable: Not Applicable

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2018 were \$11,406,127. As of March 31, 2019, \$7,800,959 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$3,605,168 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive Medical lines of business. Therefore, there has been a \$0 prior-year development since December 31, 2018 to March 31, 2019. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company

Notes to Financial Statement

experienced \$0 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

Reserves as of December 31, 2017 were \$10,280,811. As of December 31, 2018, \$9,014,332 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive Medical lines of business. Therefore, there has been a \$1,266,479 favorable prior-year development since December 31, 2017 to December 31, 2018. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$1,266,479 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

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

Pharmaceutical rebates receivable at both March 31, 2019 and December 31, 2018 were \$0. Rebates are netted with pharmacy expense. During 2019 and 2018, pharmacy rebates in the amount of \$846,802 and \$3,492,451 respectively, were collected.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/ Confirmed	Actual Rebates Collected Within 90 Days of Invoicing/ Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/ Confirmation	Actual Rebates Collected More Than 180 Days After Invoicing/ Confirmation
3/31/19	846,802	846,802	846,802	-	-
12/31/18	965,711	965,711	965,711	-	-
9/30/18	922,415	922,415	922,415	-	-
6/30/18	842,001	842,001	842,001	-	-
3/31/18	762,324	762,324	762,324	-	-
12/31/17	311,592	311,592	311,592	-	-
9/30/17	323,795	323,795	323,795	-	-
6/30/17	325,485	325,485	325,485	-	-
3/31/17	285,462	285,462	285,462	-	-
12/31/16	191,412	191,412	191,412	-	-
9/30/16	178,109	178,109	178,109	-	-
6/30/16	152,869	152,869	152,869	-	-
3/31/16	110,335	110,335	110,335	-	-

Health care receivables include the following amounts related to specialty pool receivables:

Calendar Year	Evaluation Period Year Ending	Risk-Sharing Receivable as Estimated in the Prior Year	Risk-Sharing Receivable as Estimated in the Current Year	Risk-Sharing Receivable Billed	Risk-Sharing Receivable Not Yet Billed	Actual Risk-Sharing Amounts Received in Year Billed	Actual Risk-Sharing Amounts Received First Year Subsequent	Actual Risk-Sharing Amounts Received Subsequent
---------------	-------------------------------	--	--	--------------------------------	--	---	--	---

Notes to Financial Statement

2018	2018	\$ 635,139	\$ 98,318	\$ 733,457	\$ -	\$ 733,457	\$ -	\$
	2019	\$ -	\$ 710,179	\$ -	\$ 710,179	\$ -	\$ -	\$
2017	2017	\$ 641,320	\$ 49,735	\$ 691,055	\$ -	\$ 691,055	\$ -	\$
	2018	\$ -	\$ 635,139	\$ -	\$ 635,139	\$ -	\$ -	\$
2016	2016	\$ 611,734	\$ 129,544	\$ 741,278	\$ -	\$ 741,278	\$ -	\$
	2017	\$ -	\$ 641,320	\$ -	\$ 641,320	\$ -	\$ -	\$

29. Participating Policies

None

30. Premium Deficiency Reserves – No Change

- | | |
|---|--|
| 1. Liability carried for premium deficiency reserves | \$0 |
| 2. Date of the most recent evaluation of this liability | 02/27/2019 |
| 3. Was anticipated investment income utilized? | Yes <input type="radio"/> No <input checked="" type="checkbox"/> |

31. Anticipated Salvage and Subrogation

Loss reserves have not been reduced for any salvage or subrogation. During 2018 and 2017, the Company received subrogation totaling \$221,652 and \$167,108, respectively.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

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

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

- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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

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

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

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 03/31/2017
- 6.4 By what department or departments?
MICHIGAN DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[X] No[] N/A[]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]

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

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... No .....	..... No .....	..... No .....	..... No

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

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 20,707

INVESTMENT

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

- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ 0

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

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

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

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

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

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
COMERICA BANK - Carol Morga	611 WOODWARD AVE., DETROIT, MI 48226
.....

