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ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2015

OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, LLC

NAIC Group Code 00000 (Current Period), 00000 (Prior Period) NAIC Company Code 52615 Employer's ID Number 46-0927995

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

Country of Domicile United States

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

Incorporated/Organized 10/14/1997 Commenced Business 08/01/1998

Statutory Home Office 228 W. Washington St. (Street and Number), Marquette, MI, US 49855 (City or Town, State, Country and Zip Code)

Main Administrative Office 228 W. Washington St. (Street and Number)
Marquette, MI, US 49855 (City or Town, State, Country and Zip Code) 906-225-7500 (Area Code) (Telephone Number)

Mail Address 228 W. Washington St. (Street and Number or P.O. Box), Marquette, MI, US 49855 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 228 W. Washington St. (Street and Number)
Marquette, MI, US 49855 (City or Town, State, Country and Zip Code), 906-225-7500 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address N/A

Statutory Statement Contact Regina Marie Bergh (Name), 906-225-7500 (Area Code) (Telephone Number) (Extension)
rmbergh@uphp.com (E-Mail Address) 906-225-8687 (Fax Number)

OFFICERS

Name	Title	Name	Title
Dennis Harold Smith	President	Regina Marie Bergh	Treasurer
James Steven Bogan	Chairman		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Michelle Marie Tavernier	David Barry Jahn	John Joseph Schon	Heather Anne Smith
James Steven Bogan	Charles Edward Nelson	Robert Vincent Vairo	Scott Frederick Pillion

State of Michigan
County of Marquette
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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.

Dennis Harold Smith President	Regina Marie Bergh Treasurer	James Steven Bogan Chairman

Subscribed and sworn to before me this 23rd day of February, 2016

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

Theresa Y. Stewart, Physician Services Coordinator
May 20, 2019

ASSETS

	Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1. Bonds (Schedule D)	12,418,126		12,418,126	11,592,337
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $ ..... encumbrances)	3,976,123		3,976,123	0
4.2 Properties held for the production of income (less $ ..... encumbrances)			0	0
4.3 Properties held for sale (less $ ..... encumbrances)			0	0
5. Cash ($ 56,983,651 , Schedule E-Part 1), cash equivalents ($ 0 , Schedule E-Part 2) and short-term investments ($ 0 , Schedule DA)	56,983,651		56,983,651	33,357,223
6. Contract loans (including $ ..... premium notes)			0	0
7. Derivatives (Schedule DB)	0		0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	73,377,900	0	73,377,900	44,949,560
13. Title plants less $ ..... charged off (for Title insurers only)			0	0
14. Investment income due and accrued	46,904		46,904	48,209
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,284,263		2,284,263	5,571
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums ($ 23,000) and contracts subject to redetermination ($ .....)	23,000		23,000	8,000
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	1,439,000		1,439,000	341,000
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	267,178	0	267,178	11,445
21. Furniture and equipment, including health care delivery assets ($ .....)	477,510	477,510	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care ($ .....) and other amounts receivable		0	0	830,400
25. Aggregate write-ins for other-than-invested assets	843,588	843,588	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	78,759,343	1,321,098	77,438,245	46,194,185
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	78,759,343	1,321,098	77,438,245	46,194,185
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaids	843,588	843,588	0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	843,588	843,588	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year 1 Covered	Current Year 2 Uncovered	Current Year 3 Total	Prior Year 4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)	34,893,058		34,893,058	20,850,704
2. Accrued medical incentive pool and bonus amounts	0		0	0
3. Unpaid claims adjustment expenses	240,000		240,000	285,000
4. Aggregate health policy reserves, including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act	2,323,934		2,323,934	36,000
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	382		382	196
9. General expenses due or accrued	3,063,121		3,063,121	1,515,018
10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified ($ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	656,000		656,000	0
23. Aggregate write-ins for other liabilities (including $ ..... current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	41,176,495	0	41,176,495	22,686,918
25. Aggregate write-ins for special surplus funds	XXX	XXX	2,159,115	0
26. Common capital stock	XXX	XXX	3,582,870	3,582,870
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX		0
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	30,519,765	19,924,395
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 $ .....)	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 $ .....)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	36,261,750	23,507,265
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	77,438,245	46,194,183
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501. ACA Tax	XXX	XXX	2,159,115	0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	2,159,115	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1. Member Months	XXX	544,609	448,122
2. Net premium income (including $ 0 non-health premium income)	XXX	247,763,122	150,291,589
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of $ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	295,080	112,172
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	248,058,202	150,403,761
Hospital and Medical:			
9. Hospital/medical benefits		155,116,701	95,398,949
10. Other professional services		15,476,247	7,389,249
11. Outside referrals			0
12. Emergency room and out-of-area		6,800,013	4,274,875
13. Prescription drugs		31,815,270	21,622,471
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			0
16. Subtotal (Lines 9 to 15)	0	209,208,231	128,685,544
Less:			
17. Net reinsurance recoveries		126,667	320,298
18. Total hospital and medical (Lines 16 minus 17)	0	209,081,564	128,365,246
19. Non-health claims (net)			0
20. Claims adjustment expenses, including $ 385,735 cost containment expenses		1,357,156	1,140,338
21. General administrative expenses		24,713,442	16,445,926
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22)	0	235,152,162	145,951,510
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	12,906,040	4,452,251
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		167,312	110,250
26. Net realized capital gains (losses) less capital gains tax of $			1,432
27. Net investment gains (losses) (Lines 25 plus 26)	0	167,312	111,682
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]		0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	13,073,352	4,563,933
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	13,073,352	4,563,933
DETAILS OF WRITE-INS			
0601. Miscellaneous Revenue	XXX	295,080	112,172
0602.	XXX		0
0603.	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	295,080	112,172
0701.	XXX		0
0702.	XXX		0
0703.	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			0
1402.			0
1403.			0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
2901.			0
2902.			0
2903.			0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	23,507,265	19,243,920
34.	Net income or (loss) from Line 32	13,073,352	4,563,933
35.	Change in valuation basis of aggregate policy and claim reserves		0
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)		0
38.	Change in net deferred income tax		0
39.	Change in nonadmitted assets	(318,868)	(260,588)
40.	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles		0
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)		0
	44.3 Transferred to surplus		0
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital		0
46.	Dividends to stockholders		0
47.	Aggregate write-ins for gains or (losses) in surplus	0	(40,000)
48.	Net change in capital and surplus (Lines 34 to 47)	12,754,484	4,263,345
49.	Capital and surplus end of reporting year (Line 33 plus 48)	36,261,749	23,507,265
DETAILS OF WRITE-INS			
4701.	Audit Entry		(40,000)
4702.			0
4703.			0
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	(40,000)

