

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
N O N E						
0599999 Accident and health premiums due and unpaid(Page 2, Line 10)

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Receivables not individually listed						
0499999 Total - Receivables not individually listed	174,094	18,820	4,705	8,552		206,171
0599999 Health care receivables	174,094	18,820	4,705	8,552		206,171

EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	2,346,344	289,998				2,636,342
0499999 Subtotals	2,346,344	289,998				2,636,342
0599999 Unreported claims and other claim reserves						5,732,998
0699999 Total Amounts Withheld						616,528
0799999 Total Claims Payable						8,985,868
0899999 Accrued Medical Incentive Pool						

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
MCLAREN HEALTH CARE CORPORATION	22,677					22,677	
0199999 Total - Individually listed receivables	22,677					22,677	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	22,677					22,677	

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
PROVIDER HEALTHNET SERVICES	PROFESSIONAL SERVICES	95,001	95,001	
MCLAREN MEDICAL MANAGEMENT INC	PROFESSIONAL SERVICES	45,019	45,019	
MCLAREN HEALTH CARE CORPORATION	PROFESSIONAL SERVICES	226,898	226,898	
MCLAREN REGIONAL MEDICAL CENTER	PROFESSIONAL SERVICES	331,811	331,811	
INGHAM REGIONAL MEDICAL CENTER	PROFESSIONAL SERVICES	201,369	201,369	
0199999 Total - Individually listed payables	X X X	900,098	900,098	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	900,098	900,098	

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	1,860,184	9.682	15,881	100.000	1,246,323	613,861
4. Total capitation payments	1,860,184	9.682	15,881	100.000	1,246,323	613,861
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	17,352,511	90.318	X X X	X X X	4,858,703	12,493,808
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	17,352,511	90.318	X X X	X X X	4,858,703	12,493,808
13. Total (Line 4 plus Line 12)	19,212,695	100.000	X X X	X X X	6,105,026	13,107,669

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EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			X X X	X X X	X X X

EXHIBIT 9 - FURNITURE AND EQUIPMENT OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets Used for the Delivery of Health Care
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies	NONE					
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: MCLAREN HEALTH PLAN INC 2. DIVISION:

NAIC Group Code 0000

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

NAIC Company Code 95848

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	13,444						X X X		13,444	
2. First Quarter	13,272						X X X		13,272	
3. Second Quarter	14,189						X X X		14,189	
4. Third Quarter	15,356						X X X		15,356	
5. Current Year	15,881						X X X		15,881	
6. Current Year Member Months	174,289						X X X		174,289	
Total Member Ambulatory Encounters for Year:										
7. Physician	28,284						X X X		28,284	
8. Non-Physician	3,392						X X X		3,392	
9. Total	31,676						X X X		31,676	
10. Hospital Patient Days Incurred	4,866						X X X		4,866	
11. Number of Inpatient Admissions	1,232						X X X		1,232	
12. Premiums Collected	28,899,406								28,899,406	
13. Premiums Earned	28,899,406								28,899,406	
14. Amount Paid for Provision of Health Care Services	19,212,695								19,212,695	
15. Amount of Incurred for Provision of Health Care Services	24,687,153								24,687,153	

34 Grand Total



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: MCLAREN HEALTH PLAN INC 2. DIVISION:
BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 95848

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	13,444						X X X		13,444	
2. First Quarter	13,272						X X X		13,272	
3. Second Quarter	14,189						X X X		14,189	
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5. Current Year	15,881						X X X		15,881	
6. Current Year Member Months	174,289						X X X		174,289	
Total Member Ambulatory Encounters for Year:										
7. Physician	28,284						X X X		28,284	
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13. Premiums Earned	28,899,406								28,899,406	
14. Amount Paid for Provision of Health Care Services	19,212,695								19,212,695	
15. Amount of Incurred for Provision of Health Care Services	24,687,153								24,687,153	

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10	
2.2	Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13	
4.2	Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	NONE
6.	Increase (decrease) by foreign exchange adjustment	
6.1	Totals, Part 1, Column 11	
6.2	Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11	
8.	Book/adjusted carrying value at the end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, current period)	

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	NONE
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period	

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	NONE
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period	

37	Schedule D Part 1A Sn 1 - #1.	NONE
38	Schedule D Part 1A Sn 1 - #2.	NONE
39	Schedule D Part 1A Sn 1 - #3.	NONE
40	Schedule D Part 1A Sn 2 - #1.	NONE
41	Schedule D Part 1A Sn 2 - #2.	NONE
42	Schedule D Part 1A Sn 2 - #3.	NONE
43	Schedule DA Part 2	NONE
44	Schedule DB Part A Verification.....	NONE
44	Schedule DB Part B Verification.....	NONE
45	Schedule DB Part C Verification.....	NONE
45	Schedule DB Part D Verification.....	NONE
45	Schedule DB Part E Verification.....	NONE
46	Schedule DB Part F Sn 1 - Sum Replicated Assets.....	NONE
47	Schedule DB Part F Sn 2 - Recon Replicated Assets	NONE
48	Schedule S - Part 1 - Section 2	NONE

