QUARTERLY STATEMENT

AS OF September 30, 2013

OF THE CONDITION AND AFFAIRS OF THE

McLAREN HEALTH PLAN, INC

NAIC Group Code 4700 (Current Period), 4700 (Prior Period) NAIC Company Code 95562 Employer's ID Number 38-3252216

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

Country of Domicile United States of America

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

Incorporated/Organized 09/12/1997 Commenced Business 08/01/1998

Statutory Home Office G-3245 Beecher Rd. (Street and Number), FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)

Main Administrative Office G-3245 Beecher Rd. (Street and Number)
FLINT, MI, US 48532 (City or Town, State, Country and Zip Code) (810)733-9723 (Area Code) (Telephone Number)

Mail Address G-3245 Beecher Rd. (Street and Number or P.O. Box), FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records G-3245 Beecher Rd. (Street and Number)
FLINT, MI, US 48532 (City or Town, State, Country and Zip Code) (810)733-9723 (Area Code) (Telephone Number)

Internet Web Site Address www.mclarenhealthplan.org

Statutory Statement Contact CHERYL WESTOBY (Name) (810)733-9723 (Area Code)(Telephone Number)(Extension)
cheryl.westoby@mclaren.org (E-Mail Address) (810)733-9652 (Fax Number)

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer
CAROL SOLOMON	Assistant Treasurer
KATHY KUDRAY D.O.	Chief Medical Officer

OTHERS

DIRECTORS OR TRUSTEES

KATHY KENDALL
RONALD SHAHEEN D.O.
DENNIS LAFOREST
DAVE MAZURKIEWICZ
DON KOOY
KEVIN TOMPKINS
PATRICK HAYES
LAKISHA ATKINS

State of Michigan
County of Genesee ss

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

(Signature)	(Signature)	(Signature)
KATHY KENDALL	DAVE MAZURKIEWICZ	CAROL SOLOMON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2013

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

(Notary Public Signature)

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	33,620,505		33,620,505	32,254,695
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)	2,494,951		2,494,951	2,646,292
4.2 Properties held for the production of income (less $.....0 encumbrances)				
4.3 Properties held for sale (less $.....0 encumbrances)				
5. Cash ($....(10,468,097)), cash equivalents ($.....20,182,922) and short-term investments ($.....72,355,699)	82,070,524		82,070,524	73,681,062
6. Contract loans (including $.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets	645,016	365,923	279,093	210,955
12. Subtotals, cash and invested assets (Lines 1 to 11)	118,830,996	365,923	118,465,073	108,793,004
13. Title plants less $.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	7,950		7,950	13,442
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,061,001		1,061,001	1,249,081
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	94,758		94,758	169,644
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	1,408,635	7,362	1,401,272	260,934
21. Furniture and equipment, including health care delivery assets ($.....0)	401,236	401,236		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	1,158,904	11,911	1,146,993	1,027,437
24. Health care ($.....2,222) and other amounts receivable	3,337,793		3,337,793	5,173,429
25. Aggregate write-ins for other than invested assets				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	126,301,273	786,432	125,514,841	116,686,971
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	126,301,273	786,432	125,514,841	116,686,971
DETAILS OF WRITE-INS				
1101. INVENTORY	23,582	23,582		0
1102. DEFERRED CHARGES EQUIP FEES	19,350	19,350		0
1103. PREPAID EXPENSES	322,991	322,991		
1198. Summary of remaining write-ins for Line 11 from overflow page	279,093		279,093	210,955
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	645,016	365,923	279,093	210,955
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	59,208,309		59,208,309	60,135,095
2.	Accrued medical incentive pool and bonus amounts	2,194,204		2,194,204	2,773,293
3.	Unpaid claims adjustment expenses	1,253,035		1,253,035	1,253,035
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	3,878,499		3,878,499	1,185,567
9.	General expenses due or accrued	4,857,013		4,857,013	5,851,288
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	531,984		531,984	287,849
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,812,528		1,812,528	2,224,997
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and $.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified ($.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including $.....0 current)	1,329,134		1,329,134	590,496
24.	Total liabilities (Lines 1 to 23)	75,064,706		75,064,706	74,301,620
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	1,140,000	1,140,000
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	49,310,137	41,245,351
32.	Less treasury stock, at cost:				
	32.1 .....0 shares common (value included in Line 26 $.....0)	XXX	XXX		
	32.2 .....0 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	50,450,137	42,385,351
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	125,514,842	116,686,971
DETAILS OF WRITE-INS					
2301.	ACCRUED PENSION	1,329,134		1,329,134	590,496
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,329,134		1,329,134	590,496
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	1,339,616	1,212,025	1,639,850
2.	Net premium income (including $.....0 non-health premium income)	XXX	391,765,974	336,007,525	455,074,024
3.	Change in unearned premium reserves and reserves for rate credits	XXX			
4.	Fee-for-service (net of $.....0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX	(1,517,034)	(1,038,230)	(1,885,021)
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	390,248,940	334,969,295	453,189,003
Hospital and Medical:					
9.	Hospital/medical benefits		292,711,265	240,585,042	324,378,910
10.	Other professional services		4,701,170	6,982,376	7,909,619
11.	Outside referrals				
12.	Emergency room and out-of-area		15,430,207	11,470,545	18,053,610
13.	Prescription drugs		48,993,714	41,914,913	56,284,199
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		390,483	1,939,353	1,761,295
16.	Subtotal (Lines 9 to 15)		362,226,839	302,892,229	408,387,633
Less:					
17.	Net reinsurance recoveries		865,150	325,541	455,413
18.	Total hospital and medical (Lines 16 minus 17)		361,361,689	302,566,688	407,932,220
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....2,497,413 cost containment expenses		4,031,337	5,842,259	9,236,841
21.	General administrative expenses		17,208,583	20,494,638	22,874,030
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		382,601,609	328,903,585	440,043,091
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	7,647,331	6,065,710	13,145,912
25.	Net investment income earned		(239,479)	(62,976)	(14,612)
26.	Net realized capital gains (losses) less capital gains tax of $.....0		20	1,632,056	1,690,106
27.	Net investment gains or (losses) (Lines 25 plus 26)		(239,458)	1,569,080	1,675,494
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	7,407,873	7,634,790	14,821,406
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	7,407,873	7,634,790	14,821,406
DETAILS OF WRITE-INS					
0601.	OTHER HEALTH CARE RELATED REVENUE	XXX	18	61,982	58,782
0602.	MPCA	XXX	(1,517,052)	(1,100,212)	(1,943,803)
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	(1,517,034)	(1,038,230)	(1,885,021)
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.					
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	LOSS ON SALE OF EQUIPMENT				
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	42,385,351	102,184,937	102,184,937
34.	Net income or (loss) from Line 32	7,407,873	7,634,790	14,821,406
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of $.....0	929,388	(4,710)	(424,164)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	466,159	(854,044)	(557,361)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders		(36,400,000)	(36,400,000)
47.	Aggregate write-ins for gains or (losses) in surplus	(738,638)	(9,390,895)	(37,239,467)
48.	Net change in capital and surplus (Lines 34 to 47)	8,064,782	(39,014,859)	(59,799,586)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	50,450,133	63,170,078	42,385,351
DETAILS OF WRITE-INS				
4701.	SURPLUS ADJUSTMENT RELATING TO CARESOURCE MICHIGAN PURCHASE		(9,390,895)	(37,239,467)
4702.	PENSION RELATED COSTS OTHER THAN NET PERIODIC PENSION COSTS	(738,638)		
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(738,638)	(9,390,895)	(37,239,467)