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	247,757,550	150,053,352
2. Net investment income	243,566	256,948
3. Miscellaneous income	295,080	112,172
4. Total (Lines 1 through 3)	248,296,196	150,422,472
5. Benefit and loss related payments	194,208,810	119,596,502
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	25,009,495	16,561,917
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	219,218,305	136,158,419
11. Net cash from operations (Line 4 minus Line 10)	29,077,891	14,264,053
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	5,000,000	3,540,257
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	5,000,000	3,540,257
13. Cost of investments acquired (long-term only):		
13.1 Bonds	5,900,738	4,308,287
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	3,976,123	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	9,876,861	4,308,287
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(4,876,861)	(768,030)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(574,601)	(304,691)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(574,601)	(304,691)
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)	23,626,429	13,191,332
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	33,357,222	20,165,890
19.2 End of year (Line 18 plus Line 19.1)	56,983,651	33,357,222

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	247,763,122	2,418,435	0	0	0	0	31,192,321	214,152,366	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $ ..... medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	295,080	0	0	0	0	0	0	295,080	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	248,058,202	2,418,435	0	0	0	0	31,192,321	214,447,446	0	0
8. Hospital/medical benefits	155,116,702	975,062					20,107,809	134,033,831		XXX
9. Other professional services	15,476,248	74,708					3,786,672	11,614,868		XXX
10. Outside referrals	0	0								XXX
11. Emergency room and out-of-area	6,800,014	73,392					1,513,491	5,213,131		XXX
12. Prescription drugs	31,815,270	387,962					6,717,156	24,710,152		XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	209,208,234	1,511,124	0	0	0	0	32,125,128	175,571,982	0	XXX
16. Net reinsurance recoveries	126,667							126,667		XXX
17. Total hospital and medical (Lines 15 minus 16)	209,081,567	1,511,124	0	0	0	0	32,125,128	175,445,315	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including $ 385,735 cost containment expenses	1,357,154	13,247					170,860	1,173,047		
20. General administrative expenses	24,713,442	174,764					1,863,104	22,675,574		
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	235,152,163	1,699,135	0	0	0	0	34,159,092	199,293,936	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	12,906,039	719,300	0	0	0	0	(2,966,771)	15,153,510	0	0
DETAILS OF WRITE-INS										
0501. Miscellaneous Revenue	295,080							295,080		XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	295,080	0	0	0	0	0	0	295,080	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	2,434,080		15,645	2,418,435
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare	31,222,295		29,974	31,192,321
7. Title XIX - Medicaid	214,570,397		418,031	214,152,366
8. Other health				0
9. Health subtotal (Lines 1 through 8)	248,226,772	0	463,650	247,763,122
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	248,226,772	0	463,650	247,763,122

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	195,165,881	1,642,124					27,293,128	166,230,629		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	126,667							126,667		
1.4 Net	195,039,214	1,642,124	0	0	0	0	27,293,128	166,103,962	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	34,893,058	0	0	0	0	0	5,651,000	29,242,058	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	34,893,058	0	0	0	0	0	5,651,000	29,242,058	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	20,850,704	131,000	0	0	0	0	819,000	19,900,704	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	20,850,704	131,000	0	0	0	0	819,000	19,900,704	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct	209,208,235	1,511,124	0	0	0	0	32,125,128	175,571,983	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	126,667	0	0	0	0	0	0	126,667	0	0
12.4 Net	209,081,568	1,511,124	0	0	0	0	32,125,128	175,445,316	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1. Direct	0									
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1. Direct	34,882,137	0					5,651,000	29,231,137		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	34,882,137	0	0	0	0	0	5,651,000	29,231,137	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	10,921							10,921		
3.2. Reinsurance assumed	0									
3.3. Reinsurance ceded	0									
3.4. Net	10,921	0	0	0	0	0	0	10,921	0	0
4. TOTALS:										
4.1. Direct	34,893,058	0	0	0	0	0	5,651,000	29,242,058	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	34,893,058	0	0	0	0	0	5,651,000	29,242,058	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	111,646	1,530,478	0	0	111,646	131,000
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	1,069,500	26,223,628	4,000	5,647,000	1,073,500	819,000
7. Title XIX - Medicaid	14,754,364	151,349,598	23,000	29,219,058	14,777,364	19,900,704
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	15,935,510	179,103,704	27,000	34,866,058	15,962,510	20,850,704
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	15,935,510	179,103,704	27,000	34,866,058	15,962,510	20,850,704

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	1,412	1,412	1,412	1,412	1,412
2. 2011	356	409	409	409	409
3. 2012	XXX	438	490	490	490
4. 2013	XXX	XXX	564	709	709
5. 2014	XXX	XXX	XXX	1,089	1,201
6. 2015	XXX	XXX	XXX	XXX	1,530

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	1,713	1,713	2,013	2,013	2,013
2. 2011	457	510	510	510	510
3. 2012	XXX	513	562	562	562
4. 2013	XXX	XXX	664	809	809
5. 2014	XXX	XXX	XXX	1,220	1,332
6. 2015	XXX	XXX	XXX	XXX	1,399