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

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

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1 Name of Firm or Individual	2 Affiliation
Comerica Securities - Carol Morga	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes[X] No[]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes[X] No[]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
17079	Comerica Securities .....	.....	SEC	DS

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[] No[X]

18.2 If no, list exceptions:
 NOT REQUIRED BY STATE OF DOMICILE

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
 Has the reporting entity self-designated 5GI securities? Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018 .
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

- | | | |
|---|---------|--------------|
| 1. Operating Percentages: | | |
| 1.1 A&H loss percent | ..... | 75.570% |
| 1.2 A&H cost containment percent | ..... | 0.230% |
| 1.3 A&H expense percent excluding cost containment expenses | ..... | 15.650% |
| 2.1 Do you act as a custodian for health savings accounts? | | Yes[] No[X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. | \$..... | 0 |
| 2.3 Do you act as an administrator for health savings accounts? | | Yes[] No[X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date. | \$..... | 0 |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | | Yes[] No[X] |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | | Yes[] No[X] |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Direct Business Only							
		1	2	3	4	5	6	7	8	9
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	L	52,249,214						52,249,214	
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	N								
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	N								
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	X X X								
59. Subtotal	X X X	52,249,214						52,249,214	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	X X X	52,249,214						52,249,214	
DETAILS OF WRITE-INS									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG

E Eligible - Reporting entities eligible or approved to write surplus lines in the state

N None of the above Not allowed to write business in the state

1

R Registered - Non-domiciled RRGs

Q Qualified - Qualified or accredited reinsurer

56

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	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)	*
1238 ..	TOTAL HEALTH GROUP	95644	38-2018957 ..	.....	.....	.....	TOTAL HEALTH CARE INC .....	.. MI ..	.. UDP ..	.....	.....	.....	.....	.. N .....	.....
1238 ..	TOTAL HEALTH GROUP	12326	38-3240485 ..	.....	.....	.....	TOTAL HEALTH CARE USA INC .....	.. MI ..	.. RE ..	TOTAL HEALTH CARE INC	Ownership	100.0	TOTAL HEALTH CARE INC .....	.. N .....	.....

Asterisk	Explanation
0000001

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



12326201936500001

2019

Document Code: 365

STATEMENT OF REVENUE AND EXPENSES (Continued)

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

SCHEDULE A - VERIFICATION**Real Estate**

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

NONE**SCHEDULE B - VERIFICATION****Mortgage Loans**

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

NONE**SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

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

NONE**SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	994,043	995,850
2. Cost of bonds and stocks acquired	250,000	
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	4,187	(1,808)
5. Total gain (loss) on disposals	2,549	
6. Deduct consideration for bonds and stocks disposed of	252,549	
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	998,230	994,043
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	998,230	994,043

SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	994,043	252,549	252,549	4,187	998,230			994,043
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	994,043	252,549	252,549	4,187	998,230			994,043
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	994,043	252,549	252,549	4,187	998,230			994,043

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

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SI03 Schedule DA Part 1 NONE

SI03 Schedule DA Verification NONE

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION**(Cash Equivalents)**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	950,491	611,162
2.	Cost of cash equivalents acquired	1,281,899	5,024,221
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	1,500,000	4,684,892
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	732,390	950,491
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	732,390	950,491

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation and Administrative Symbol/ Market Indicator (a)
Bonds - Industrial and Miscellaneous (Unaffiliated)									
949763XG6	Wells Fargo Bk N A Sioux Falls		01/23/2019	Comerica Bank	X X X	250,000	250,000		1FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	250,000	250,000		X X X
8399997	Subtotal - Bonds - Part 3				X X X	250,000	250,000		X X X
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X	250,000	250,000		X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999999	Subtotal - Preferred Stocks				X X X		X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X		X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X		X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	250,000	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n Date	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation and Admini- strative Symbol/ Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
Bonds - Industrial and Miscellaneous (Unaffiliated)																						
140420U32	Capital One Bk USA Natl Assn Gle		01/25/2019	COMERICA BANK	X X X	250,000	250,000	250,000	249,880	120			120		250,000				1,953		1FE	
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	250,000	250,000	250,000	249,880	120			120		250,000				1,953	X X X	X X X	
8399997	Subtotal - Bonds - Part 4				X X X	250,000	250,000	250,000	249,880	120			120		250,000				1,953	X X X	X X X	
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X	250,000	250,000	250,000	249,880	120			120		250,000				1,953	X X X	X X X	
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
8999999	Subtotal - Preferred Stocks				X X X		X X X													X X X	X X X	
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X		X X X													X X X	X X X	
9899999	Subtotal - Preferred and Common Stocks				X X X		X X X													X X X	X X X	
9999999	Total - Bonds, Preferred and Common Stocks				X X X	250,000	X X X	250,000	249,880	120			120		250,000				1,953	X X X	X X X	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

