



**ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE**

**Meridian Health Plan of Michigan, Inc.**

(Name)

NAIC Group Code 01295 (Current Period) , 01295 (Prior Period) NAIC Company Code 52563 Employer's ID Number 38-3253977

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 09/18/1995 Commenced Business 12/31/1995

Statutory Home Office 777 Woodward Avenue (Street and Number) , Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)

Main Administrative Office 7700 Forsyth Boulevard (Street and Number)  
St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code) 314-725-4477 (Area Code) (Telephone Number)

Mail Address 8725 Henderson Road (Street and Number or P.O. Box) , Tampa, FL, US 33634 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7700 Forsyth Boulevard (Street and Number)  
St. Louis, MO, US 63105 (City or Town, State, Country and Zip Code) 314-725-4477 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.mimeridian.com

Statutory Statement Contact Michael Wasik (Name) , 314-725-4477 (Area Code) (Telephone Number) (Extension)  
michael.wasik@centene.com (E-Mail Address) 813-675-2898 (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Christopher Mitchell Priest #</u>	<u>President</u>	<u>David Michael Wolff</u>	<u>Treasurer, Vice President and CFO</u>
<u>Christopher Andrew Koster</u>	<u>Secretary and Vice President</u>	<u>Tricia Lynn Dinkelman</u>	<u>VP, Tax</u>

**OTHER OFFICERS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIRECTORS OR TRUSTEES**

<u>Christopher Mitchell Priest #</u>	<u>David Michael Wolff</u>	<u>Karie Enid Pasternak</u>
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\_\_\_\_\_  
\_\_\_\_\_

State of Florida  
County of DuSable ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

<u>Christopher Mitchell Priest</u> President	<u>David Michael Wolff</u> Treasurer, Vice President and CFO	<u>Christopher Andrew Koster</u> Secretary and Vice President
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Subscribed and sworn to before me this 31 day of January 2024

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 \_\_\_\_\_





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 County of Hillsborough ss

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Christopher Mitchell Priest  
 President

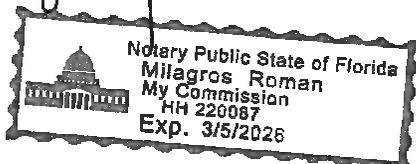
David Michael Wolff  
 Treasurer, Vice President and CFO

Christopher Andrew Koster  
 Secretary and Vice President

Subscribed and sworn to before me this 29 day of January 2024

Milagros Roman

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Christopher Andrew Koster  
 Secretary and Vice President

Subscribed and sworn to before me this 31 day of January 2024  
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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	257,182,931		257,182,931	282,045,599
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 \$ .....0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....			0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....			0	0
5. Cash (\$ .....94,285,859 , Schedule E-Part 1), cash equivalents (\$ .....315,064,587 , Schedule E-Part 2) and short-term investments (\$ .....12,767,968 , Schedule DA).....	422,118,414		422,118,414	453,731,805
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA) .....	2,185,000	0	2,185,000	2,185,000
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) .....	681,486,345	0	681,486,345	737,962,405
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	3,238,934		3,238,934	2,630,869
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	35,114,526		35,114,526	32,132,214
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 (\$ .....58,239,376 ) and contracts subject to redetermination (\$ ..... ) .....	58,239,376		58,239,376	40,682,543
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 .....	22,781,893		22,781,893	22,910,980
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	1,097,217
18.2 Net deferred tax asset.....	12,878,224	869,241	12,008,983	9,837,967
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	10,934,692		10,934,692	10,813,916
24. Health care (\$ .....19,024,125 ) and other amounts receivable.....	47,505,073	11,221,626	36,283,447	40,354,514
25. Aggregate write-ins for other-than-invested assets .....	38,508,944	1,684,970	36,823,974	39,941,416
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	910,688,007	13,775,837	896,912,170	938,364,041
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	910,688,007	13,775,837	896,912,170	938,364,041
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
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. State Income Tax Receivable.....	663,530		663,530	1,145,963
2502. Prepays.....	1,684,970	1,684,970	0	0
2503. Insurance Provider Assessment.....	36,160,444		36,160,444	38,795,453
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)	38,508,944	1,684,970	36,823,974	39,941,416

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	360,741,243		360,741,243	381,474,501
2. Accrued medical incentive pool and bonus amounts	47,003,782		47,003,782	36,746,401
3. Unpaid claims adjustment expenses	3,484,703		3,484,703	4,313,513
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act	118,464,230		118,464,230	70,787,636
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	2,071,594		2,071,594	1,618,196
9. General expenses due or accrued	41,386,956		41,386,956	45,640,905
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses))	2,206,800		2,206,800	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	39,586		39,586	89,903
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	71,882		71,882	470,119
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	40,844,549		40,844,549	24,051,130
23. Aggregate write-ins for other liabilities (including \$ ..... current)	1,423,426	0	1,423,426	762,955
24. Total liabilities (Lines 1 to 23)	617,738,751	0	617,738,751	565,955,259
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	44,701	44,701
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	315,776,362	315,776,362
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	(36,647,644)	56,587,719
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	279,173,419	372,408,782
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	896,912,170	938,364,041
<b>DETAILS OF WRITE-INS</b>				
2301. Unclaimed Property Payable	133,069		133,069	762,955
2302. State Assessments	1,290,357		1,290,357	
2303. ....				
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)	1,423,426	0	1,423,426	762,955
2501. ....	XXX	XXX		0
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
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	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
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		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	7,571,190	7,741,009
2. Net premium income (including \$ .....0 non-health premium income).....	XXX	3,242,388,412	3,128,918,956
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	72,320,888	77,590,906
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	3,314,709,300	3,206,509,862
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		1,832,097,846	1,870,742,963
10. Other professional services .....		97,837,525	98,186,296
11. Outside referrals .....			0
12. Emergency room and out-of-area .....		195,031,291	194,418,245
13. Prescription drugs .....		653,724,968	554,645,843
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		68,947,048	39,459,018
16. Subtotal (Lines 9 to 15) .....	0	2,847,638,678	2,757,452,365
<b>Less:</b>			
17. Net reinsurance recoveries .....			0
18. Total hospital and medical (Lines 16 minus 17) .....	0	2,847,638,678	2,757,452,365
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ .....1,476,121 cost containment expenses.....		24,602,021	26,988,266
21. General administrative expenses.....		386,560,936	332,720,955
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only).....		32,243,224	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	3,291,044,859	3,117,161,586
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	23,664,441	89,348,276
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		28,496,239	15,055,845
26. Net realized capital gains (losses) less capital gains tax of \$ .....(171,929) .....		(646,781)	(735,227)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	27,849,458	14,320,618
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....)(amount charged off \$ .....504,285 )] .....		(504,285)	(467,486)
29. Aggregate write-ins for other income or expenses .....	0	0	(3,266)
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	51,009,614	103,198,142
31. Federal and foreign income taxes incurred .....	XXX	13,391,555	4,523,352
32. Net income (loss) (Lines 30 minus 31) .....	XXX	37,618,059	98,674,790
<b>DETAILS OF WRITE-INS</b>			
0601. Insurance Provider Assessment.....	XXX	72,320,888	77,590,906
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	72,320,888	77,590,906
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. Fines and penalties.....			(3,266)
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	(3,266)

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year .....	372,408,782	356,114,046
34. Net income or (loss) from Line 32 .....	37,618,059	98,674,790
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 \$ ..... 34,760 .....	130,764	(78,660)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0
38. Change in net deferred income tax .....	1,992,970	(16,939,292)
39. Change in nonadmitted assets .....	2,022,844	(362,102)
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 .....	(135,000,000)	(65,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(93,235,363)	16,294,736
49. Capital and surplus end of reporting year (Line 33 plus 48)	279,173,419	372,408,782
<b>DETAILS OF WRITE-INS</b>		
4701. ....		0
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	0

## CASH FLOW

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	3,237,685,720	3,022,597,771
2. Net investment income .....	28,737,493	14,315,635
3. Miscellaneous income .....	72,320,888	77,590,906
4. Total (Lines 1 through 3) .....	3,338,744,101	3,114,504,312
5. Benefit and loss related payments .....	2,850,965,765	2,717,345,339
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	399,323,208	378,682,241
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... 0 tax on capital gains (losses) .....	9,915,610	(372,522)
10. Total (Lines 5 through 9) .....	3,260,204,583	3,095,655,058
11. Net cash from operations (Line 4 minus Line 10) .....	78,539,518	18,849,254
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	66,914,935	87,253,184
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 .....	5,790	(3,447)
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	66,920,726	87,249,737
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	43,560,563	90,370,898
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	2,185,000
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	43,560,563	92,555,898
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) .....	23,360,163	(5,306,161)
<b>Cash from Financing and Miscellaneous Sources</b>		
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	0
16.5 Dividends to stockholders .....	135,000,000	65,000,000
16.6 Other cash provided (applied) .....	1,486,928	(895,119)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(133,513,072)	(65,895,119)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(31,613,391)	(52,352,026)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	453,731,805	506,083,831
19.2 End of year (Line 18 plus Line 19.1) .....	422,118,414	453,731,805

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	3,242,388,412	166,025,931	0	0	0	0	0	970,004,451	2,106,358,030	0	0	0	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	72,320,888	0	0	0	0	0	0	1,231,972	71,088,916	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	3,314,709,300	166,025,931	0	0	0	0	0	971,236,423	2,177,446,946	0	0	0	0	0
8. Hospital/medical benefits	1,832,097,846	102,684,065						637,327,889	1,092,085,892					XXX
9. Other professional services	97,837,525	3,921,637						27,797,383	66,118,505					XXX
10. Outside referrals	0													XXX
11. Emergency room and out-of-area	195,031,291	9,363,042						38,991,034	146,677,215					XXX
12. Prescription drugs	653,724,968	21,713,587						38,162,856	593,848,525					XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	68,947,048	233,725						35,179,465	33,533,858					XXX
15. Subtotal (Lines 8 to 14)	2,847,638,678	137,916,056	0	0	0	0	0	777,458,627	1,932,263,995	0	0	0	0	XXX
16. Net reinsurance recoveries	0													XXX
17. Total hospital and medical (Lines 15 minus 16)	2,847,638,678	137,916,056	0	0	0	0	0	777,458,627	1,932,263,995	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ cost containment expenses	1,476,121	24,602,021	1,467,796					8,193,493	14,940,732					
20. General administrative expenses	386,560,936	40,940,064						119,685,037	225,935,835					
21. Increase in reserves for accident and health contracts	32,243,224							32,243,224						XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	3,291,044,859	180,323,916	0	0	0	0	0	937,580,381	2,173,140,562	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	23,664,441	(14,297,985)	0	0	0	0	0	33,656,042	4,306,384	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>														
0501. Insurance Provider Assessment	72,320,888							1,231,972	71,088,916					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	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	72,320,888	0	0	0	0	0	0	1,231,972	71,088,916	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	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	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	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	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	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.