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011	379	409	4	1.0	413	109.0	0	0	413	109.0
2. 2012	557	490	6	1.2	496	89.0	0	0	496	89.0
3. 2013	827	709	7	1.0	716	86.6	0	0	716	86.6
4. 2014	1,844	1,201	14	1.2	1,215	65.9	0	0	1,215	65.9
5. 2015	2,418	1,530	13	0.8	1,543	63.8	0	0	1,543	63.8

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	0	0	0	0	0
2. 2011	388	689	689	689	689
3. 2012	XXX	3,647	4,354	4,354	4,354
4. 2013	XXX	XXX	4,912	5,600	5,600
5. 2014	XXX	XXX	XXX	5,854	6,924
6. 2015	XXX	XXX	XXX	XXX	26,223

Section B - Incurred Health Claims - Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	0	0	0	0	0
2. 2011	78	371	371	371	371
3. 2012	XXX	2,134	2,854	2,854	2,854
4. 2013	XXX	XXX	4,125	4,799	4,799
5. 2014	XXX	XXX	XXX	5,050	6,124
6. 2015	XXX	XXX	XXX	XXX	31,052

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Medicare

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011	358	689	3	0.4	692	193.3	0	0	692	193.3
2. 2012	3,412	4,354	34	0.8	4,388	128.6	0	0	4,388	128.6
3. 2013	5,117	5,600	43	0.8	5,643	110.3	0	0	5,643	110.3
4. 2014	6,595	6,924	50	0.7	6,974	105.7	4	0	6,978	105.8
5. 2015	31,192	26,223	171	0.7	26,394	84.6	5,647	0	32,041	102.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	481,872	481,872	481,872	481,872	481,872
2. 2011	73,293	83,391	83,391	83,391	83,391
3. 2012	XXX	75,950	85,734	85,734	85,734
4. 2013	XXX	XXX	83,361	93,169	93,169
5. 2014	XXX	XXX	XXX	102,565	117,319
6. 2015	XXX	XXX	XXX	XXX	151,350

Section B – Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	485,879	485,879	485,879	485,879	485,879
2. 2011	86,266	96,381	96,381	96,381	96,381
3. 2012	XXX	86,668	96,467	96,467	96,467
4. 2013	XXX	XXX	94,281	104,089	104,089
5. 2014	XXX	XXX	XXX	122,466	137,243
6. 2015	XXX	XXX	XXX	XXX	160,668

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011	94,388	83,391	902	1.1	84,293	89.3	0	0	84,293	89.3
2. 2012	93,681	85,734	940	1.1	86,674	92.5	0	0	86,674	92.5
3. 2013	101,202	93,169	847	0.9	94,016	92.9	0	0	94,016	92.9
4. 2014	141,853	117,319	1,076	0.9	118,395	83.5	23	0	118,418	83.5
5. 2015	214,152	151,350	1,173	0.8	152,523	71.2	29,219	240	181,982	85.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	483,284	483,284	483,284	483,284	483,284
2. 2011	74,037	84,489	84,489	84,489	84,489
3. 2012	XXX	80,035	90,578	90,578	90,578
4. 2013	XXX	XXX	88,837	99,478	99,478
5. 2014	XXX	XXX	XXX	109,508	125,444
6. 2015	XXX	XXX	XXX	XXX	179,103

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	487,592	487,592	487,892	487,892	487,892
2. 2011	86,801	97,262	97,262	97,262	97,262
3. 2012	XXX	89,315	99,883	99,883	99,883
4. 2013	XXX	XXX	99,070	109,697	109,697
5. 2014	XXX	XXX	XXX	128,736	144,699
6. 2015	XXX	XXX	XXX	XXX	193,119

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011	95,125	84,489	909	1.1	85,398	89.8	0	0	85,398	89.8
2. 2012	97,650	90,578	980	1.1	91,558	93.8	0	0	91,558	93.8
3. 2013	107,146	99,478	897	0.9	100,375	93.7	0	0	100,375	93.7
4. 2014	150,292	125,444	1,140	0.9	126,584	84.2	27	0	126,611	84.2
5. 2015	247,762	179,103	1,357	0.8	180,460	72.8	34,866	240	215,566	87.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0						0		
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $ ..... for investment income)	2,323,934							2,323,934	
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	2,323,934	0	0	0	0	0	0	2,323,934	0
7. Reinsurance ceded	0								
8. Totals (Net) (Page 3, Line 4)	2,323,934	0	0	0	0	0	0	2,323,934	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes $ ..... premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ ..... for occupancy of own building)	2,196	40,153	214,464		256,813
2. Salaries, wages and other benefits	357,256	692,751	5,317,506		6,367,513
3. Commissions (less $ ..... ceded plus $ ..... assumed)					0
4. Legal fees and expenses		90	1,016		1,106
5. Certifications and accreditation fees			14,292		14,292
6. Auditing, actuarial and other consulting services		4,833	588,417		593,250
7. Traveling expenses	20	373	122,577		122,970
8. Marketing and advertising	10	183	275,279		275,472
9. Postage, express and telephone		3,765	204,069		207,834
10. Printing and office supplies	154	2,815	329,714		332,683
11. Occupancy, depreciation and amortization	291	5,313	87,291		92,895
12. Equipment					0
13. Cost or depreciation of EDP equipment and software	181	3,310	179,967		183,458
14. Outsourced services including EDP, claims, and other services		144,971	1,895,403		2,040,374
15. Boards, bureaus and association fees	535	9,774	193,818		204,127
16. Insurance, except on real estate	853	15,598	83,314		99,765
17. Collection and bank service charges		163	18,200		18,363
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes	24,239	47,002	360,784		432,025
23.5 Other (excluding federal income and real estate taxes)		327	11,485		11,812
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	14,815,846	0	14,815,846
26. Total expenses incurred (Lines 1 to 25)	385,735	971,421	24,713,442	0	(a) 26,070,598
27. Less expenses unpaid December 31, current year		240,000	3,063,121		3,303,121
28. Add expenses unpaid December 31, prior year	0	285,000	1,515,018	0	1,800,018
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	385,735	1,016,421	23,165,339	0	24,567,495
DETAILS OF WRITE-INS					
2501. MPCA - Outreach Program			465,464		465,464
2502. HICA Tax			1,058,953		1,058,953
2503. HMO Use Tax			11,132,314		11,132,314
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	2,159,115	0	2,159,115
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	14,815,846	0	14,815,846