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

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

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

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
open depositories								
FIRST INDEPENDENCE NAT'L BANK	FINB, DETROIT, MI				993	1,000	1,000	X X X
COMERICA BANK	COMERICA, DETROIT, MI	2.290	332,235	358,006	57,515,421	62,113,546	70,291,780	X X X
Bank Of America	BANK OF AMERICA, DETROIT, MI				621,360	585,343	575,870	X X X
Stride Bank	STRIDE BANK, OKLAHOMA CITY, OK						1,966,484	X X X
Bank of Belleville	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Bank of the Ozarks	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Bofi Federal Bank	FINB - CDARS	06/20/2019	2.160	1,146	67,624	67,624	67,624	X X X
BOKF, National Association	FINB - CDARS	06/20/2019	2.160	1,174	69,291	69,291	69,291	X X X
California Bank of Commerce	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Centennial Bank	FINB - CDARS	06/20/2019	2.160	2,686	158,463	158,463	158,463	X X X
Citizens National Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Community Bank of the Chesapeake	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
East West Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
First Bank of Highland Park	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
First Business Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
First Federal Bank of the Midwest	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
First Liberty Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Franklin Synergy Bank	FINB - CDARS	06/20/2019	2.160	1,707	100,714	100,714	100,714	X X X
High Plains Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Iberiabank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Independent Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
John Marshall Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
MainStreet Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Mid Penn Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Morton Community Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
National Cooperative Bank, NA	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Pinnacle Bank ? Wyoming	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Rockford Bank and Trust Company	FINB - CDARS	06/20/2019	2.160	305	18,000	18,000	18,000	X X X
Salisbury Bank and Trust Company	FINB - CDARS	06/20/2019	2.160	1,009	59,538	59,538	59,538	X X X
SpiritBank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Stockmans Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
TriStar Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
TriState Capital Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Union Bank & Trust	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
Wellington State Bank	FINB - CDARS	06/20/2019	2.160	4,084	241,000	241,000	241,000	X X X
West Bank	FINB - CDARS	06/20/2019	2.160	3,413	201,369	201,369	201,369	X X X
Bank of America, N.A.	FINB - CDARS	06/27/2019	2.160	3,322	201,000	201,000	201,000	X X X
Bank of Blue Valley	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
Bankers Bank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
Banterra Bank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
BOKF, National Association	FINB - CDARS	06/27/2019	2.160	2,838	171,709	171,709	171,709	X X X
Citizens First Bank	FINB - CDARS	06/27/2019	2.160	672	40,647	40,647	40,647	X X X
Cmty Bank of Oak Park River Forest	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
Cornerstone Bank	FINB - CDARS	06/27/2019	2.160	2,717	164,394	164,394	164,394	X X X
CrossFirst Bank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
EagleBank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
Farmers and Merchants Union Bank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
First Carolina Bank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
InterBank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
Investors Community Bank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
Mabrey Bank	FINB - CDARS	06/27/2019	2.160	3,606	218,195	218,195	218,195	X X X
Old Line Bank	FINB - CDARS	06/27/2019	2.160	2,387	144,425	144,425	144,425	X X X
Pacific Western Bank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
Renasant Bank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
Republic Bank of Arizona	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
Southern States Bank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
SouthPoint Bank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
The State Bank and Trust Company	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
TIAA, FSB	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
Traditional Bank, Inc.	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
Upqua Bank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
Valley National Bank	FINB - CDARS	06/27/2019	2.160	3,983	241,000	241,000	241,000	X X X
West Bank	FINB - CDARS	06/27/2019	2.160	655	39,631	39,631	39,631	X X X
State Bk & Tr Co Macon GA 1.75%	Comerica Bank	12/31/2018	1.750	360				X X X
Sonabank Natl Assn Charlottesville 1.85%	Comerica Bank	12/28/2018	1.850	367				X X X
Sussexbank Franklin NJ Ctf Dep 1.90%	Comerica Bank	01/28/2019	1.900	3,982				X X X
Compass Bk Birmingham ALA 2.00%	Comerica Bank	01/18/2019	2.000	3,767				X X X
Homestreet Bk Seattle Wash 1.90%	Comerica Bank	01/24/2019	1.900	403				X X X