**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) individual .....	166,073,717		47,786	166,025,931
2. Comprehensive (hospital and medical) group .....				.0
3. Medicare Supplement .....				.0
4. Vision only .....				.0
5. Dental only .....				.0
6. Federal Employees Health Benefits Plan .....				.0
7. Title XVIII - Medicare .....	970,036,315		31,864	970,004,451
8. Title XIX – Medicaid .....	2,106,781,023		422,993	2,106,358,030
9. Credit A&H .....				.0
10. Disability Income .....				.0
11. Long-Term Care .....				.0
12. Other health .....				.0
13. Health subtotal (Lines 1 through 12) .....	3,242,891,055	0	502,643	3,242,388,412
14. Life .....				.0
15. Property/casualty .....				.0
16. Totals (Lines 13 to 15)	3,242,891,055	0	502,643	3,242,388,412

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 – CLAIMS INCURRED DURING THE YEAR**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct	2,794,614,489	111,895,003						764,750,080	1,917,969,406					
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	2,794,614,489	111,895,003	0	0	0	0	0	764,750,080	1,917,969,406	0	0	0	0	0
2. Paid medical incentive pools and bonuses	58,689,668	155,237						27,867,381	30,667,050					
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	360,741,243	36,857,513	0	0	0	0	0	124,247,726	199,636,004	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	360,741,243	36,857,513	0	0	0	0	0	124,247,726	199,636,004	0	0	0	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	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	47,003,781	194,697						22,883,059	23,926,025					
6. Net healthcare receivables (a)	(4,810,399)	(523,181)						4,403,884	(8,691,102)					
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	381,474,501	11,593,366	0	0	0	0	0	142,314,759	227,566,376	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	381,474,501	11,593,366	0	0	0	0	0	142,314,759	227,566,376	0	0	0	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	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	36,746,401	116,208	0	0	0	0	0	15,570,975	21,059,218	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:														
12.1 Direct	2,778,691,630	137,682,331	0	0	0	0	0	742,279,163	1,898,730,136	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	2,778,691,630	137,682,331	0	0	0	0	0	742,279,163	1,898,730,136	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	68,947,048	233,726	0	0	0	0	0	35,179,465	33,533,857	0	0	0	0	0

(a) Excludes \$ 1,166,478 loans or advances to providers not yet expensed.

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>1. Reported in Process of Adjustment:</b>														
1.1. Direct .....	.95,260,009	15,909,169						15,242,359	64,108,481					
1.2. Reinsurance assumed .....	.0													
1.3. Reinsurance ceded .....	.0													
1.4. Net .....	.95,260,009	15,909,169	.0	.0	.0	.0	.0	15,242,359	64,108,481	.0	.0	.0	.0	.0
<b>2. Incurred but Unreported:</b>														
2.1. Direct .....	265,481,234	20,948,344						109,005,367	135,527,523					
2.2. Reinsurance assumed .....	.0													
2.3. Reinsurance ceded .....	.0													
2.4. Net .....	265,481,234	20,948,344	.0	.0	.0	.0	.0	109,005,367	135,527,523	.0	.0	.0	.0	.0
<b>3. Amounts Withheld from Paid Claims and Capitations:</b>														
3.1. Direct .....	.0													
3.2. Reinsurance assumed .....	.0													
3.3. Reinsurance ceded .....	.0													
3.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
<b>4. TOTALS:</b>														
4.1. Direct .....	360,741,243	36,857,513	.0	.0	.0	.0	.0	124,247,726	199,636,004	.0	.0	.0	.0	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net .....	360,741,243	36,857,513	0	0	0	0	0	124,247,726	199,636,004	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	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		
1. Comprehensive (hospital and medical) individual .....	14,662,072	100,537,490	2,243,341	34,614,172	16,905,413	11,593,366
2. Comprehensive (hospital and medical) group .....					.0	.0
3. Medicare Supplement .....					.0	.0
4. Vision Only .....					.0	.0
5. Dental Only .....					.0	.0
6. Federal Employees Health Benefits Plan .....					.0	.0
7. Title XVIII - Medicare .....	119,582,216	661,989,141	15,561,940	108,685,786	135,144,156	142,314,758
8. Title XIX - Medicaid .....	205,391,705	1,726,341,537	5,876,590	193,759,414	211,268,295	227,566,376
9. Credit A&H .....					.0	.0
10. Disability Income .....					.0	.0
11. Long-Term Care .....					.0	.0
12. Other health .....					.0	.0
13. Health subtotal (Lines 1 to 12) .....	339,635,993	2,488,868,168	23,681,871	337,059,372	363,317,864	381,474,500
14. Healthcare receivables (a) .....		29,079,273			.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts .....	28,615,724	30,073,944	10,274,513	36,729,269	38,890,237	36,746,401
17. Totals (Lines 13-14+15+16)	368,251,717	2,489,862,839	33,956,384	373,788,641	402,208,101	418,220,901

(a) Excludes \$ 1,166,478 loans or advances to providers not yet expensed.

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	11,073	11,073	11,073	11,073	23,383
2. 2019 .....	9,617	11,212	11,220	11,220	11,220
3. 2020 .....	XXX	20,788	26,900	27,049	27,049
4. 2021 .....	XXX	XXX	24,650	31,491	32,046
5. 2022 .....	XXX	XXX	XXX	54,517	68,675
6. 2023 .....	XXX	XXX	XXX	XXX	97,860

**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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	11,082	11,082	11,073	11,073	23,383
2. 2019 .....	11,618	11,427	11,220	11,220	11,220
3. 2020 .....	XXX	24,810	26,901	27,049	27,049
4. 2021 .....	XXX	XXX	28,588	31,518	32,046
5. 2022 .....	XXX	XXX	XXX	66,199	70,999
6. 2023 .....	XXX	XXX	XXX	XXX	132,589

**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. 2019 .....	21,208	11,220	183	1.6	11,403	53.8			11,403	53.8
2. 2020 .....	37,101	27,049	420	1.6	27,469	74.0			27,469	74.0
3. 2021 .....	46,781	32,046	421	1.3	32,467	69.4		1	32,468	69.4
4. 2022 .....	92,066	68,675	778	1.1	69,453	75.4	2,323	34	71,810	78.0
5. 2023 .....	166,026	97,860	1,276	1.3	99,136	59.7	34,729	238	134,103	80.8

12-HM

Pt 2C - Sn A - Paid Claims - MS

**NONE**

Pt 2C - Sn A - Paid Claims - DO

**NONE**

Pt 2C - Sn A - Paid Claims - VO

**NONE**

Pt 2C - Sn A - Paid Claims - FE

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	195,341	195,341	195,341	195,341	574,136
2. 2019 .....	233,076	270,151	271,106	271,106	271,106
3. 2020 .....	XXX	314,370	378,553	379,578	379,578
4. 2021 .....	XXX	XXX	545,001	660,023	665,584
5. 2022 .....	XXX	XXX	XXX	563,123	685,749
6. 2023 .....	XXX	XXX	XXX	XXX	660,026

**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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	196,187	196,187	195,341	195,341	574,136
2. 2019 .....	293,309	285,154	271,106	271,106	271,106
3. 2020 .....	XXX	394,483	385,742	379,578	379,634
4. 2021 .....	XXX	XXX	654,110	665,664	665,637
5. 2022 .....	XXX	XXX	XXX	715,368	706,867
6. 2023 .....	XXX	XXX	XXX	XXX	785,928

**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. 2019 .....	386,109	271,106	24,152	8.9	295,258	76.5			295,258	76.5
2. 2020 .....	553,621	379,578	1,466	0.4	381,044	68.8	57		381,101	68.8
3. 2021 .....	810,877	665,584	1,313	0.2	666,897	82.2	53	10	666,960	82.3
4. 2022 .....	1,012,078	685,749	1,934	0.3	687,683	67.9	21,118	218	709,019	70.1
5. 2023 .....	970,004	660,026	1,591	0.2	661,617	68.2	125,903	1,171	788,691	81.3

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	1,540,567	1,540,567	1,540,567	1,540,567	8,235,705
2. 2019 .....	1,292,416	1,436,616	1,434,140	1,434,140	1,434,140
3. 2020 .....	XXX	1,285,699	1,455,001	1,452,897	1,452,897
4. 2021 .....	XXX	XXX	1,558,428	1,751,058	1,751,867
5. 2022 .....	XXX	XXX	XXX	1,782,751	2,007,293
6. 2023 .....	XXX	XXX	XXX	XXX	1,731,977

**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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	1,554,930	1,540,567	1,540,567	1,540,567	8,235,705
2. 2019 .....	1,469,322	1,442,685	1,434,140	1,434,140	1,434,140
3. 2020 .....	XXX	1,515,360	1,461,829	1,452,897	1,452,935
4. 2021 .....	XXX	XXX	1,788,211	1,760,555	1,752,079
5. 2022 .....	XXX	XXX	XXX	2,021,879	2,017,448
6. 2023 .....	XXX	XXX	XXX	XXX	1,945,134

**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. 2019 .....	1,615,538	1,434,140	15,919	1.1	1,450,059	89.8			1,450,059	89.8
2. 2020 .....	1,634,594	1,452,897	25,736	1.8	1,478,633	90.5	38		1,478,671	90.5
3. 2021 .....	1,956,782	1,751,867	15,821	0.9	1,767,688	90.3	213	1	1,767,902	90.3
4. 2022 .....	2,025,016	2,007,293	16,318	0.8	2,023,611	99.9	10,155	208	2,033,974	100.4
5. 2023 .....	2,106,358	1,731,977	22,564	1.3	1,754,541	83.3	213,157	1,604	1,969,302	93.5

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Other**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	677	677	677	.0	
2. 2019 .....	.0	.0	.0	.0	
3. 2020 .....	XXX	.0	.0	.0	
4. 2021 .....	XXX	XXX	.0	.0	
5. 2022 .....	XXX	XXX	XXX	.0	
6. 2023 .....	XXX	XXX	XXX	XXX	

**Section B – Incurred Health Claims - Other**

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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	234	234	234	.0	
2. 2019 .....	.0	.0	.0	.0	
3. 2020 .....	XXX	.0	.0	.0	
4. 2021 .....	XXX	XXX	.0	.0	
5. 2022 .....	XXX	XXX	XXX	.0	
6. 2023 .....	XXX	XXX	XXX	XXX	

**Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Other**

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. 2019 .....	.0	.0	.0	0.0	.0	0.0			.0	0.0
2. 2020 .....	.0	.0	.0	0.0	.0	0.0			.0	0.0
3. 2021 .....	.0	.0	.0	0.0	.0	0.0			.0	0.0
4. 2022 .....	.0	.0	.0	0.0	.0	0.0			.0	0.0
5. 2023 .....		0		0.0	0	0.0			0	0.0

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	1,747,658	1,747,658	1,747,658	1,746,981	8,833,224
2. 2019 .....	1,535,109	1,717,979	1,716,466	1,716,466	1,716,466
3. 2020 .....	XXX	1,620,857	1,860,454	1,859,524	1,859,524
4. 2021 .....	XXX	XXX	2,128,079	2,442,572	2,449,497
5. 2022 .....	XXX	XXX	XXX	2,400,391	2,761,717
6. 2023 .....	XXX	XXX	XXX	XXX	2,489,863

**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 2019	2 2020	3 2021	4 2022	5 2023
1. Prior .....	1,762,433	1,748,070	1,747,215	1,746,981	8,833,224
2. 2019 .....	1,774,249	1,739,266	1,716,466	1,716,466	1,716,466
3. 2020 .....	XXX	1,934,653	1,874,472	1,859,524	1,859,618
4. 2021 .....	XXX	XXX	2,470,909	2,457,737	2,449,762
5. 2022 .....	XXX	XXX	XXX	2,803,446	2,795,314
6. 2023 .....	XXX	XXX	XXX	XXX	2,863,651