(a) Includes management fees of $ 8,230,135 to affiliates and $ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a)	
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 158,635	167,122
1.3	Bonds of affiliates	(a) 0	
2.1	Preferred stocks (unaffiliated)	(b) 0	
2.11	Preferred stocks of affiliates	(b) 0	
2.2	Common stocks (unaffiliated)	0	
2.21	Common stocks of affiliates	0	
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 9,828	190
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	168,463	167,312
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		0
17.	Net investment income (Line 10 minus Line 16)		167,312
	DETAILS OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes $ ..... accrual of discount less $ 74,949 amortization of premium and less $ 10,168 paid for accrued interest on purchases.
(b) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ 0 paid for accrued dividends on purchases.
(c) Includes $ 0 accrual of discount less $ 0 amortization of premium and less $ ..... paid for accrued interest on purchases.
(d) Includes $ ..... for company's occupancy of its own buildings; and excludes $ ..... interest on encumbrances.
(e) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.
(f) Includes $ ..... accrual of discount less $ ..... amortization of premium.
(g) Includes $ ..... investment expenses and $ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ ..... interest on surplus notes and $ ..... interest on capital notes.
(i) Includes $ ..... depreciation on real estate and $ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds			0		
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)			0		
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0	0	0
7.	Derivative instruments			0		
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	0	0	0	0	0
	DETAILS OF WRITE-INS					
0901.				0		
0902.				0		
0903.				0		
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	217,453	217,453
21. Furniture and equipment, including health care delivery assets	477,510	410,735	(66,775)
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	0	0	0
25. Aggregate write-ins for other-than-invested assets	843,588	374,042	(469,546)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,321,098	1,002,230	(318,868)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	1,321,098	1,002,230	(318,868)
DETAILS OF WRITE-INS			
1101.		0	0
1102.		0	0
1103.		0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expenses	843,588	374,042	(469,546)
2502.		0	0
2503.		0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	843,588	374,042	(469,546)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	40,097	43,268	47,711	46,112	47,112	544,609
2. Provider Service Organizations	0					
3. Preferred Provider Organizations	0					
4. Point of Service	0					
5. Indemnity Only	0					
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	40,097	43,268	47,711	46,112	47,112	544,609
DETAILS OF WRITE-INS						
0601.	0					
0602.	0					
0603.	0					
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies and Going Concern

A. **Accounting Practices**.
The accompanying financial statements of Upper Peninsula Health Plan, LLC (the "Company") have been prepared in conformity with accounting practices prescribed or permitted by 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.

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

		State of Domcilie	2015	2014
NET INCOME				
(1)	Upper Peninsula Health Plan, LLC state Basis (Page 4, Line 32, Columns 2 & 3)	Michigan	$13,073,349	$ 4,563,933
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:		$ -	$ -
	e.g., Depreciation of fixed assets			
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:		$ -	$ -
	e.g., Depreciation, home office property			
(4)	NAIC SAP	Michigan	$13,073,349	$ 4,563,933
SURPLUS				
(5)	Upper Peninsula Health Plan, LLC state Basis (Page 3, Line 33, Columns 3 & 4)	Michigan	$36,261,750	$23,507,265
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:		$ -	$ -
	e.g., Goodwill, net			
	e.g., Fixed Assets, net			
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:		$ -	$ -
	e.g., Home office property			
(8)	NAIC SAP (5-6-7=8)	Michigan	$36,261,750	$23,507,265

B. **Use of Estimates in the Preparation of the Financial Statements**
The estimates used in the preparation of the financial statements conformed to the Annual Statement Instructions and Accounting Practices and Procedures manual.

C. **Accounting Policy**

In addition, the Company applies the following accounting policies:

(1) Short-term Investments – stated at fair value.

(2) Bonds – stated at amortized cost using the scientific interest method.

(3) Common Stocks – NONE

(4) Preferred Stocks – NONE

(5) Mortgage loans on real estate – NONE

(6) Loan-backed securities – NONE

(7) Investments in subsidiaries, controlled or affiliated companies – NONE

(8) Investments in joint ventures, partnerships and limited liability companies – NONE

(9) Derivatives – NONE

(10) Investment income in premium deficiency calculation – NONE

(11) Claims Unpaid – The claims unpaid liability for incurred but unpaid and unreported claims is accrued in the period during which the services are provided, and includes actuarial estimates of services performed that have not been reported to Upper Peninsula Health Plan by providers.

(12) Fixed Asset Capitalization – there was no change in the capitalization policy from prior periods.

(13) Pharmaceutical Rebate Receivables – NONE

D. Going Concern

Note 2 - Accounting Changes and Corrections of Errors

Beginning April 1, 2014, the 6% HMO Use Tax was reinstated. Use Tax expense is $6,782,026 and $11,132,314 for 2014 and 2015, respectively.

NOTES TO FINANCIAL STATEMENTS

As a result of UPHP's 3 year DIFS exam, it was found that the Company was not properly classifying two investments. One investment was reported on Schedule DA – Part 1of the 2014 Annual Statement. It was found that this was actually a bank deposit account and should have been reported on Schedule E-Part 1 as cash. The second investment was a bank deposit account that was inadvertently reported as a Short Term Investment, when it should have been reported as cash on Schedule E – Part 1. On the 2015 annual statement both of these bank deposit accounts are now listed as cash on Schedule E-Part 1. Per discussion with our analyst at the state of Michigan, we are not to amend 2014 but rather make the necessary changes to adjust the short term investment schedules to $0.