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9	
					6	7	8		
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*	
Bank India New York BRH 2.10%	Comerica Bank	02/27/2019	2.100	3,912		249,980			X X X
BMO Harris Bk Natl Assn Chicago 2.2%	Comerica Bank	04/18/2019	2.200		3,873	249,953	249,983	249,987	X X X
Riverland Bk Jordan Minn 2.2%	Comerica Bank	05/28/2019	2.200	1,356	75	249,890	249,940	249,957	X X X
Veritex Community Bank, National 2.15%	Comerica Bank	04/30/2019	2.150	1,325	59	249,905	249,965	249,977	X X X
Bridgewater Savings Bank 2.15%	Comerica Bank	05/31/2019	2.150		3,137	249,828	249,888	249,917	X X X
Synchrony Bk Retail CTF Dep Prog 2.1%	Comerica Bank	05/10/2019	2.100			249,838	249,910	249,940	X X X
Centerstate Bank of Florida, Nat. 2.3%	Comerica Bank	07/29/2019	2.300	1,418	63	249,878	249,963	249,942	X X X
Bank of China LTD New York Branch 2.45%	Comerica Bank	08/29/2019	2.450		2,064	250,020	250,100	250,048	X X X
Centier Bk Whiting Ind 2.5%	Comerica Bank	09/16/2019	2.500		2,329	250,073	250,160	250,098	X X X
First Security Bank of Washington 2.65%	Comerica Bank	10/31/2019	2.650	1,634	72	250,320	250,430	250,340	X X X
Pilot Bk Tampa Fla 2.55%	Comerica Bank	09/23/2019	2.550	1,572	192	250,168	250,253	250,183	X X X
Touchmark Natl Bk Norcross GA 2.6%	Comerica Bank	10/28/2018	2.600	1,603	71	250,233	250,345	250,265	X X X
Bank of Baroda New York Branch 2.4%	Comerica Bank	10/30/2019	2.400		1,003	249,858	250,010	249,960	X X X
Portage Cnty Bk Almond Wis 2.4%	Comerica Bank	10/30/2019	2.400	970	66	249,858	250,018	249,975	X X X
Security Bank of Pulaski County 2.5%	Comerica Bank	12/11/2019	2.500	1,010	359	249,975	250,150	250,108	X X X
Sunflower Bank N A (Colorado) 2.5%	Comerica Bank	10/25/2019	2.500	1,010	120	250,050	250,183	250,123	X X X
Hancock Whitney Bank (Mississippi) 2.4%	Comerica Bank	11/29/2019	2.400		526		249,985	249,940	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories	X X X	X X X							X X X
0199999 Totals - Open Depositories	X X X	X X X	356,924	581,412	74,637,601	79,201,172	89,335,894	X X X	
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories	X X X	X X X							X X X
0299999 Totals - Suspended Depositories	X X X	X X X							X X X
0399999 Total Cash On Deposit	X X X	X X X	356,924	581,412	74,637,601	79,201,172	89,335,894	X X X	
0499999 Cash in Company's Office	X X X	X X X	X X X	X X X					X X X
0599999 Total Cash	X X X	X X X	356,924	581,412	74,637,601	79,201,172	89,335,894	X X X	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Bonds - SVO Identified Funds - Bond Mutual Funds as Identified by the SVO								
				0.000				
				0.000				
5999999	Subtotal - Bonds - SVO Identified Funds - Bond Mutual Funds as Identified by the SVO							
6099999	Subtotal - Bonds - SVO Identified Funds							
8199999	Subtotal - Bonds - SVO Identified Funds							
8399999	Subtotal - Bonds - Total Bonds							
Exempt Money Market Mutual Funds - as Identified by SVO								
09248U551	Blackrock Treasury Trust Fund	SD	10/04/2018	2.050	X X X	30,617	59	681
09248U551	Blackrock Treasury Trust Fund	O	10/04/2018	2.050	X X X	701,772	1,354	3,979
8599999	Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO							
						732,389	1,413	4,660
8899999	Total - Cash Equivalents							
						732,389	1,413	4,660

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Treasury Stock; Q3; Q5
Uninsured Accident and Health; Q2; Q3; Q10, Note 18
Valuation Allowance; QSI01
Wash Sales; Q10, Note 17
Withholds; Q4; Q8