**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. 2019.....	2,022,855	1,716,466	40,254	2.3	1,756,720	86.8	.0	.0	1,756,720	86.8
2. 2020.....	2,225,316	1,859,524	27,622	1.5	1,887,146	84.8	.95	.0	1,887,241	84.8
3. 2021.....	2,814,440	2,449,497	17,555	0.7	2,467,052	87.7	266	12	2,467,330	87.7
4. 2022.....	3,129,160	2,761,717	19,030	0.7	2,780,747	88.9	33,596	460	2,814,803	90.0
5. 2023.....	3,242,388	2,489,863	25,431	1.0	2,515,294	77.6	373,789	3,013	2,892,096	89.2

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Pt 2C - Sn B - Incurred Claims - MS

**NONE**

Pt 2C - Sn B - Incurred Claims - DO

**NONE**

Pt 2C - Sn B - Incurred Claims - VO

**NONE**

Pt 2C - Sn B - Incurred Claims - FE

**NONE**

Part 2C - Sn C - Claims Expense Ratio MS

NONE

Part 2C - Sn C - Claims Expense Ratio DO

NONE

Part 2C - Sn C - Claims Expense Ratio VO

NONE

Part 2C - Sn C - Claims Expense Ratio FE

NONE

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves .....	.0												
2. Additional policy reserves (a) .....	32,243,224							32,243,224					
3. Reserve for future contingent benefits .....	.0												
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) .....	86,221,006	38,827,772						47,393,234	.0				
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	118,464,230	38,827,772	.0	.0	.0	.0	.0	79,636,458	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0												
8. Totals (Net) (Page 3, Line 4)	118,464,230	38,827,772	0	0	0	0	0	79,636,458	0	0	0	0	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	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.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	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.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	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	.0	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....32,243,224 premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....for occupancy of own building) .....			2,247,544		2,247,544
2. Salaries, wages and other benefits .....			126,337,920		126,337,920
3. Commissions (less \$ .....ceded plus \$ .....assumed) .....			34,929,854		34,929,854
4. Legal fees and expenses .....			787,378		787,378
5. Certifications and accreditation fees .....			111,589		111,589
6. Auditing, actuarial and other consulting services .....			65,273,297		65,273,297
7. Traveling expenses .....			1,379,337		1,379,337
8. Marketing and advertising .....			5,263,534		5,263,534
9. Postage, express and telephone .....			2,706,158		2,706,158
10. Printing and office supplies .....			2,738,454		2,738,454
11. Occupancy, depreciation and amortization .....			10,101,966		10,101,966
12. Equipment .....			321,782		321,782
13. Cost or depreciation of EDP equipment and software .....			10,884,509		10,884,509
14. Outsourced services including EDP, claims, and other services .....	1,476,121	23,125,900	33,441,762		58,043,783
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....			338,723		338,723
17. Collection and bank service charges .....			908,944		908,944
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....			540,401		540,401
22. Real estate taxes .....			304,526		304,526
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....			2,813,886		2,813,886
23.2 State premium taxes .....			72,320,888		72,320,888
23.3 Regulatory authority licenses and fees .....			6,175,849		6,175,849
23.4 Payroll taxes .....			6,409,628		6,409,628
23.5 Other (excluding federal income and real estate taxes) .....			223,007		223,007
24. Investment expenses not included elsewhere .....				205,888	205,888
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	1,476,121	23,125,900	386,560,936	205,888	(a) 411,368,845
27. Less expenses unpaid December 31, current year .....		3,484,703	41,386,959		44,871,662
28. Add expenses unpaid December 31, prior year .....	0	4,313,513	45,640,905	0	49,954,418
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)	1,476,121	23,954,710	390,814,882	205,888	416,451,601
<b>DETAILS OF WRITE-INS</b>					
2501. ....					0
2502. ....					0
2503. ....					0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$ .....308,143,737 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) 390,063	388,922
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 7,331,275	7,541,368
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) 20,917,830	20,673,512
7. Derivative instruments	(f)	
8. Other invested assets	98,325	98,325
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	28,737,493	28,702,127
11. Investment expenses		(g) 205,888
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)		205,888
17. Net investment income (Line 10 minus Line 16)		28,496,239
<b>DETAILS OF WRITE-INS</b>		
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 \$ 273,338 accrual of discount less \$ 1,122,656 amortization of premium and less \$ 13,859 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 \$ 2,531,378 accrual of discount less \$ 35,499 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)	(824,501)		(824,501)	165,524	
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	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	5,790		5,790	0	0
7. Derivative instruments	0	0	0	0	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)	(818,710)	0	(818,710)	165,524	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
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	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	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.....	869,241	1,082,048	212,807
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets .....	.0	.0	.0
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.....	11,221,626	14,299,350	3,077,724
25. Aggregate write-ins for other-than-invested assets .....	1,684,970	417,283	(1,267,687)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	13,775,837	15,798,681	2,022,844
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	13,775,837	15,798,681	2,022,844
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
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. Prepays.....	1,684,970	417,283	(1,267,687)
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)	1,684,970	417,283	(1,267,687)

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	648,381	646,988	646,089	621,631	582,116	7,571,190
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	648,381	646,988	646,089	621,631	582,116	7,571,190
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.  
NOTES TO FINANCIAL STATEMENT**

**1. Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Practices**

The financial statements of Meridian Health Plan of Michigan, Inc. (the “Company”), domiciled in the State of Michigan, are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (the “Department”).

The Department recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition, results of operations, and cash flow 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. The Department has the right to permit specific practices that deviate from prescribed practices. The State of Michigan requires the Michigan Insurance Provider Assessment (“IPA”) to be reported on a gross basis as aggregate write-in revenue and general administrative expenses. In NAIC SAP, this type of pass-through arrangement is recorded through deposit accounting. This state prescribed accounting practice resulted in no differences from NAIC SAP net income or capital and surplus.

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

	SSAP #	F/S Page	F/S Line #	2023	2022
<b>NET INCOME</b>					
1 Company state basis (Page 4, Line 32, Columns 2 & 3)	xxx	xxx	xxx	\$ 37,618,059	\$ 98,674,790
2 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
3 State Permitted Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
4 NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 37,618,059</u>	<u>\$ 98,674,790</u>
<b>SURPLUS</b>					
5 Company state basis (Page 3, Line 33, Columns 3 & 4)	xxx	xxx	xxx	\$ 279,173,419	\$ 372,408,782
6 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
7 State Prescribed Practices that are an increase/(decrease) from NAIC SAP: None	—	—	—	—	—
8 NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 279,173,419</u>	<u>\$ 372,408,782</u>

**B. Uses of Estimates in the Preparation of the Financial Statements**

The preparation of financial statements in accordance with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The primary use of estimates are related to the Company’s reserve for claims unpaid. Actual results could differ significantly from those estimates.

**C. Accounting Policy**

1. Cash and short-term investments are carried at cost, which approximates fair value. Short-term investments include securities purchased within twelve months or less of maturity date.
2. Investment grade bonds (NAIC designations 1 or 2) not backed by other loans are valued at amortized cost using the scientific (constant yield) method. Bonds containing call provisions, except “make whole” call provisions, are amortized to the call or maturity value/date which produces the lowest asset value (yield to worst). Bonds which are below investment grade (NAIC designation 3 to 6) are carried at lower of amortized cost or fair value.
3. The Company holds no common stocks.
4. The Company holds no preferred stocks.
5. The Company holds no mortgage loans on real estate.
6. The Company has loan-backed securities carried at amortized cost. Adjustments are applied prospectively.
7. The Company had no investment interest in subsidiaries, controlled or affiliated companies (“SCA”).
8. The Company had no minor ownership interest in joint ventures.
9. The Company holds no derivatives.
10. The Company reviews expectations regarding the profitability of contracts in force to determine whether a premium deficiency reserve (“PDR”) is required. The Company considers anticipated investment income when calculating its PDR. The adequacy of reserve requirements is continually reviewed by management, with any reductions in the reserve being recorded as a beneficial effect in the statement of revenue and expense.

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

12. The Company did not modify its capitalization policy from the prior period.

13. The Company estimates pharmaceutical rebate receivables by assuming the proportional relationship between rebates and premiums exists for periods when actual rebates have been received.

D. Management does not have any substantial doubt about the Company's ability to continue as a going concern.

## **2. Accounting Changes and Corrections of Errors**

The Company had no changes in accounting principles or correction of errors.

## **3. Business Combinations and Goodwill**

A. The Company had no transactions that were accounted for as a statutory purchases.

### **B. Statutory Merger**

The Company and an affiliate, Michigan Complete Health, Inc.. (MCH), entered into a Merger Agreement that became effective on January 1, 2022 which resulted in MCH merging into the Company, with the Company as the surviving entity. In accordance with the Merger Agreement, the Company has assumed responsibility for all liabilities and obligations of MCH. Additionally, the Company has assumed title to all real estate and other property, and related interest owned by MCH has been transferred to the Company. No consideration was exchanged as part of the transaction and all of MCH's shares of common stock issued and outstanding immediately prior to the effective date of the merger were canceled and retired.

In accordance with Statement of Statutory Accounting Principles ("SSAP") No. 68 - *Business Combinations and Goodwill* ("SSAP 68"), the merger transaction meets the criteria of a statutory merger. Accordingly, the respective statutory balance sheets of the Company and MCH were merged as of the effective date of the transaction, January 1, 2022. As a result of the transaction, all outstanding shares of MCH common stock valued at \$1 were cancelled. The Company's statements of assets and liabilities, capital and surplus present the merged assets and liabilities of both the Company and MCH. In accordance with SSAP No. 68, the Company's statement of revenue and expenses include the revenue and expenses of MCH.

C. The Company had no goodwill resulting from an assumption reinsurance.

D. The Company did not recognize any impairment losses.

E. The Company did not have any subcomponents and calculation of adjusted surplus and total admitted goodwill.

## **4. Discontinued Operations**

The Company did not have any discontinued operations.

## **5. Investments**

A. The Company had no mortgage loans, including mezzanine real estate loans.

B. The Company has no debt restructuring.

C. The Company has no reverse mortgages.

D. Loan-back securities

1. Prepayment assumptions for loan-backed securities were obtained from Reuters.

2. The Company did not have any other-than-temporary ("OTTI") to recognize.

3. The Company did not have any OTTI to recognize based on cash flow analysis.

4. All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$46,125
2. 12 Months or Longer	\$ 7,345,143

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$ 2,721,027
2. 12 Months or Longer	\$ 52,906,875

5. For any security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not that the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is OTTI and is

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recorded in earnings. The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment of these securities.

For loan-backed securities in an unrealized loss position, management further evaluates whether the collection of all cash flow is probable. Management utilizes the prospective adjustment method to evaluate the present value of future cash flow. For those loan-back and structured securities (NAIC designated 1 or 2) where management has determined that collection of all contractual cash flow is not probable, the securities are considered other than temporarily impaired to the extent amortized cost is greater than the present value of future cash flow.

The Company does not intend to sell these securities prior to maturity; therefore, there is no indication of other than temporary impairment.

E. The Company's policy for dollar repurchase agreements require a minimum of 100% of the fair value of securities purchases agreements to be maintained as collateral. There were no dollar repurchase arrangements outstanding for the year ended December 31, 2023.

F-I. The Company had no repurchase or reverse agreement transactions accounted for as secured borrowings or as a sale.