Note 3 - Business Combinations and Goodwill

NONE

Note 4 - Discontinued Operations

NONE

Note 5 - Investments

A. Mortgage Loans – NONE

B. Debt Restructuring – NONE

C. Reverse Mortgages – NONE

D. Loan-Backed Securities – NONE

E. Repurchase Agreements and/or Securities Lending Transactions – NONE

F. Real Estate – NONE

G. Low-Income Housing Tax Credits – NONE

H. Restricted Assets

As of December 31, 2015 and 2014, the Company maintained on deposit with Wells Fargo $1,032,722 and $1,032,722 held as cash.

(1) Restricted Assets (Including Pledged)

	Restricted Asset Category	1 Total Gross Restricted from Current Year	2 Total Gross Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Percentage Gross Restricted to Total Assets	6 Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown						
b.	Collateral held under security lending agreements						
c.	Subject to repurchase agreements						
d.	Subject to reverse 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 - excluding FHLB capital stock						
i.	FHLB capital stock						
j.	On deposit with states						
k.	On deposit with other regulatory bodies	1,032,722	1,032,722	-	1,032,722	1.31%	1.33%
l.	Pledged as collateral to FHLB (including assets backing funding agreements)						
m.	Pledged as collateral no captured in other categories						
n.	Other restricted assets						
o.	Total Restricted Assets	$ 1,032,722	$ 1,032,722	$ -	$ 1,032,722	1.31%	1.33%

I. Working Capital Finance Investments – NONE

J. Offsetting and Netting of Assets and Liabilities – NONE

K. Structured Notes - NONE

NOTES TO FINANCIAL STATEMENTS

Note 6 - Joint Ventures, Partnerships, and Limited Liability Companies

NONE

Note 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.

Note 8 - Derivative Instruments

NONE

Note 9 - Income Taxes

NONE

Note 10-Information Concerning Parent, Subsidiaries, and Affiliates

A. The Company is owned by fourteen healthcare organizations with each owning various percentages. The company has one ultimate controlling person (UCP), LifePoint Hospitals, Inc. in that one entity owns greater than 10% of the company's nonvoting stock:

LifePoint Hospitals, Inc controls 56.41% through its ownership of DLP Marquette Health Plan, LLC, and controls 5.14% through its ownership of Acquisition Bell Hospital.

LifePoint Hospitals, Inc's subsidiary, LifePoint Holdings 2, LLC owns 80% of Portage Holding Company, LLC, which controls 10.05% of Upper Peninsula Health Plan's common stock

B. NONE.

C. The Plan paid a management fee of $8,230,135to its management company, Upper Peninsula Managed Care, LLC through December 31, 2015. All transactions are covered under Note 10-Part F.

D. Amounts due to/from Upper Peninsula Health Plan and affiliates totaled $0. Intercompany receivables and payables are generally settled on a monthly basis.

E. Affiliate Guarantees – NONE

F. The Plan has a Management Service Agreement with its affiliate. This agreement spells out all administrative services provided by the company and includes methods of reimbursement for services performed.

G. There are no shares of voting common stock in the Company. All 100 voting shares were recalled as a result of a change in control effective April 1, 2004.

H. Ownership in upstream affiliate or parent – NONE

I. Investment in subsidiary, controlled or affiliated (SCA) entity that exceeds 10% of the admitted assets of the insurer – NONE

J. Investment impaired – NONE

K. Investment in a foreign insurance subsidiary – NONE

L. Investment in downstream noninsurance holding company – NONE

M. NONE

N. NONE

Note 11-Debt

NONE

Note 12-Retirement Plans, Deferred Compensation, Postemployment Benefits & Compensated Absences, and other Postretirement Benefit Plans

NONE

Note 13-Capital, Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

NOTES TO FINANCIAL STATEMENTS

(1) As of December 31, 2015, the Plan has 29,857 shares of non-voting common stock issued and outstanding. The Plan has no preferred stock issued or outstanding.

(2) Preferred Stock – NONE

(3) Dividend Restrictions – The laws of the State of Michigan limit the payment and declaration of extraordinary and ordinary dividends. As set forth in the Michigan Insurance Code, dividends shall be declared or paid only from earned surplus, unless DIFS approves the dividend prior to payment. The Plan has adopted a policy where Dividend distribution is restricted to a level of 600% of the authorized control level.

(4) Dividends paid – NONE

(5) Subject to the limitations of (3) above, no restrictions have been placed on the portion of the Company's profits that may be paid as ordinary dividends to stockholders.

(6) Restrictions placed on unassigned funds (surplus) – NONE

(7) Advances to surplus not repaid – NONE

(8) Stock held for special purposes – NONE

(9) Changes in balances of special surplus funds from the prior period – NONE

(10) Unassigned funds (surplus) represented or reduced – NONE

(11) Surplus notes – NONE

(12) Impact of the restatement in a quasi-reorganization – NONE

(13) The effective date of a quasi-reorganization – NONE

Note 14-Liabilities, Contingencies and Assessments

NONE

Note 15-Leases

NONE

Note 16-Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

NONE

Note 17-Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

NONE

Note 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 Similarly Structured Cost Based Reimbursement Contract

(1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products.

(2) As of December 31, 2015, the Company has recorded a receivable from CMS of $1,439,000 related to the risk sharing and reinsurance components of administered Medicare products. The Company does not have any additional receivables greater than 10% of the Company's amounts receivable from uninsured accident and health plans or $10,000.

(3) In connection with the Company's Medicare Part D cost based reimbursement portion of the contract, the Company has recorded no allowances and reserves for adjustment of recorded revenues at December 31, 2015.