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	394,671,816	337,257,023	455,331,467
2.	Net investment income	(233,986)	108,893	383,384
3.	Miscellaneous income	(1,517,034)	(1,034,882)	(1,899,845)
4.	TOTAL (Lines 1 to 3)	392,920,796	336,331,034	453,815,005
5.	Benefit and loss related payments	360,796,804	294,448,376	401,592,603
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	22,234,197	26,889,296	28,217,154
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)			
10.	TOTAL (Lines 5 through 9)	383,031,001	321,337,672	429,809,757
11.	Net cash from operations (Line 4 minus Line 10)	9,889,795	14,993,362	24,005,249
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds		14,708,269	15,713,469
	12.2 Stocks	2,110	22,858,968	16,576,777
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds	171,298	84,013	0
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	173,408	37,651,250	32,290,246
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds			
	13.2 Stocks	243,601	27,592,396	28,001,970
	13.3 Mortgage loans			
	13.4 Real estate	19,955	92,647	132,588
	13.5 Other invested assets			27,000,000
	13.6 Miscellaneous applications	83,542	28,368,027	1,095,697
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	347,098	56,053,070	56,230,255
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(173,689)	(18,401,820)	(23,940,009)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders		36,400,000	36,400,000
	16.6 Other cash provided (applied)	(1,326,644)	(340,617)	(10,513,323)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(1,326,644)	(36,740,617)	(46,913,323)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	8,389,461	(40,149,075)	(46,848,083)
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	73,681,062	120,529,146	120,529,146
	19.2 End of period (Line 18 plus Line 19.1)	82,070,524	80,380,071	73,681,062