J. The Company did not engage in any retail land sale operations.

K. The Company did not engage in any low income housing tax credits.

L. Restricted Assets

1. Restricted Assets (Including Pledged):

The information on the Company's investment in restricted assets at December 31, was as follows:

Restricted Asset Category	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
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 repurchase agreements	—	—	—	—	—	—	—
e. Subject to dollar repurchase agreements	—	—	—	—	—	—	—
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	—	—
g. Placed under option contracts	—	—	—	—	—	—	—
h. Letter stock or securities	—	—	—	—	—	—	—
i. FHLB capital stock	—	—	—	—	—	—	—
j. On deposit with states	2,303,510	2,209,661	93,849	—	2,303,510	0.2 %	0.2 %
k. On deposit with other regulatory bodies	—	—	—	—	—	—	—
l. Pledged as collateral to FHLB	—	—	—	—	—	—	—
m. Pledged as collateral not captured in other categories	—	—	—	—	—	—	—
n. Other restricted assets	—	—	—	—	—	—	—
<b>o. Total restricted assets</b>	<b>\$ 2,303,510</b>	<b>\$ 2,209,661</b>	<b>\$ 93,849</b>	<b>\$ —</b>	<b>\$ 2,303,510</b>	<b>0.2 %</b>	<b>0.2 %</b>

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. The Company did not have any assets pledged as collateral, or captured in other categories.

3. The Company did not have any other restricted assets.

4. The Company did not have any collateral received and reflected as assets.

M. The Company did not have any working capital financed investments.

N. The Company had no asset and liabilities which are offset and reported net in accordance with a valid right to offset.

O. The Company did not have any 5\*GI securities.

P. The Company had no short sales.

Q. The Company had no prepayment penalty and acceleration fees.

R. The Company had no reporting entity's share of cash pool.

**6. Joint Ventures, Partnerships and Limited Liability Companies ("LLC's")**

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- A. The Company did not have any investments in any joint ventures, partnerships or LLC's that exceed 10% of the admitted assets of the insurer.
- B. The Company did not recognize any impairment write down for its investment in joint ventures, partnerships and LLC's during the statement periods.

**7. Investment Income**

- A. All investment income due and accrued with amounts that are over 90 days past due and amounts relating to nonadmitted invested assets are considered nonadmitted.
- B. The Company did not have any nonadmitted accrued interest income during the statement periods.
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued:

Interest Income Due and Accrued	Amount
1. Gross	\$ 3,238,934
2. Nonadmitted	—
3. Admitted	\$ 3,238,934

- D. The Company did not have any aggregate deferred interest during the statement periods.
- E. The Company did not have any paid-in-kind interest included in current principal balance.

**8. Derivative Instruments**

The Company did not have any derivative instruments.

**9. Income Taxes**

- A. Components of Deferred Tax Assets ("DTAs") and Deferred Tax Liabilities ("DTLs"):

The components of the net DTAs/DTLs at December 31, are as follows:

(1)	2023			2022			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTAs	\$ 12,807,990	\$ 82,405	\$ 12,890,395	\$ 10,832,951	\$ 117,165	\$ 10,950,116	\$ 1,975,039	\$ (34,760)	\$ 1,940,279
(b) Statutory Valuation Allowance ("SVA") Adjustments	—	—	—	—	—	—	—	—	—
(c) Adjusted Gross DTAs	12,807,990	82,405	12,890,395	10,832,951	117,165	10,950,116	1,975,039	(34,760)	1,940,279
(d) DTAs Nonadmitted	869,241	—	869,241	1,082,048	—	1,082,048	(212,807)	—	(212,807)
(e) Subtotal Net Admitted DTAs	11,938,749	82,405	12,021,154	9,750,903	117,165	9,868,068	2,187,846	(34,760)	2,153,086
(f) DTLs	488	11,683	12,171	30,101	—	30,101	(29,613)	11,683	(17,930)
(g) Net Admitted DTAs/(DTLs)	\$ 11,938,261	\$ 70,722	\$ 12,008,983	\$ 9,720,802	\$ 117,165	\$ 9,837,967	\$ 2,217,459	\$ (46,443)	\$ 2,171,016

(2)

Admission Calculation Components SSAP No. 101:

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 11,695,841	\$ —	\$ 11,695,841	\$ 9,490,066	\$ 9,880	\$ 9,499,946	\$ 2,205,775	\$ (9,880)	\$ 2,195,895
(b) Adjusted Gross DTAs Expected to be Realized After Application of the Threshold Limitation	230,736	82,405	313,141	230,736	107,285	338,021	—	(24,880)	(24,880)
1. Adjusted Gross DTAs Expected to be Realized Following the Balance Sheet Date	230,736	82,405	313,141	230,736	107,285	338,021	—	(24,880)	(24,880)
2. Adjusted Gross DTAs Allowed per Limitation Threshold	XXX	XXX	40,074,665	XXX	XXX	54,385,622	XXX	XXX	(14,310,957)
(c) Adjusted Gross DTAs Offset by Gross (DTLs)	12,171	—	12,171	30,101	0	30,101	(17,930)	—	(17,930)
(d) DTAs Admitted as the result of application of SSAP No. 101	\$ 11,938,748	\$ 82,405	\$ 12,021,153	\$ 9,750,903	\$ 117,165	\$ 9,868,068	\$ 2,187,845	\$ (34,760)	\$ 2,153,085

(3)

	2023	2022
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	>300%	412.0%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$267,164,434	\$362,570,815

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(4)	2022		2021		Change	
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
Impact of Tax-Planning Strategies						
(a) Adjusted gross DTAs - Amount	12,807,990	82,405	10,832,951	117,165	1,975,039	(34,760)
Adjusted gross DTAs - Percentage	2.0 %	1.0 %	42.0 %	1.0 %	(40.0)%	— %
(b) Net admitted DTAs - Amount	11,938,749	82,405	9,750,903	117,165	2,187,846	(34,760)
Net admitted DTAs - Percentage	2.0 %	1.0 %	47.0 %	1.0 %	(45.0)%	(1.0)%
(c) Does the Company's tax-planning strategies include the use of reinsurance?					Yes ___	No <u>X</u>

B. There are no temporary differences for which DTLs have not been established.

C. Current income taxes incurred consist of the following major components at December 31:

(1) Current Income Tax	2023	2022	Change
(a) Federal	13,230,731	4,429,775	\$ 8,800,956
(b) Foreign	—	—	—
(c) Subtotal	\$ 13,230,731	\$ 4,429,775	\$ 8,800,956
(d) Federal income tax on net capital gains	(171,929)	(195,440)	23,511
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	160,824	93,577	67,247
(g) Federal and foreign income taxes incurred	\$ 13,219,626	\$ 4,327,912	\$ 8,891,714

The tax effects of temporary differences that give rise to significant portions of the DTAs/DTLs are as follows:

(2) DTAs Resulting From	2023	2022	Change
(a) Ordinary			
Discounting of unpaid losses and LAE	\$ 1,233,894	\$ 1,168,958	\$ 64,936
Unearned premiums	87,007	67,964	19,043
Policyholder reserves	—	—	—
Investments	—	—	—
Deferred acquisition costs	—	—	—
Policyholder dividends accrued	—	—	—
Fixed assets	—	—	—
Accrued Expenses	432,006	4,701,179	(4,269,173)
Pension accruals	—	—	—
Nonadmitted assets	2,710,385	3,090,493	(380,108)
Net operating loss carryforward	—	—	—
Tax credit carryforward	—	—	—
Goodwill and intangible amortization	1,573,621	1,804,357	(230,736)
Premium deficiency reserve	6,771,077	—	6,771,077
Other	—	—	—
Gross Ordinary DTAs	\$ 12,807,990	\$ 10,832,951	\$ 1,975,039
(b) SVA adjustment - Ordinary	—	—	—
(c) Nonadmitted ordinary DTAs (-)	869,241	1,082,048	(212,807)
(d) Admitted ordinary DTAs	\$ 11,938,749	\$ 9,750,903	\$ 2,187,846
(e) Capital			
Investments	—	—	—
Net capital loss carryforward	—	—	—
Real estate	—	—	—
Unrealized capital losses	82,405	117,165	—
Other	—	—	—
Gross Capital DTAs	\$ 82,405	\$ 117,165	\$ (34,760)
(f) SVA adjustment - Capital (-)	—	—	—
(g) Nonadmitted Capital DTAs (-)	—	—	—
(h) Admitted Capital DTAs	\$ 82,405	\$ 117,165	\$ (34,760)
(i) Total Admitted DTAs	\$ 12,021,154	\$ 9,868,068	\$ 2,153,086

(3) DTLs Resulting From

(a) Ordinary			
Investments	\$ —	\$ —	\$ —
Fixed assets	—	—	—
Deferred and uncollected premiums	—	—	—
Policyholder reserves/salvage and subrogation	488	30,101	(29,613)
Other	—	—	—

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Ordinary DTLs	\$	488	\$	30,101	\$	(29,613)
(b) Capital						
Investments		11,683		—		11,683
Real estate		—		—		—
Unrealized capital gains		—		—		—
Other		—		—		—
Capital DTLs	\$	11,683	\$	—	\$	11,683
(c) Total DTLs	\$	12,171	\$	30,101	\$	(17,930)
Net DTAs/(DTLs)		12,008,983		9,837,967		2,171,016

**D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate**

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	<b>2023</b>
Income Before Taxes	\$ 10,675,913
Tax-Exempt Interest	(2,495)
Proration	624
Deferred Taxes on Nonadmitted Assets	380,108
Other, Including Prior Year True-Up	172,508
Total Statutory Income Taxes	<u>\$ 11,226,657</u>

	<b>2023</b>
Federal Income Taxes Incurred [Expense/(Benefit)]	\$ 13,391,555
Tax on Capital Gains/(Losses)	(171,929)
Change in Net Deferred Income Tax [Charge/(Benefit)]	(1,992,969)
Total Statutory Income Taxes	<u>\$ 11,226,657</u>

**E. Carryforwards, recoverable taxes, and IRC §6603 deposits:**

- At December 31, 2023, the Company has no federal operating loss carryforwards.
- The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

<b>Year:</b>	<b>Ordinary</b>	<b>Capital</b>	<b>Total</b>
2021	N/A	\$ —	\$ —
2022	\$ 4,222,651	\$ —	\$ 4,222,651
2023	\$ 13,058,802	\$ —	\$ 13,058,802
Total	<u>\$ 17,281,453</u>	<u>\$ —</u>	<u>\$ 17,281,453</u>

- There were no aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services (IRS) Code.

**F. Consolidated Federal Income Tax Return**

- The Company's federal income tax return is consolidated with Centene Corporation ("Centene") and its eligible subsidiaries as listed in NAIC Statutory Statement Schedule Y.
- The method of allocation among companies is subject to a written agreement whereby allocation is made primarily on a separate company basis using the percentage method pursuant to provisions of IRC Sections §1502 and §1552 and Treasury Regulations §1.1502 and §1.1552. This percentage method allocates a tax asset (i.e. intercompany receivable) for any benefit derived by the consolidated group for the member's losses or credits that offset consolidated taxable income. In accordance with the tax sharing agreement, each member shall pay to Parent or receive from the Parent the amount of tax liability or benefit reported on each member's proforma federal income tax return within 90 days of the date Parent files its consolidated federal income tax return.

G. The Company had no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within the next 12 months of the reporting date.

H. The Company had no repatriation transition tax.

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I. The Company did not have any alternative minimum tax credit.

J. The Inflation Reduction Act was enacted on August 16, 2022, and includes a new corporate alternative minimum tax (CAMT). The Company has determined that they are subject to the CAMT; however they do not pay any CAMT pursuant to the tax sharing agreement.

**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

A. and B. Relationship/Transactions and Amounts

*Capital Contributions* - The Company did not receive any capital contributions in 2023 and 2022.