(4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

NONE

NOTES TO FINANCIAL STATEMENTS

Note 20-Fair Value of Investments

NONE

Note 21 – Other Items

A. Unusual or Infrequent Items - NONE

B. Troubled Debt Restructuring - NONE

C. Other Disclosures and Unusual Items – NONE

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 – Not Applicable

Note 22-Events Subsequent

		Current Year	Prior Year
A.	Did the Reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)	YES	YES
B.	ACA fee assessment payable for the upcoming year	$3,616,641	$1,500,000
C.	ACA fee assessment paid	$2,159,115	$1,025,066
D.	Premium written subject to ACA 9010 assessment	$226,432,300	$150,291,589
E.	Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	$36,261,750	$23,507,265
F.	Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	$32,391,291	$22,007,265
G.	Authorized Control Level after surplus adjustment (Five-Year Historical Line 15)	$7,710,769	$4,745,623
H.	Would reporting the ACA assessment as of Dec 31, 2015 trigger an RBC action level (YES/NO)?	NO	NO

Note 23-Reinsurance

A. The Company limits a portion of its medical claims liability through stop-loss insurance. Under the terms of this agreement, the insurance company will reimburse approximately 90% of the cost of each member's applicable annual services in excess of $150,000 (up to a maximum of $2,000,000) once an annual aggregate deductible of approximately $1,400,000 is reached. There was no uncollectible reinsurance written off during the quarter.

Section 1 – General Interrogatories

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

Yes ( ) No (X)

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

Yes ( ) No (X)

Section 2 - Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?
Yes ( ) No (X)

(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

NOTES TO FINANCIAL STATEMENTS

(1) The estimated amount of the aggregate reduction in surplus, of termination of ALL reinsurance agreements, by either party, as of the date of this statement is zero.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

B. Uncollectible Reinsurance – NONE

C. Commutation of Ceded Reinsurance – NONE

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

Note 24-Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments for its Medicare Part D Risk Corridor adjustment based on the contract with CMS and actuarial estimates.

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, 2015 that are subject to retrospective rating features was $31,222,295, or 12% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act – Not Applicable

E. Risk Sharing Provisions of the Affordable Care Act – Not Applicable

Note 25-Change in Incurred Claims and Claim Adjustment Expense

Reserves as of December 31, 2014 were $20,850,704 for unpaid claims and $285,000 for unpaid claims adjustment expenses. As of December 31, 2015, $15,935,510 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. There are $27,000 reserves remaining for prior years. Therefore, there has been a $4,915,194 favorable prior year development since December 31, 2014 to December 31, 2015. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

Note 26-Intercompany Pooling Arrangements

NONE

Note 27-Structured Settlement

NONE

Note 28-Health Care Receivables

At December 31, 2015 the identified pharmacy rebates recorded as healthcare receivables are $0.

A. Pharmaceutical Rebate Receivables						
Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Estimated Pharmacy Rebates for previous 3 months	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2015	0	0	0	0	80,808	76,046
9/30/2015	0	0	0	0	0	48,192
6/30/2015	0	0	0	0	52,837	99,473
3/31/2015	0	0	0	0	0	83,586
12/31/2014	0	0	0	0	39,388	0
9/30/2014	0	0	0	0	0	53,769
6/30/2014	0	0	0	0	24,540	90,313
3/31/2014	0	0	0	0	0	97,906

B. Risk Sharing Receivables – NONE

Note 29-Participating Policies

NONE

Note 30-Premium Deficiency Reserves

NOTES TO FINANCIAL STATEMENTS

1.	Liability carried for premium deficiency reserves	$0
2.	Date of the most recent evaluation of this liability	12/31/15
3.	Was anticipated investment income utilized in the calculation? (Yes/No)	Yes

Note 31-Anticipated Salvage and Subrogation

NONE

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 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, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State Regulating? MICHIGAN

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 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

3.2 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. 12/31/2011

3.3 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). 03/07/2013

3.4 By what department or departments? MICHIGAN DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

3.5 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 [ ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [ ] N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [ ] No [X]

4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [ ] No [X]

4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of the 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

6.1 Has the 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]

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,

7.21 State the percentage of foreign control

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
ANDERSON, TACKMAN AND COMPANY, PLC, 102 W. WASHINGTON ST. #109, MARQUETTE, MI 49855

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [X] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain
THE FINANCILAS NAD AUDITS ARE PRESENTED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW. THE ENTIRE BOARD CONSTITUTES THE AUDIT COMMITTEE IN ACCORDANCE WITH SECTION 1001(B) OF THE INSURANCE CODE.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
MILLIMAN, 15800 BLUEMOUND RD., SUITE 400, BROOKFIELD, WI 53005

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company .....

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value $.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ ]

14.1 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.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers $.....
- 20.12 To stockholders not officers $.....
- 20.13 Trustees, supreme or grand (Fraternal only) $.....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers $.....
- 20.22 To stockholders not officers $.....
- 20.23 Trustees, supreme or grand (Fraternal only) $.....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others $.....
- 21.22 Borrowed from others $.....
- 21.23 Leased from others $.....
- 21.24 Other $.....

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment $.....
- 22.22 Amount paid as expenses $.....
- 22.23 Other amounts paid $.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $.....

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No [ ]

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] NA [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. $.....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. $.....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] NA [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....
- 24.103 Total payable for securities lending reported on the liability page $.....

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	$
25.22	Subject to reverse repurchase agreements	$
25.23	Subject to dollar repurchase agreements	$
25.24	Subject to reverse dollar repurchase agreements	$
25.25	Placed under option agreements	$
25.26	Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	$
25.27	FHLB Capital Stock	$
25.28	On deposit with states	$
25.29	On deposit with other regulatory bodies	$ 1,032,722
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	$
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	$
25.32	Other	$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. $

28. 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 [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
WELLS FARGO INSTITUTIONAL TRUST SERVICES	101 W. WASHINGTON ST., MARQUETTE, MI 49855

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]
28.04 If yes, give full and complete information relating thereto:

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

GENERAL INTERROGATORIES

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

1 Central Registration Depository Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	12,418,125	12,375,266	(42,859)
30.2 Preferred Stocks	0	0	0
30.3 Totals	12,418,125	12,375,266	(42,859)

30.4 Describe the sources or methods utilized in determining the fair values:

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	$
	$
	$

34.1 Amount of payments for legal expenses, if any? $ 558

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
FOSTER, SWIFT, COLLINS & SMITH PC	$ 558