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

20.0001				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	144,029	53	22,834					559	120,583	
2. First Quarter	145,509	65	24,411					542	120,491	
3. Second Quarter	149,928	66	25,738					532	123,592	
4. Third Quarter	153,867	67	28,198					515	125,087	
5. Current Year										
6. Current Year Member Months	1,339,616	575	231,469					4,778	1,102,794	
Total Member Ambulatory Encounters for Period:										
7. Physician	858,530	335	135,152					1,541	721,502	
8. Non-Physician	176,457	57	23,121					2,088	151,191	
9. Total	1,034,987	392	158,273					3,629	872,693	
10. Hospital Patient Days Incurred	81,704		6,225					120	75,359	
11. Number of Inpatient Admissions	18,490		1,413					112	16,965	
12. Health Premiums Written (a)	393,573,381	272,289	64,971,196					4,980,618	323,349,278	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	393,573,381	272,289	64,971,196					4,980,618	323,349,278	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	362,288,475	281,352	60,443,685					4,905,430	296,658,008	
18. Amount Incurred for Provision of Health Care Services	361,361,689	285,247	61,373,004					5,134,105	294,569,333	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....4,980,618.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
COVENANT MEDICAL CENTER	10,573					10,573
UNIVERSITY OF MICHIGAN	10,615					10,615
GENESYS REGIONAL MEDICAL CENTER	13,138					13,138
MT CLEMENS REGIONAL		10,613				10,613
SPARROW HOSPITAL	13,401					13,401
DETROIT VAMC	18,476					18,476
MCLAREN REGIONAL MEDICAL CENTER	11,562					11,562
MCLAREN REGIONAL MEDICAL CENTER	27,533					27,533
SPARROW HOSPITAL	10,591					10,591
MCLAREN REGIONAL MEDICAL CENTER	16,581					16,581
ST LOUIS CHILDRENS HOSPITAL		192,922				192,922
SPECTRUM HEALTH HOSPITALS	46,548					46,548
SPECTRUM HEALTH HOSPITALS	40,633					40,633
TOWN CENTER DIALYSIS	11,370					11,370
HURLEY MEDICAL CENTER	51,973					51,973
UNIVERSITY OF MICHIGAN	39,377					39,377
HALLWOOD DIALYSIS	11,370					11,370
FRESENIUS DIALYSIS	10,676					10,676
FRESENIUS DIALYSIS	10,903					10,903
FRESENIUS DIALYSIS	10,676					10,676
FRESENIUS DIALYSIS	11,565					11,565
IONIA DIALYSIS	10,558					10,558
IONIA DIALYSIS	10,558					10,558
RCG CHARLOTTE	11,565					11,565
SPECTRUM HEALTH	12,499					12,499
UNIVERSITY OF MICHIGAN	121,997					121,997
BRONSON METHODIST	10,384					10,384
RCG EAST LANSING	10,676					10,676
RCG LANSING	10,676					10,676
MCLAREN REGIONAL MEDICAL	17,349					17,349
WILLIAM BEAUMONT	228,329					228,329
PDI GRAND RAPIDS	13,859					13,859
PDI GRAND RAPIDS	13,971					13,971
PDI GRAND RAPIDS	15,468					15,468
PDI GRAND RAPIDS	11,087					11,087
PDI GRAND RAPIDS	14,321					14,321
BAY AREA REGIONAL	12,455					12,455
RCG LANSING	11,565					11,565
RCG EAST LANSING	11,565					11,565
OWOSSO MEMORIAL	12,778					12,778
FRESENIUS MEDICAL	12,455					12,455
FRESENIUS MEDICAL	12,455					12,455
FRESENIUS MEDICAL	10,676					10,676
BAY AREA REGIONAL	12,455					12,455
BAY AREA REGIONAL	10,676					10,676
MUNSON MEDICAL CENTER	15,381					15,381
SPARROW HOSPITAL	13,129					13,129
HURLEY MEDICAL CENTER	11,701					11,701
UNIVERSITY OF MICHIGAN	12,118					12,118
SPARROW HOSPITAL	65,964					65,964

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
SPARROW HOSPITAL	56,386					56,386
HUTZEL WOMENS HOSPITAL	14,979					14,979
BORGESS MEDICAL CENTER	12,656					12,656
SPECTRUM HEALTH	37,414					37,414
MCLAREN REGIONAL MEDICAL	10,667					10,667
RCG EAST LANSING	10,676					10,676
HALLWOOD DIALYSIS CENTER	10,558					10,558
FMC DIALYSIS CENTER	11,565					11,565
RCG CHARLOTTE	12,455					12,455
FMC DIALYSIS CENTER	10,676					10,676
FMC DIALYSIS CENTER	11,565					11,565
RCG EAST LANSING	12,778					12,778
FRESENIUS DIALYSIS	11,565					11,565
IONIA DIALYSIS	11,370					11,370
BURTON DIALYSIS	15,468					15,468
BURTON DIALYSIS	13,859					13,859
BURTON DIALYSIS	14,321					14,321
BURTON DIALYSIS	13,859					13,859
BURTON DIALYSIS	14,321					14,321
BURTON DIALYSIS	10,625					10,625
ALPENA DIALYSIS	14,969					14,969
ALPENA DIALYSIS	11,370					11,370
NORTH OAKLAND DIALYSIS	15,468					15,468
GAYLORD DIALYSIS	11,370					11,370
BAY CITY DIALYSIS	10,558					10,558
TOWN CENTER DIALYSIS	10,558					10,558
MCLAREN REGIONAL MEDICAL	14,470					14,470
HURLEY MEDICAL CENTER	13,569					13,569
0199999 Individually Listed Claims Unpaid	1,536,326	203,535				1,739,861
0399999 Aggregate Accounts Not Individually Listed - Covered	19,826,769	533,294	70,879	10,257	20,909	20,462,108
0499999 Subtotals	21,363,095	736,829	70,879	10,257	20,909	22,201,969
0599999 Unreported claims and other claim reserves						37,006,340
0799999 Total Claims Unpaid						59,208,309
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,194,204