In 2023 and 2022, the Company paid a cash dividend of \$135,000,000 and \$65,000,000, respectively, to its direct parent, WellCare of Michigan Holding Company ("WCMHC").

The Company has a management services agreement with Centene Management Company, LLC ("CMC"). CMC assumes responsibility for program planning and development, management information systems, financial systems and services, facilities arrangement, claims administration, provider and enrollee services and records, case management, care coordination, utilization and peer review, and quality assurance/quality improvement. Effective January 1, 2023, the agreement with CMC was amended and the Company paid CMC for its actual costs incurred. In 2022, the Company paid CMC a fee based on a percentage of its monthly revenue for which CMC provides the services necessary to manage the business operations of the Company and assumes responsibility for all associated costs. In addition, under the agreement, the Company also pays other direct costs associated with the business not covered by the management services agreement.

Amounts due to or from CMC are normally settled within 30 days. Any receivable due from CMC over 90 days old is nonadmitted in accordance with statutory accounting principles.

The Company's transactions, amounts due to and admitted amounts due from related parties in exchange for services provided for the years ended December 31, 2023 and 2022 are as follows:

Affiliate	Expense 2023	Expense 2022	Amount due (to) from 2023	Amount due (to) from 2022	Services Provided
CMC	\$ 308,143,737	\$ 245,547,360	\$ 7,997,482	\$ 9,400,463	General management services
Envolve Vision, Inc.	263,795	119,310	(31,807)	(19,618)	Managed vision
Envolve Dental, Inc.	413,361	232,664	(40,075)	(18,384)	Managed dental
National Imaging Association, Inc.	364,031	6,917,093	—	(432,118)	Radiology services
Centene Pharmacy Services, Inc.	10,672,169	183,946,639	2,937,211	1,413,453	Pharmacy benefits management
Bankers Reserve Life Insurance Company of Wisconsin, Inc.	512,377	1,070,100	(39,586)	(89,903)	Reinsurance (1)
Meridian Management Company	—	16,173,057	—	—	General management services
Meridian RX	—	116,596,965	—	—	In-home health services
Envolve PeopleCare, Inc.	—	(6)	—	—	Liability 15, affiliate payable.

(1) Amounts due to affiliates is reflected in reinsurance payable.

C. The Company did not have any transactions with related parties who are not reported on Schedule Y.

D. At December 31, 2023 and 2022, the Company reported a balance of \$10,934,692 and \$10,813,916, receivable from parent, subsidiaries and affiliates and a \$71,882 and \$470,119, payable to parent, subsidiaries and affiliates, respectively.

E. Management/Cost Sharing Agreements - See Note 10 A., B., and C. above.

F. The Company did not have any guarantees or undertakings for the benefit of an affiliate or related party that would result in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.

G. Control/Ownership - The Company is a wholly-owned subsidiary of WCMHC.

H. - L. The Company had no controlled entities, investments in SCA/foreign subsidiaries or noninsurance holding companies.

M. - O. The Company had no SCA investments, investments in insurance and SCA losses.

**11. Debt**

The Company did not have any debt or Federal Home Loan Bank agreements.

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

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The Company did not sponsor any retirement plans, deferred compensation, postemployment benefits and compensated absences and other postretirement benefits plan.

**13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

A. The Company has 100,000 shares of \$44.70 stated value common stock authorized of which 1,000 shares are issued and outstanding. In addition the Company has 100 shares of \$0.1 par value common stock issued and outstanding.

B. The Company has no preferred stock outstanding.

C. Dividend Restrictions -

Under the laws of the State of Michigan, all dividends and other distributions to shareholders must be reported to the Michigan Department. If surplus is determined by the Department not to be reasonable in relation to the insurer's outstanding liabilities and adequate to meet its financial needs, the Department shall have the authority to limit the amount of the dividends or distributions. No dividend or other distribution may be declared or paid at any time when the surplus of the insurer is less than the surplus

D. *Dividends* - In 2023, the Company paid cash dividends of \$135,000,000 to the Parent Company, WCMHC. The Company paid a \$50,000,000 ordinary dividend during the period June 30, 2023. The Department of Insurance and Financial Services ("DIFS") reviewed the Company's request received November 13, 2023 seeking approval for the payment of a \$85,000,000 dividend to WCMHC. Based upon the requirements of Section 1343(6) of the Michigan Insurance Code, \$8,674,790 of the dividend was considered ordinary and \$76,325,210 was considered extraordinary.

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

F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

G. The Company did not have any advances to surplus not repaid.

H. The Company held no stock for special purposes including conversion of preferred stock, employee stock options and stock purchase warrants.

I. The Company had no changes in balances of any special surplus funds.

J. The Company has (\$392,403) of cumulative unrealized gains and (losses).

K. The Company did not have any surplus notes.

L. The Company was not involved in a quasi-reorganization.

M. The Company has not been involved in a quasi-reorganization in the last 10 years.

**14. Liabilities, Contingencies and Assessments**

A. There were no contingent commitments.

B. Effective October 1, 2018 the Company is required to pay the annual Insurance Provider Assessment. The assessment for each HMO is based on the amount determined by the Michigan Department of Health and Human Services ("MDHHS") and applied to the prior year member months for the Medicaid and commercial lines of business. The portion of the assessment attributable to the Medicaid program is fully reimbursed by MDHHS. The Company recognized \$72,320,888 as an aggregate write-in for other healthcare related revenues and \$72,320,888 as general administrative expenses for the year ended December 31, 2023. The Company has \$36,160,444 recorded as an aggregate write-in for other than invested assets and \$36,160,444 recorded as general expenses due and accrued on the Statutory Statements of Admitted Assets, Liabilities, and Capital and Surplus at December 31, 2023 related to the remaining payments and reimbursement on the 2023 assessment.

C. There were no gain contingencies.

D. There were no claims related extra contractual obligations and bad faith losses stemming from lawsuits.

E. There were no joint and several liabilities.

F. All Other Contingencies - Various lawsuits against the Company have arisen in the course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets it considers impaired.

**15. Leases**

The Company did not have any noncancelable operating leases.

**16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

The Company did not have any off-balance sheet risk and concentration of credit risk for financial instruments.

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

A. Transfers of Receivables Reported as Sales

The Company did not have any transfer of receivables reported as sales.

B. Transfer and Servicing of Financial Assets

The Company did not have any transfer and servicing of financial assets and extinguishments of liabilities.

C. Wash Sales

The Company had no wash sales transaction with an NAIC designation 3 or below or unrated securities.

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.  
NOTES TO FINANCIAL STATEMENT**

**18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

A. ASO Plans - As of December 31, 2023 the Company has received payments totaling \$686,159,063 and paid a total of \$681,904,868 to providers on behalf of the MDHHS for managed care Medicaid pass-through Graduate Medical Education (GME), Hospital Reimbursement Adjustments (HRA), Specialty Network Access Fee (SNAF), and Quality Assurance (QAS) payments for nursing facilities. The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured plans was as follows during 2023:

Reference	Description	ASO Uninsured Plans	Partially Insured Plans	Total ASO
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$ 4,254,194	\$ —	\$ 4,254,194
b.	Total net other income or expenses (including interest paid to or received from plans)	\$ —	\$ —	\$ —
c.	Net gain or (loss) from operations	\$ 4,254,194	\$ —	\$ 4,254,194
d.	Total claim payment volume	\$ 681,904,868	\$ —	\$ 681,904,868

B. ASC Plans - None

C. Medicare or Similarly Structured Cost Based Reimbursement Contract:

1. Revenue from the Company's Medicare contract for the years ending December 31, 2023 and 2022, consisted of \$970,004,451 and \$1,018,541,249, respectively.

2. At December 31, 2023 and 2022, the Company has recorded receivables of \$22,781,893 and \$22,910,980, respectively, from CMS related to the cost share and reinsurance components of administered Medicare products. This represents 100% of the Company's amounts receivable from uninsured accident and health plans.

3. There were no recorded allowances or reserves for adjustment of recorded revenues.

4. There were no adjustments to revenue resulting from audit of receivables related to revenue recorded in prior periods.

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

The Company did not have any direct premiums written or reduced by managing general agents or third party administrators.

**20. Fair Value Measurements**

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition.

1. The following table summarizes fair value measurements by level at December 31, 2023, for assets and liabilities measured at fair value:

Description of each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
<b>a. Assets at fair value</b>					
Cash, cash equivalents and short-term investments	\$ 409,350,445	\$ —	\$ —	\$ —	\$ 409,350,445
Bonds	—	2,033,518	—	—	2,033,518
Total Bonds	\$ —	\$ 2,033,518	\$ —	\$ —	\$ 2,033,518
Common stock					
Parent, subsidiaries and affiliates	—	—	—	—	—
Total Common stock	\$ —	\$ —	\$ —	\$ —	\$ —
Derivatives assets					
Total Derivatives	\$ —	\$ —	\$ —	\$ —	\$ —
Separate account assets					
Total assets at fair value	\$ 409,350,445	\$ 2,033,518	\$ —	\$ —	\$ 411,383,963
<b>b. Liabilities at fair value</b>					
Total liabilities at fair value	\$ —	\$ —	\$ —	\$ —	\$ —

B. Assets Measured on a Fair Value on a Nonrecurring Basis:

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.  
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The Company's financial statements include certain financial instruments carried at amounts which approximate fair value, such as, cash, cash equivalents, short-term investments and receivables. The carrying amount approximates fair value because of the short-term nature of these items.

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level input	Input definition
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

**C. Aggregate Fair Value for all Financial Instruments**

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Cash and cash equivalents	\$ 409,350,445	\$ 409,350,445	\$ 409,350,445	\$ —	\$ —	\$ —	\$ —
Short-term investments	12,767,968	12,767,968	—	12,767,968	—	—	—
Bonds	244,293,805	257,182,931	401,298	243,892,507	—	—	—
Total Investments	<u>\$ 666,412,218</u>	<u>\$ 679,301,344</u>	<u>\$ 409,751,743</u>	<u>\$ 256,660,475</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

D. & E. The Company did not have any investments where it was not practicable to estimate fair value nor measuring using the NAV practical value.

**21. Other Items**

- A. The Company did not have any unusual or infrequent items.
- B. The Company did not have any troubled debt restructuring.
- C. Other Disclosures and Unusual Items - None.
- D. There were no business interruption insurance recoveries.
- E. There were no state transferable and non-transferable tax credits.
- F. There were no subprime mortgage related risk exposure.
- G. There were no retained assets.
- H. There were no insurance-linked securities contracts.
- I. There were no amounts that could be realized on life insurance where the Company is owner and beneficiary or has otherwise obtained rights to control the policy.

**22. Events Subsequent**

There were no events occurring subsequent to December 31, 2023, requiring disclosure. Subsequent events have been considered through February 29, 2024, for the Statutory statement issued on February 29, 2024.

**23. Reinsurance**

**A. Ceded Reinsurance Report**

**Section 1 - General Interrogatories**

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by an representative, officer, trustee, or director of the Company? Yes ( ) No ( X ) If yes, give full details.
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 ) If yes, give full details.

**Section 2 - Ceded Reinsurance Report - Part A**

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.  
NOTES TO FINANCIAL STATEMENT**

1. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit? Yes ( ) No ( X ) If yes, give full details.
  - a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the Company to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$0.
  - b. What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$0
2. Does the Company 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 ) If yes, give full details.

**Section 3 - Ceded Reinsurance Report - Part B**

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above), of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate \$0.
2. Have any new agreements been executed or existing agreement amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement? Yes ( ) No ( X ) If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such agreements or amendments?