SCHEDULE S - PART 2**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
25534	94-1517098	01/01/2001	TIG Insurance Company	Ivring, TX	213,878	
0599999 Total - Accident and Health, Non-Affiliates					213,878	
0699999 Totals - Accident and Health					213,878	
0799999 Totals - Life, Annuity and Accident and Health					213,878	

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates												
25534	94-1517098	01/01/2001	TIG Insurance	Ivring, TX	SSL/A	530,431						
0299999 Total - Non-Affiliates						530,431						
0399999 Totals						530,431						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				NONE									
1199999 Totals													

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2001	2 2000	3 1999	4 1998	5 1997
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	530	365	165		
4. Commissions and reinsurance expense allowance					
5. TOTAL medical and hospital expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable		353			
8. Reinsurance recoverable on paid losses	214	200	212		
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 9)	12,909,510		12,909,510
2. Amounts recoverable from reinsurers (Line 12)	213,878		213,878
3. Accident and health premiums due and unpaid (Line 10)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	245,215		245,215
6. Total assets (Line 23)	13,368,604		13,368,604
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	8,985,868		8,985,868
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 6)			
10. Reinsurance in unauthorized companies (Line 14)			
11. All other liabilities (Balance)	911,924		911,924
12. Total liabilities (Line 18)	9,897,792		9,897,792
13. Total capital and surplus (Line 26)	3,470,812	X X X	3,470,812
14. Total liabilities, capital and surplus (Line 27)	13,368,604		13,368,604
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

SCHEDULE Y (continued)

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p>N O N E</p> </div>												
9999999 Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 1.1 Does your company write Medicare Supplement Insurance? Yes[] No[X]
1.2 Will the Medicare Supplement Insurance Experience Exhibit be filed by March 1? Yes[] No[X]
1.3 If first response is yes and second response is no, please explain:
If second response is no and the form is "None," affix bar code (Document Identifier 360) here:
- 2.1 The Supplemental Compensation Exhibit is a required filing, with the domiciliary Department, for all companies. Will the Supplemental Compensation Exhibit be filed with the domiciliary Department by March 1? Yes[X] No[]
2.2 If answer is no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 460) here:
- 3.1 An actuarial certification is a required filing for all companies. Will an actuarial certification be filed by March 1? Yes[X] No[]
3.2 If answer is no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 440) here:
- 4.1 The officers and directors information is a required filing for all companies. Will the officers and directors information be filed with the NAIC by March 1? Yes[X] No[]
4.2 If answer is no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 380) here:
- 5.1 Will the Risk-based Capital Report be filed with the NAIC by March 1? Yes[X] No[]
5.2 If no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 390) here:
- 5.3 Will the Risk-based Capital Report be filed with the domiciliary department, if required by March 1? Yes[X] No[]
5.4 If no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 390) here:
- 6.1 The SVO Compliance Certification is a required filing for all companies. Will the SVO Compliance Certification be filed by March 1? Yes[X] No[]
6.2 If no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 470) here:
- 7.1 Management's Discussion and Analysis is a required filing. Will Management's Discussion and Analysis be filed by April 1? Yes[X] No[]
7.2 If answer is no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 350) here:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

- | | |
|--|---|
| <p>8.1 Does your company write Long-term Care Insurance?</p> <p>8.2 Will the Long-term Care Experience Reporting Forms be filed by April 1?</p> <p>8.3 If first response is yes and second response is no, please explain:
If second response is no and the form is "None," affix bar code (Document Identifier 340) here:</p> | <p>Yes[] No[X]</p> <p>Yes[] No[X]</p> |
| <p>9.1 The Investment Risks Interrogatories is a required filing. Will this be filed by April 1?</p> <p>9.2 If no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 285) here:</p> | <p>Yes[X] No[]</p> |
| <p>10.1 An audited financial report is a required filing for all companies. Will an audited financial report be filed by June 1 with the domiciliary?</p> <p>10.2 If answer is no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 220) here:</p> | <p>Yes[X] No[]</p> |

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
FOR THE STATE OF MICHIGAN**



NAIC Group Code: 0000

NAIC Company Code: 95848

Address (City, State and Zip Code): FLINT, MI 48532-3685

Person Completing This Exhibit:

Title:

Telephone:

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1998				Policies Issued in 1999, 2000, 2001			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
NONE																	
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 42 U.S.C. 1395u(h)(3)(B)
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

MS Michigan

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