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? $

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	$
	$
	$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]

1.2 If yes, indicate premium earned on U. S. business only. $ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above $

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned $ 0

1.62 Total incurred claims $ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned $ 0

1.65 Total incurred claims $ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned $ 0

1.72 Total incurred claims $ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned $ 0

1.75 Total incurred claims $ 0

1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 247,763,122	$ 150,291,589
2.2	Premium Denominator	$ 247,763,122	$ 150,291,589
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	$ 37,216,992	$ 20,886,704
2.5	Reserve Denominator	$ 37,216,992	$ 20,886,704
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [ ] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [ ] No [X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No [ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical $ 210,000

5.32 Medical Only $

5.33 Medicare Supplement $

5.34 Dental and Vision $

5.35 Other Limited Benefit Plan $

5.36 Other $

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

UPHP has an insolvency clause in its stop-loss agreement. Also, provider agreements contain insolvency language to protect members.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 1,172

8.2 Number of providers at end of reporting year 1,173

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [ ] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses $.....

10.22 Amount actually paid for year bonuses $.....

10.23 Maximum amount payable withholds $.....225,000

10.24 Amount actually paid for year withholds $.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]

11.13 An Individual Practice Association (IPA), or, Yes [X] No [ ]

11.14 A Mixed Model (combination of above) ? Yes [ ] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. MICHIGAN.....

11.4 If yes, show the amount required. $.....15,420,516

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]

11.6 If the amount is calculated, show the calculation

200% OF RBC AUTHORIZED CONTROL LEVEL IS REQUERED (7,710,258*2=15,420,516)

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
REGION 8 WHICH INCLUDES ALL COUNTIES IN MICHIGAN'S UPPER PENINSULA. REGION 1 FOR HEALTHY MIGHICHAN PLAN, WHICH ALSO INCLUDES ALL COUNTIES IN MICHIGAN'S UPPER PENINSULA.

13.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $.....

13.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date. $.....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers? Yes [ ] No [ ] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for Individual ordinary life insurance* policies (U.S. business Only) for the current year:

15.1 Direct Premium Written (prior to reinsurance ceded) $.....

15.2 Total incurred claims $.....

15.3 Number of covered lives .....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE - YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	77,438,245	46,194,185	31,874,040	31,935,651	31,247,417
2. Total liabilities (Page 3, Line 24)	41,176,495	22,686,918	12,630,119	13,251,210	12,820,736
3. Statutory minimum capital and surplus requirement	15,420,516	9,491,066	7,541,646	6,830,628	7,549,756
4. Total capital and surplus (Page 3, Line 33)	36,261,750	23,507,265	19,243,921	18,684,441	18,426,681
Income Statement (Page 4)					
5. Total revenues (Line 8)	248,058,202	150,403,761	107,149,600	97,649,980	95,464,397
6. Total medical and hospital expenses (Line 18)	209,081,564	128,365,246	98,299,494	88,637,467	83,360,114
7. Claims adjustment expenses (Line 20)	1,357,156	1,140,338	897,330	980,134	909,054
8. Total administrative expenses (Line 21)	24,713,442	16,445,926	7,323,078	7,812,889	11,195,647
9. Net underwriting gain (loss) (Line 24)	12,906,040	4,452,251	629,698	219,490	(418)
10. Net investment gain (loss) (Line 27)	167,312	111,682	72,946	29,251	138,781
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	13,073,352	4,563,933	702,644	248,741	138,363
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	29,077,891	14,264,053	2,022,716	25,182	966,887
Risk-Based Capital Analysis					
14. Total adjusted capital	36,261,750	23,507,265	19,243,921	18,684,441	18,426,681
15. Authorized control level risk-based capital	7,710,769	4,745,623	3,770,823	3,415,314	3,257,368
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	47,112	40,097	31,097	30,805	29,483
17. Total members months (Column 6, Line 7)	544,609	448,122	368,060	364,339	359,085
Operating Percentage (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	84.4	85.4	91.7	90.8	87.4
20. Cost containment expenses	0.2	0.0	0.0	0.1	0.1
21. Other claims adjustment expenses	0.4	0.7	0.8	0.9	0.9
22. Total underwriting deductions (Line 23)	94.9	97.1	99.4	99.8	100.1
23. Total underwriting gain (loss) (Line 24)	5.2	3.0	0.6	0.2	0.0
Unpaid Claims Analysis					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	15,962,510	10,657,144	10,541,550	10,477,409	10,196,593
25. Estimated liability of unpaid claims – [prior year (Line 13, Col. 6)]	20,850,704	11,805,586	12,332,258	11,783,138	10,297,542
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate		0	0	0	0
31. All other affiliated		0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]