B. The Company did not have any uncollectible reinsurance.

C. The Company did not commute any ceded reinsurance.

D. The Company did not have any certified reinsurer's rating downgraded or status subject to revocation.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. The Company's participation in the Medicare Advantage and MI Health Link program includes a risk sharing provision with CMS. The Company estimates accrued retrospective premium adjustments for its Medicare Advantage and MI Health Link products through a prescribed formula approach. The Company also estimates accrued retrospective premiums for its comprehensive individual health insurance business in accordance with the regulations put forth in Title 45 of the Code of Federal Regulations Part 153, Subpart F for the ACA Risk Corridors program and Title 45 of the Code of Federal Regulations Part 158 for the ACA MLR Rebate program.

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

C. The amount of net premiums written by the Company at December 31, 2023, that are subject to retrospective rating features was \$3,242,891,055 or 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. The Company did not have any medical loss ratio rebates required pursuant to the Public Health Service Act.

E. Risk Sharing Provisions of the ACA

1. Did the Company write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions? Yes

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

2) Impact of Risk Sharing Provisions of the ACA on Admitted Assets, Liabilities and Revenue for the Current Year:

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment Liabilities	\$	—
--	----	---

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment	\$	106,191
--	----	---------

3. Premium adjustments payable due to ACA Risk Adjustment	\$	37,862,396
---	----	------------

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	(34,492,749)
---	----	--------------

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	106,937
--	----	---------

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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.  
NOTES TO FINANCIAL STATEMENT**

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences	
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	Prior Year Accrued Less Payments (Col 1-3) 5 Receivable	Prior Year Accrued Less Payments (Col 2-4) 6 (Payable)
a. Permanent ACA Risk Adjustment Program						
1. Premium adjustments receivable	\$ 95,493	\$ —	\$ 86,864	\$ —	\$ 8,629	\$ —
2. Premium adjustments (payable)	—	(16,890,652)	—	(13,535,282)	—	(3,355,369)
Subtotal ACA Permanent Risk Adjustment Program	\$ 95,493	\$(16,890,652)	\$ 86,864	\$(13,535,282)	\$ 8,629	\$(3,355,369)
b. Transitional ACA Reinsurance Program	—	—	—	—	—	—
1. Amounts recoverable for claims paid	—	—	—	—	—	—
2. Amounts recoverable for claims unpaid (contra liability)	—	—	—	—	—	—
3. Amounts receivable relating to uninsured plans	—	—	—	—	—	—
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	—	—	—	—	—	—

	Adjustments			Unsettled Balances as of the Reporting date	
	To Prior Year Balances 7 Receivable	To Prior Year Balances 8 (Payable)	Ref	Prior Year Accrued Less Payments (Col 1-3+7) 9 Receivable	Prior Year Accrued Less Payments (Col 2-4+8) 10 (Payable)
a. Permanent ACA Risk Adjustment Program					
1. Premium adjustments receivable	\$ (8,629)	\$ —	A	\$ —	\$ —
2. Premium adjustments (payable)	—	3,355,369	B	—	—
Subtotal ACA Permanent Risk Adjustment Program	\$ (8,629)	\$ 3,355,369		\$ —	\$ —
b. Transitional ACA Reinsurance Program	—	—		—	—
1. Amounts recoverable for claims paid	—	—	C	—	—
2. Amounts recoverable for claims unpaid (contra liability)	—	—	D	—	—
3. Amounts receivable relating to uninsured plans	—	—	E	—	—
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	—	—	F	—	—

4) Rollforward of Risk Corridors Asset and Liability Balances by Program Benefit Year:

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	Prior Year Accrued Less Payments (Col 1-3) 5 Receivable	Prior Year Accrued Less Payments (Col. 2-4) 6 (Payable)	To Prior Year Balances 7 Receivable	To Prior Year Balances 8 (Payable)	Ref	Cumulative Balance from Prior Years (Col 1-3+7) 9 Receivable	Cumulative Balance from Prior Years (Col. 2-4+8) 10 (Payable)
a) Permanent ACA Risk Adjustment Program											
a. 2014											
1. Accrued retrospective premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —		\$ —	\$ —
2. Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—		—	—
b. 2015											
1. Accrued retrospective premium	—	—	—	—	—	—	—	—		—	—
2. Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—		—	—
c. 2016											
1. Accrued retrospective premium	—	—	—	—	—	—	—	—		—	—
2. Reserve for rate credits or policy experience rating refunds	—	—	—	—	—	—	—	—		—	—
d. Total for Risk Corridors	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —		\$ —	\$ —

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.  
NOTES TO FINANCIAL STATEMENT**

5) ACA Risk Corridors Receivable as of Reporting Date:

	1	2	3	4	5	6
ACA Risk Corridor Receivable	Estimated Amount to be filed/final amount filed with CMS	Nonaccrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
2014 Benefit Year	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2015 Benefit Year	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2016 Benefit Year	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

**25. Change in Incurred Claims and Claim Adjustment Expenses**

A. Reserves for unpaid claims as of December 31, 2022 were \$418,220,902. As of December 31, 2023, \$368,251,716 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$33,956,384 as a result of re-estimation of unpaid claims. Therefore, there has been \$16,012,802 favorable prior-year development since December 31, 2022. The increase or decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Adjustments to claims adjustment expenses incurred attributable to insured events of the prior year were immaterial.

B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses for the most recent reporting period presented.

**26. Intercompany Pooling Arrangements**

The Company did not have any intercompany pooling arrangements.

**27. Structured Settlements**

The Company did not have any structured settlements.

**28. Health Care Receivables**

Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2023, were \$23,361,562, of which \$4,340,702 is aged ninety days or older and is nonadmitted.

The following is a summary of pharmacy rebates by quarter:

Quarter Ending	Estimated Rebates	Rebates Invoices	Collected Within 90 days of Invoicing	Collected Within 91 to 180 days of Invoicing	Collected More than 180 days of Invoicing
12/31/2023	25,572,011	7,233,416	8,431,698	—	—
9/30/2023	25,888,856	27,203,051	24,773,719	—	—
6/30/2023	25,535,539	27,014,253	24,642,449	232,743	—
3/31/2023	26,820,487	27,512,792	25,032,602	273,086	276,879
12/31/2022	25,183,080	26,447,606	14,172,702	7,026,299	604,316
9/30/2022	25,771,783	26,422,317	20,146,825	974,397	714,086
6/30/2022	24,739,487	25,089,448	19,511,113	927,911	(403,190)
3/31/2022	23,397,958	23,572,327	18,476,149	1,122,909	298,755
12/31/2021	20,802,963	21,126,408	17,848,741	1,179,393	121,745
9/30/2021	19,705,413	20,452,805	17,406,203	1,203,836	150,413
6/30/2021	17,695,484	18,495,885	15,830,021	58,124	1,409,257
3/31/2021	15,682,130	16,330,474	13,892,886	21,860	662,731

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.  
NOTES TO FINANCIAL STATEMENT**

**B. Risk Sharing Receivables**

Calendar Yr Ending	Evaluation Period Year Ending	Risk Sharing Receivable as Reported in the the Prior Yr	Risk Sharing Receivable as Estimated & Reported in the Current Year	Risk Sharing Receivable Invoiced	Risk Sharing Receivable Not Invoiced	Actual Risk Sharing Amounts Collected in Year Invoiced	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other
<b>2023</b>	2023	\$—		\$—		\$—			
	2024	xxx	\$—	xxx	xxx	xxx	xxx		
<b>2022</b>	2022	\$764,659	\$764,659	\$764,659	\$—	\$—	\$764,659		
	2023	xxx	\$—	xxx	xxx	xxx	xxx	xxx	xxx
<b>2021</b>	2021	\$8,843,897	\$275,000	\$275,000	\$—	\$—	\$—	\$275,000	
	2022	xxx	\$764,659	xxx	xxx	xxx	xxx	xxx	xxx

**29. Participating Policies**

The Company had no participating policies.

**30. Premium Deficiency Reserves**

The following table summarizes the Company’s premium deficiency reserves at December 31, 2023:

- |   |                  |
|---|------------------|
| 1. Liability carried for premium deficiency reserves -            | \$ 32,243,224    |
| 2. Date of most recent evaluation of this liability -             | January 31, 2024 |
| 3. Was anticipated investment income utilized in the calculation? | No               |

**31. Anticipated Salvage and Subrogation**

The Company took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses and reduced such liability by \$186,000.

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**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  No   
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 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  No  N/A
- 1.3 State Regulating? Michigan.....
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes  No
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0001071739.....
- 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
- 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. ....12/31/2022
- 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. ....12/31/2017
- 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). ....05/09/2019
- 3.4 By what department or departments? DIFS.....
- 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  No  N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes  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   
 4.12 renewals? Yes  No
- 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   
 4.22 renewals? Yes  No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes  No   
 If yes, complete and file the merger history data file with the NAIC.
- 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
- 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
- 7.2 If yes, 7.21 State the percentage of foreign control .....0.0 %  
 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
.....	.....
.....	.....
.....	.....

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes  No
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC. ....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes  No
- 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
.....	.....	NO	NO	NO	NO

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes  No
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes  No  N/A
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? KPMG LLP, 10 S. Broadway, Suite 900, St. Louis, MO 63102.....
- 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
- 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 Yes  No

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

- allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?
- 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  N/A
- 10.6 If the response to 10.5 is no or n/a, please explain
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?  
Mohammed Umar Gilani, 7700 Forsyth Blvd, St. Louis, MO 63105.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes  No
- 12.11 Name of real estate holding company .....  
12.12 Number of parcels involved .....0  
12.13 Total book/adjusted carrying value \$ .....0
- 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?  
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. Yes  No
- 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
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
On May 10, 2023 and December 8, 2023 the Board of Directors of Centene Corporation, the Company's ultimate parent corporation, approved a revised Business Ethics and Code of Conduct which is applicable to the Company.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes  No
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 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
- 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
.....	.....	.....	.....0
.....	.....	.....	.....
.....	.....	.....	.....

**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  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  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  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
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....0  
20.12 To stockholders not officers \$.....0  
20.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 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 \$.....0  
20.22 To stockholders not officers \$.....0  
20.23 Trustees, supreme or grand (Fraternal only) \$.....0
- 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
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....0  
21.22 Borrowed from others \$.....0  
21.23 Leased from others \$.....0  
21.24 Other \$.....0
- 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
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....0  
22.22 Amount paid as expenses \$.....1,350  
22.23 Other amounts paid \$.....0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes  No
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....0
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes  No
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
--------------------------	--

**INVESTMENT**

- 25.01 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 25.03) Yes [ X ] No [ ]
- 25.02 If no, give full and complete information, relating thereto
- 25.03 For securities 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)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$.....0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$.....0
- 25.06 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 ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] NA [ X ]
- 25.08 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 ]
- 25.09 For the reporting entity's securities lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 25.093 Total payable for securities lending reported on the liability page \$.....0
- 26.1 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 24.1 and 25.03). Yes [ X ] No [ ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$.....
- 26.22 Subject to reverse repurchase agreements \$.....
- 26.23 Subject to dollar repurchase agreements \$.....
- 26.24 Subject to reverse dollar repurchase agreements \$.....
- 26.25 Placed under option agreements \$.....
- 26.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock \$.....
- 26.27 FHLB Capital Stock \$.....
- 26.28 On deposit with states \$.....2,303,510
- 26.29 On deposit with other regulatory bodies \$.....
- 26.30 Pledged as collateral – excluding collateral pledged to an FHLB \$.....
- 26.31 Pledged as collateral to FHLB – including assets backing funding agreements \$.....
- 26.32 Other \$.....
- 26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.
- LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:
- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
- 27.42 Permitted accounting practice Yes [ ] No [ ]
- 27.43 Other accounting guidance Yes [ ] No [ ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 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 ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$.....
29. 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 [ ]
- 29.01 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
US Bank National Association.....	555 S.W. Oak St., Portland, OR 97204.....
NORTHERN TRUST.....	50 S. La Salle St, Chicago, IL 60603.....

- 29.02 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)

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes [ ] No [ X ]  
 29.04 If yes, give full and complete information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
BBH.....	U.....
Deutsche.....	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [ X ] No [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [ X ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104487.....	Brown Brothers Harriman.....	5493006KMX1VFTYPW14.....	F INRA.....	
104518.....	Deutsche Investment Management Americas Inc.....	CZ83K4EEE8QVCT3B128.....	SEC.....	

30.1 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 ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 TOTAL		0

30.3 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

31. 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 (+)
31.1 Bonds.....	282,332,131	244,293,805	(38,038,326)
31.2 Preferred Stocks.....	0		0
31.3 Totals	282,332,131	244,293,805	(38,038,326)

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

The Company's pricing vendor is Refinitiv Evaluated Pricing Service, provided through Clearwater. Where Refinitiv is not available, we revert to ICE Data Pricing & Reference Data, provided through our custodians.....

32.1 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 [ ]

32.2 If the answer to 32.1 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 [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

33.2 If no, list exceptions:

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
 b. Issuer or obligor is current on all contracted interest and principal payments.  
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
 Has the reporting entity self-designated 5GI securities?

Yes [ ] No [ X ]

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

Yes [ ] No [ X ]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior

Yes [ ] No [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

to January 1, 2019.

- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [ X ] No [ ] NA [ ]

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported? .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes [ ] No [ ]

39.22 Immediately converted to U.S. dollars Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....0

40.2 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
.....	\$.....
.....	\$.....
.....	\$.....

41.1 Amount of payments for legal expenses, if any? \$ .....150,646

41.2 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
LOCKE LORD LLP.....	\$.....59,407
BODMAN PLC.....	\$.....46,808

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ .....0

42.2 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		2
		Current Year		Prior Year
2.1	Premium Numerator	\$ .....3,242,388,412	\$	.....3,128,918,956
2.2	Premium Denominator	\$ .....3,242,388,412	\$	.....3,128,918,956
2.3	Premium Ratio (2.1/2.2)	.....1.000		.....1.000
2.4	Reserve Numerator	\$ .....526,209,255	\$	.....489,008,538
2.5	Reserve Denominator	\$ .....526,209,255	\$	.....489,008,538
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 [ X ] No [ ]
- 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 \$ .....
- 5.32 Medical Only \$ .....5,000,000
- 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:
- 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 .....127,430
- 8.2 Number of providers at end of reporting year .....158,194
- 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          |  | \$.....47,003,782 |
| 10.22 Amount actually paid for year bonuses   |  | \$.....58,689,668 |
| 10.23 Maximum amount payable withholds        |  | \$.....           |
| 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 [ ] No [ X ] |
| 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. \$.....6,000,000
- 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  
Per Michigan statute 500.3551
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Alcona.....
Allegan.....
Alpena.....
Antrim.....
Arenac.....
Barry.....
Bay.....
Benzie.....
Berrien.....
Branch.....
Calhoun.....
Cass.....
Charlevoix.....
Cheboygan.....
Clare.....
Clinton.....
Crawford.....
Eaton.....
Emmet.....
Genesee.....
Gladwin.....
Grand Traverse.....
Gratiot.....
Hillsdale.....
Huron.....
Ingham.....
Ionia.....
Iosco.....
Isabella.....
Jackson.....
Kalamazoo.....
Kalkaska.....
Kent.....
Lake.....
Lapeer.....
Leelanau.....
Lenawee.....
Livingston.....
Macomb.....
Manistee.....
Mason.....
Mecosta.....
Midland.....
Missaukee.....
Monroe.....
Montcalm.....
Montmorency.....
Muskegon.....
Newaygo.....
Oakland.....
Oceana.....
Ogemaw.....
Osceola.....
Oscoda.....
Otsego.....
Ottawa.....
Presque Isle.....
Roscommon.....

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

1 Name of Service Area
Saginaw.....
Sanilac.....
Shiawassee.....
St. Clair.....
St. Joseph.....
Tuscola.....
Van Buren.....
Washtenaw.....
Wayne.....
Wexford.....

- 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 (prior to reinsurance assumed or ceded).
- |                              |           |
|------------------------------|-----------|
| 15.1 Direct Premium Written  | \$ .....0 |
| 15.2 Total Incurred Claims   | \$ .....0 |
| 15.3 Number of Covered Lives | .....0    |

*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)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [ X ] No [ ]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [ X ]

**FIVE - YEAR HISTORICAL DATA**

	1 2023	2 2022	3 2021	4 2020	5 2019
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	896,912,170	938,364,041	1,033,195,911	826,735,879	584,388,349
2. Total liabilities (Page 3, Line 24)	617,738,751	565,955,259	677,081,865	545,512,183	335,690,080
3. Statutory minimum capital and surplus requirement	6,000,000	6,000,000	191,573,454	154,680,944	145,174,642
4. Total capital and surplus (Page 3, Line 33)	279,173,419	372,408,782	356,114,046	281,223,696	248,698,269
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	3,314,709,300	3,206,509,862	2,887,040,673	2,335,489,685	2,092,965,496
6. Total medical and hospital expenses (Line 18)	2,847,638,678	2,757,452,365	2,474,825,186	1,971,045,894	1,809,893,917
7. Claims adjustment expenses (Line 20)	24,602,021	26,988,266	24,715,294	35,157,371	37,823,021
8. Total administrative expenses (Line 21)	386,560,936	332,720,955	348,059,908	285,085,165	279,587,007
9. Net underwriting gain (loss) (Line 24)	23,664,441	89,348,276	39,440,285	44,201,255	(34,338,449)
10. Net investment gain (loss) (Line 27)	27,849,458	14,320,618	3,890,388	5,892,609	8,504,620
11. Total other income (Lines 28 plus 29)	(504,285)	(470,752)	(516,421)	(189,921)	0
12. Net income or (loss) (Line 32)	37,618,059	98,674,790	34,981,261	27,476,239	(27,877,011)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	78,539,518	18,849,254	106,736,659	187,200,281	112,172,307
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	279,173,419	372,408,782	356,114,046	281,223,696	248,698,269
15. Authorized control level risk-based capital	85,612,857	88,083,994	95,792,885	77,340,472	72,587,321
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	582,116	648,381	627,647	591,051	522,137
17. Total members months (Column 6, Line 7)	7,571,190	7,741,009	7,470,250	6,722,531	6,320,131
<b>Operating Percentage</b> (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)	87.8	88.1	87.7	88.8	89.7
20. Cost containment expenses	0.0	0.1	0.1	0.7	1.3
21. Other claims adjustment expenses	0.7	0.8	0.9	1.6	1.9
22. Total underwriting deductions (Line 23)	101.5	99.6	101.2	103.4	105.5
23. Total underwriting gain (loss) (Line 24)	0.7	2.9	1.5	1.7	(1.9)
<b>Unpaid Claims Analysis</b>					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	402,208,101	328,814,766	263,095,463	209,842,708	204,723,132
25. Estimated liability of unpaid claims – [prior year (Line 17, Col. 6)]	418,220,901	374,809,050	344,177,842	244,090,200	206,091,178
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
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	0
31. All other affiliated	0	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	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only								10 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8		
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	L								0	0
9. District of Columbia	DC	L								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	L								0	0
15. Indiana	IN	L								0	0
16. Iowa	IA	N								0	0
17. Kansas	KS	N								0	0
18. Kentucky	KY	L								0	0
19. Louisiana	LA	N								0	0
20. Maine	ME	L								0	0
21. Maryland	MD	N								0	0
22. Massachusetts	MA	N								0	0
23. Michigan	MI	L	166,073,717	907,602,487	2,106,781,023					3,180,457,227	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	L		62,433,827						62,433,827	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	0
59. Subtotal	XXX	166,073,717	970,036,314	2,106,781,023	0	0	0	0	3,242,891,054	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0		
61. Total (Direct Business)	XXX	166,073,717	970,036,314	2,106,781,023	0	0	0	0	3,242,891,054	0	0
<b>DETAILS OF WRITE-INS</b>											
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	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	8	4. Q – Qualified – Qualified or accredited reinsurer	0
2. R – Registered – Non-domiciled RRGs	0	5. N – None of the above – Not allowed to write business in the state.	49
3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state	0		

(b) Explanation of basis of allocation by states, premiums by states, etc.



**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

	Western Sky Community Care, Inc.									45-5583511	NM	16351
	Tennessee Total Care, Inc.									26-1849394	TN	
	SilverSummit Healthplan, Inc.									20-4761189	NV	16143
	University Health Plans, Inc.									22-3292245	NJ	
	Agate Resources, Inc.									20-0483299	OR	
	Trillium Community Health Plan, Inc.									42-1694349	OR	12559
	Nebraska Total Care, Inc.									47-5123293	NE	15902
	Pennsylvania Health & Wellness, Inc.									47-5340613	PA	16041
	Sunshine Health Community Solutions, Inc.									47-5667095	FL	15927
	Buckeye Health Plan Community Solutions, Inc.									47-5664342	OH	16112
	Arkansas Health & Wellness Health Plan, Inc.									81-1282251	AR	16130
	Arkansas Total Care Holding Company, LLC (49%)									38-4042368	DE	
	Arkansas Total Care, Inc.									82-2649097	AR	16256
	Bridgeway Health Solutions, LLC									20-4980875	DE	
	Bridgeway Health Solutions of Arizona Inc.									20-4980818	AZ	16310
	Celtic Group, Inc									36-2979209	DE	
	Celtic Insurance Company									06-0641618	IL	80799
	Ambetter of Magnolia Inc									35-2525384	MS	15762
	Ambetter of Peach State Inc.									36-4802632	GA	15729
	Ambetter Health of Louisiana, Inc									92-3523808	LA	17514
	Novasys Health, Inc									27-2221367	DE	
	Centene Management Company LLC									39-1864073	WI	
	Illinois Health Practice Alliance, LLC (50%)									82-2761995	DE	
	Lifeshare Management Group, LLC									46-2798132	NH	
	Envolve Holdings, LLC									22-3889471	DE	
	Cenpatico Behavioral Health, LLC									68-0461584	CA	
	Envolve, Inc.									37-1788565	DE	
	Envolve Benefits Options, Inc.									61-1846191	DE	
	Envolve Vision Benefits, Inc.									20-4730341	DE	
	Envolve Vision of Texas, Inc.									75-2592153	TX	95302
	Envolve Vision, Inc									20-4773088	DE	
	Envolve Vision of Florida, Inc									65-0094759	FL	
	Envolve Total Vision, Inc.									20-4861241	DE	

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**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