If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

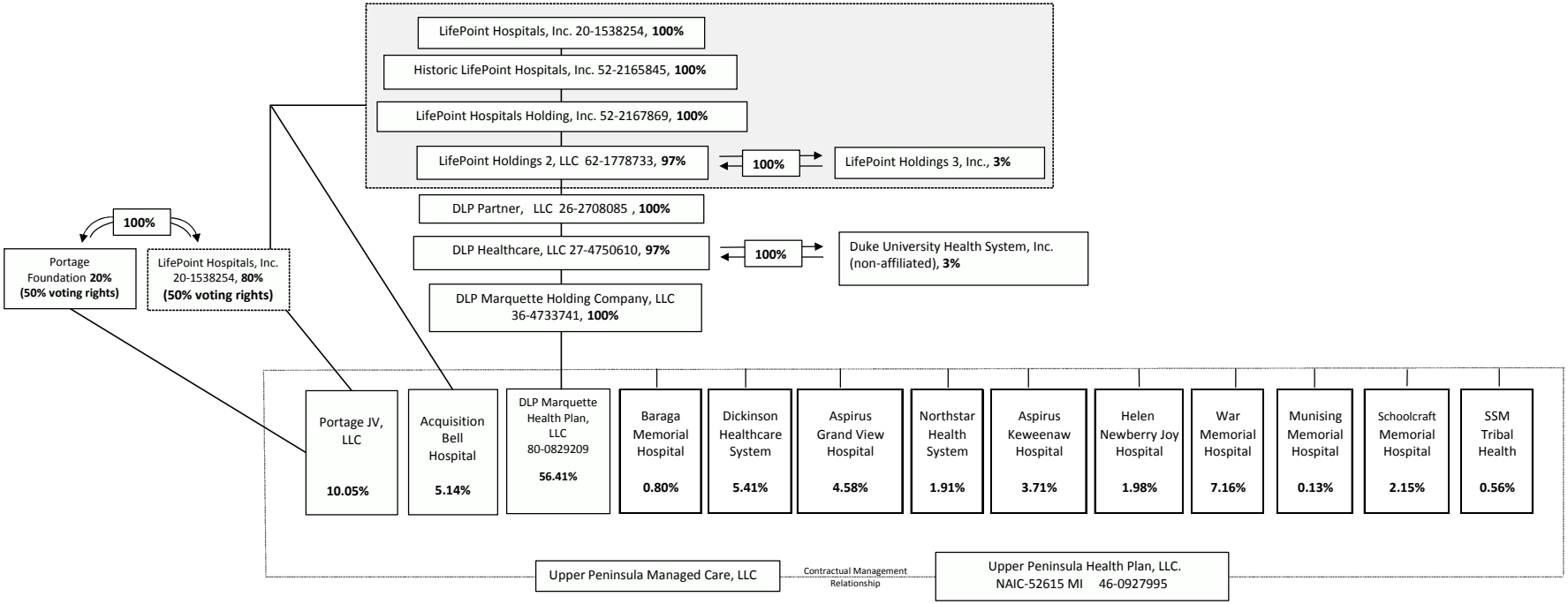
Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama AL	N							0	0
2. Alaska AK	N							0	0
3. Arizona AZ	N							0	0
4. Arkansas AR	N							0	0
5. California CA	N							0	0
6. Colorado CO	N							0	0
7. Connecticut CT	N							0	0
8. Delaware DE	N							0	0
9. District of Columbia DC	N							0	0
10. Florida FL	N							0	0
11. Georgia GA	N							0	0
12. Hawaii HI	N							0	0
13. Idaho ID	N							0	0
14. Illinois IL	N							0	0
15. Indiana IN	N							0	0
16. Iowa IA	N							0	0
17. Kansas KS	N							0	0
18. Kentucky KY	N							0	0
19. Louisiana LA	N							0	0
20. Maine ME	N							0	0
21. Maryland MD	N							0	0
22. Massachusetts MA	N							0	0
23. Michigan MI	L	2,434,080	31,222,295	214,570,397				248,226,772	0
24. Minnesota MN	N							0	0
25. Mississippi MS	N							0	0
26. Missouri MO	N							0	0
27. Montana MT	N							0	0
28. Nebraska NE	N							0	0
29. Nevada NV	N							0	0
30. New Hampshire NH	N							0	0
31. New Jersey NJ	N							0	0
32. New Mexico NM	N							0	0
33. New York NY	N							0	0
34. North Carolina NC	N							0	0
35. North Dakota ND	N							0	0
36. Ohio OH	N							0	0
37. Oklahoma OK	N							0	0
38. Oregon OR	N							0	0
39. Pennsylvania PA	N							0	0
40. Rhode Island RI	N							0	0
41. South Carolina SC	N							0	0
42. South Dakota SD	N							0	0
43. Tennessee TN	N							0	0
44. Texas TX	N							0	0
45. Utah UT	N							0	0
46. Vermont VT	N							0	0
47. Virginia VA	N							0	0
48. Washington WA	N							0	0
49. West Virginia WV	N							0	0
50. Wisconsin WI	N							0	0
51. Wyoming WY	N							0	0
52. American Samoa AS	N							0	0
53. Guam GU	N							0	0
54. Puerto Rico PR	N							0	0
55. U.S. Virgin Islands VI	N							0	0
56. Northern Mariana Islands MP	N							0	0
57. Canada CAN	N							0	0
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	2,434,080	31,222,295	214,570,397	0	0	0	248,226,772	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	2,434,080	31,222,295	214,570,397	0	0	0	248,226,772	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

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

Explanation of basis of allocation by states, premiums by state, etc. ONLY LICENSED IN MICHIGAN

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


LifePoint Hospitals, Inc. 20-1538254, 100%
Historic LifePoint Hospitals, Inc. 52-2165845, 100%
LifePoint Hospitals Holding, Inc. 52-2167869, 100%
LifePoint Holdings 2, LLC 62-1778733, 97%
100%
LifePoint Holdings 3, Inc., 3%
DLP Partner, LLC 26-2708085 , 100%
DLP Healthcare, LLC 27-4750610, 97%
100%
Duke University Health System, Inc. (non-affiliated), 3%
DLP Marquette Holding Company, LLC 36-4733741, 100%
100%
Portage Foundation 20% (50% voting rights)
LifePoint Hospitals, Inc. 20-1538254, 80% (50% voting rights)
Portage JV, LLC 10.05%
Acquisition Bell Hospital 5.14%
DLP Marquette Health Plan, LLC 80-0829209 56.41%
Baraga Memorial Hospital 0.80%
Dickinson Healthcare System 5.41%
Aspirus Grand View Hospital 4.58%
Northstar Health System 1.91%
Aspirus Keweenaw Hospital 3.71%
Helen Newberry Joy Hospital 1.98%
War Memorial Hospital 7.16%
Munising Memorial Hospital 0.13%
Schoolcraft Memorial Hospital 2.15%
SSM Tribal Health 0.56%
Upper Peninsula Managed Care, LLC
Contractual Management Relationship
Upper Peninsula Health Plan, LLC. NAIC-52615 MI 46-0927995

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