		Envolve Dental, Inc.								46-2783884	DE	
			Envolve Dental of Florida, Inc.							81-2969330	FL	
			Envolve Dental of Texas, Inc.							81-2796896	TX	16106
		Centene Pharmacy Services, Inc.								77-0578529	DE	
		MeridianRx, LLC								27-1339224	MI	
		Specialty Therapeutic Care Holdings, LLC								27-3617766	DE	
		Specialty Therapeutic Care, LP (99.99%)								73-1698808	TX	
		Specialty Therapeutic Care, GP, LLC								73-1698807	TX	
		Specialty Therapeutic Care, LP (0.01%)								73-1698808	TX	
		Presonyx, Inc.								80-0856383	DE	
		AcariaHealth, Inc.								45-2780334	DE	
		AcariaHealth Pharmacy #14, Inc								27-1599047	CA	
		AcariaHealth Pharmacy #11, Inc								20-8192615	TX	
		AcariaHealth Pharmacy #12, Inc								27-2765424	NY	
		AcariaHealth Pharmacy #13, Inc								26-0226900	CA	
		AcariaHealth Pharmacy, Inc								13-4262384	CA	
		HomeScripts.com, LLC								27-3707698	MI	
		Foundation Care LLC (80%)								20-0873587	MO	
		AcariaHealth Pharmacy #26, Inc.								20-8420512	DE	
		Health Net, LLC								47-5208076	DE	
		Health Net of California, Inc.								95-4402957	CA	
		Health Net Life Insurance Company								73-0654885	CA	66141
		Health Net Life Reinsurance Company								98-0409907	CJ	
		MEB Ventures II, LLC								83-1570018	DE	
		BLR Properties, LLC (80%)								83-1576137	DE	
		Managed Health Network, LLC								95-4117722	DE	
		Managed Health Network								95-3817988	CA	
		MHN Services, LLC								95-4146179	CA	
		Health Net Federal Services, LLC								68-0214809	DE	
		MHN Government Services LLC								42-1680916	DE	
		Network Providers, LLC (10%)								88-0357895	DE	
		Network Providers, LLC (90%)								88-0357895	DE	
		Health Net Health Plan of Oregon, Inc.								93-1004034	OR	95800

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

		Health Net Community Solutions, Inc.								54-2174068	CA	
		Health Net of Arizona, Inc.								36-3097810	AZ	95206
		Health Net Community Solutions of Arizona, Inc.								81-1348826	AZ	15895
		Health Net Access, Inc.								46-2616037	AZ	
		Centene Health Plan Holdings, Inc.								82-1172163	DE	
		Ambetter of North Carolina, Inc.								82-5032556	NC	16395
		Carolina Complete Health Holding Company Partnership (80%)								82-2699483	DE	
		Carolina Complete Health, Inc.								82-2699332	NC	16526
		New York Quality Healthcare Corporation								82-3380290	NY	16352
		WellCare of Connecticut, Inc.								06-1405640	CT	95310
		Community Medical Holdings Corp								47-4179393	DE	
		Access Medical Acquisition, LLC								46-3485489	DE	
		Access Medical Group of North Miami Beach, LLC								45-3191569	FL	
		Access Medical Group of Miami, LLC								45-3191719	FL	
		Access Medical Group of Hialeah, LLC								45-3192283	FL	
		Access Medical Group of Westchester, LLC								45-3199819	FL	
		Access Medical Group of Opa-Locka, LLC								45-3505196	FL	
		Access Medical Group of Perrine, LLC								45-3192955	FL	
		Access Medical Group of Florida City, LLC								45-3192366	FL	
		Access Medical Group of Tampa, LLC								82-1737078	FL	
		Access Medical Group of Tampa II, LLC								82-1750978	FL	
		Access Medical Group of Tampa III, LLC								82-1773315	FL	
		Access Medical Group of Lakeland, LLC								84-2750188	FL	
		Access Medical Group of Pembroke Pines, LLC								88-2251274	FL	
		Access Medical Group of Margate, LLC								88-2263310	FL	
		Access Medical Group of Riverview, LLC								88-2284518	FL	
		Access Medical Group of Kendall, LLC								92-0235557	FL	
		Access Medical Group of Lauderdale Lakes, LLC								92-0261029	FL	
		Interpreta Holdings, Inc. (80.1%)								82-4883921	DE	
		Interpreta, Inc.								46-5517858	DE	
		Next Door Neighbors, LLC								32-2434596	DE	
		Next Door Neighbors, Inc.								83-2381790	DE	
		Centene Venture Company Alabama Health Plan, Inc.								84-3707689	AL	16771

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

			Centene Venture Company Illinois							83-2425735	IL	16505
			Centene Venture Company Kansas							83-2409040	KS	16528
			Centene Venture Company Florida							83-2434596	FL	16499
			Centene Venture Company Indiana, Inc.							84-3679376	IN	16773
			Centene Venture Company Tennessee							84-3724374	TN	16770
			Centene Venture Insurance Company Texas							86-1543217	TX	16990
			Centene Venture Company Michigan							83-2446307	MI	16613
	Comprehensive Health Management, LLC									59-3547616	FL	
	WellCare Health Plans, Inc.									83-4405939	DE	
	WCG Health Management, Inc.									04-3669698	DE	
	The WellCare Management Group, Inc.									14-1647239	NY	
			WellCare of Mississippi, Inc.							81-5442932	MS	16329
			WellCare of Virginia, Inc.							82-0664467	VA	16763
			WellCare of Oklahoma, Inc.							81-3299281	OK	16117
			WellCare Health Insurance Company of Nevada, Inc.							84-3731013	NV	
			WellCare Health Insurance of the Southwest, Inc.							84-3739752	AZ	16692
			WellCare of Georgia, Inc.							20-2103320	GA	10760
			WellCare of Texas, Inc.							20-8058761	TX	12964
			WellCare of South Carolina, Inc.							32-0062883	SC	11775
			WellCare Health Plans of New Jersey, Inc.							20-8017319	NJ	13020
			WellCare of Pennsylvania, Inc.							81-1631920	PA	
			WellCare Health Plans of Massachusetts, Inc.							84-3547689	MA	16970
			WellCare Health Insurance Company of Oklahoma, Inc.							84-4449030	OK	16752
			WellCare Health Plans of Missouri, Inc.							84-3907795	MO	16753
			WellCare Prescription Insurance, Inc.							20-2383134	AZ	10155
			WellCare Health Insurance of Hawaii, Inc.							84-4664883	HI	17002
			WellCare Health Plans of Rhode Island, Inc.							84-4627844	RI	16766
			WellCare of Illinois, Inc.							84-4649985	IL	16765
			Rhythm Health Tennessee, Inc.							45-5154364	TN	16533
			WellCare Health Insurance of New York, Inc.							11-3197523	NY	10884
			Ohana Health Plan, Inc.							27-0386122	HI	
			WellCare of Indiana, Inc.							83-2840051	IN	
			America's 1st Choice California Holdings, LLC							45-3236788	FL	

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

				WellCare of California, Inc.					20-5327501	CA	
				WellCare Health Insurance of Tennessee, Inc.					83-2276159	TN	16532
				WellCare of New Hampshire, Inc.					83-2914327	NH	16515
				WellCare Health Plans of Vermont, Inc.					83-2255514	VT	16514
				WellCare Health Insurance of Connecticut, Inc.					83-2126269	CT	16513
				WellCare of Washington, Inc.					83-2069308	W A	16571
				WellCare Health Plans of Kentucky, Inc.					47-0971481	KY	15510
				WellCare of Alabama, Inc.					82-1301128	AL	16239
				WellCare of Maine, Inc.					82-3114517	ME	16344
				Harmony Health Systems Inc.					22-3391045	NJ	
				Harmony Health Plan, Inc.					36-4050495	IL	11229
				WellCare Health Insurance Company of Kentucky, Inc.					36-6069295	KY	64467
				WellCare Health Insurance of Arizona, Inc.					86-0269558	AZ	83445
				WellCare Health Insurance of North Carolina, Inc.					83-3493160	NC	16548
				WellCare Health Insurance Company of Louisiana, Inc.					83-3333918	LA	16788
				WellCare of Missouri Health Insurance Company, Inc.					83-3525830	MO	16512
				Care 1st Health Plan of Arizona, Inc.					57-1165217	AZ	
				Care1st Health Plan Administrative Services, Inc.					46-2680154	AZ	
				One Care by Care1st Health Plans of Arizona, Inc.					06-1742685	AZ	
				WellCare Health Insurance Company of Washington, Inc.					83-3166908	W A	16570
				WellCare of North Carolina, Inc.					82-5488080	NC	16547
				WellCare Health Insurance Company of America					82-4247084	AR	16343
				WellCare National Health Insurance Company					82-5127096	TX	16342
				WellCare Health Insurance Company of New Hampshire, Inc.					83-3091673	NH	16516
				Wellcare Health Insurance Company of New Jersey, Inc.					84-4709471	NJ	16789
				WellCare of Michigan Holding Company					26-4004578	MI	
				Meridian Health Plan of Michigan, Inc.					38-3253977	MI	52563
				Meridian Health Plan of Illinois, Inc.					20-3209671	IL	13189
				Sunshine State Health Plan, Inc (50%)					20-8937577	FL	13148
				Universal American Corp.					27-4683816	DE	
				Universal American Holdings, LLC					45-1352914	DE	
				American Progressive Life and Health Insurance Company of New York					13-1851754	NY	80624

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

					Heritage Health Systems, Inc.				62-1517194	TX	
					SelectCare of Texas, Inc.				62-1819658	TX	10096
					Heritage Health Systems of Texas, Inc.				76-0459857	TX	
					Golden Triangle Physician Alliance				62-1694548	TX	
					Heritage Physician Networks				76-0560730	TX	
	QCA Healthplan, Inc.								71-0794605	AR	95448
	Qualchoice Life and Health Insurance Company								71-0386640	AR	70998
	District Community Care Inc.								84-4119570	DC	16814
	Oklahoma Complete Health Holding Company, LLC								86-2318658	OK	
	Oklahoma Complete Health Inc.								81-3121527	OK	16904
	RI Health & Wellness, Inc.								86-2694770	RI	
	Delaware First Health, Inc.								88-3410060	DE	
	Delaware First Health Complete, Inc.								88-4145615	DE	
	Magellan Health, Inc								58-1076937	DE	
	Magellan Pharmacy Services, Inc.								47-5588795	DE	
	Magellan Behavioral Health of New Jersey, LLC								52-2310906	NJ	12632
	Magellan Health Services of California, Inc. - Employer Services								95-2868243	CA	
	Magellan Healthcare, Inc.								52-2135463	DE	
	Human Affairs International of California								93-0999350	CA	
	Magellan Complete Care of Louisiana, Inc.								46-4188169	LA	15550
	Magellan Behavioral Health of Florida, Inc.								20-1919978	FL	
	Magellan Health Services of Arizona, Inc.								20-1728452	AZ	
	Magellan Health Services of New Mexico, Inc.								85-0420095	NM	
	Magellan of Idaho, LLC								85-4065417	ID	
	Magellan Complete Care of Pennsylvania, Inc.								46-4457706	PA	15924
	Magellan Life Insurance Company								57-0724249	DE	97292
	Merit Behavioral Care Corporation								22-3236927	DE	
	Magellan Behavioral Care of Iowa, Inc.								22-3341850	IA	
	Magellan Providers of Texas, Inc.								76-0513383	TX	
	Magellan Behavioral Health of Pennsylvania, Inc.								23-2759528	PA	47019
	Magellan Behavioral of Michigan, Inc.								52-1946167	MI	
	Magellan of Maryland, LLC								92-0642038	MD	

**ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Meridian Health Plan of Michigan, Inc.**

	Magnolia Joint Venture Holding Company, Inc.								92-0679069	DE	
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