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1. Comprehensive (hospital & medical)	11,921,045	49,430,580	48,066	11,749,221	11,969,111	10,864,073
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	970,498	3,824,714	10,910	1,191,799	981,408	1,239,028
7. Title XIX - Medicaid	48,271,511	248,801,984	111,369	46,096,698	48,382,880	48,031,994
8. Other health						
9. Health subtotal (Lines 1 to 8)	61,163,054	302,057,278	170,345	59,037,718	61,333,399	60,135,095
10. Healthcare receivables (a)	865,150				865,150	326,468
11. Other non-health						
12. Medical incentive pools and bonus amounts	186,161		1,467,837	726,367	1,653,998	2,773,293
13. Totals (Lines 9 - 10 + 11 + 12)	60,484,065	302,057,278	1,638,182	59,764,085	62,122,247	62,581,920

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

Notes to Financial Statement

1. Summary of Significant Accounting Policies
   No Change

2. Accounting Changes and Corrections of Errors
   No Change
3. Business Combinations and Goodwill
   No Change

4. Discontinued Operations
   No Change

5. Investments
   No Change

6. Joint Ventures, Partnerships and Limited Liability Companies
   No Change

7. Investment Income
   No Change

8. Derivative Investments
   No Change

9. Income Taxes
   No Change

10. Information Concerning Parent, Subsidiaries and Affiliates

    A. No Change

    B. No Change

    C. No Change

    D. Due from Affiliates: $1,146,993 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.
    Due to Affiliates: $ 1,812,528 amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.
    E. Guarantees or undertakings: No Change
    F. Management Agreements between:
    (1) **McLaren Health Plan and McLaren Health Care Corporation**:
    McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan. Amount for January-September 2013= $2,027,721

    (2) McLaren Health Plan and MRMC:
    MRMC agrees to provide certain accounting / resource services to McLaren Health Plan. Amount for January-September 2013 =$6,303

    (3) McLaren Health Plan and Anthelio HealthCare Solutions:
    Anthelio HealthCare Solutions agrees to provide certain information technology and telephony services to McLaren Health Plan. Amount for January-September 2013 = $288,955

    (4) **McLaren Health Plan and HA:**
    McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HA. Amount for January – September 2013 = $6,062,582

Notes to Financial Statement

(5) McLaren Health Plan and MHPIC:
McLaren Health Plan agrees to provider certain operational, personnel services and other resources to MHPIC. Amount for January-September 2013 = $64,934

G. No Change
H. No Change
I. No Change
J. No Change
K. No Change
L. No Change

11. Debt
No Change

12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No Change

13. Capital and Surplus, Shareholders Dividend Restrictions and Quasi-Reorganizations
No Change

14. Contingencies
No Change

15. Leases
No Change

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No Change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No Change

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
A. ASO plans – N/A
B. ASC plans – N/A
C. Medicare or similarly structured cost based reimbursed contracts
1.
a. No Change.
b. No Change.
c. No Change.
d. No Change.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No Change

20. Fair Value Measurement
No Change

21. Other Items:
A. No change

B. No Change

C. No Change

22. Events Subsequent
No Change

Notes to Financial Statement

23. Reinsurance
No Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
No Change

25. Change in Incurred Claims and Claim Adjustment Expenses
No Change

26. Intercompany Pooling Arrangements
No Change

27. Structured Settlements
No Change

28. Health Care Receivables
A.

Quarter	Estimated pharmacy rebates reported	Pharmacy rebates as billed	Actual rebates received <= 90 days	Actual rebates received 91 - 180 days	Actual rebates received > 180 days	Total Received
09/30/13	-	-				-
06/30/13	-	-	-	-	-	-
03/31/13	-	-	-	192,203	-	192,203
12/31/12	-	8,425	-	55,711	179,374	235,085
09/30/12	42,732	154,893	-	55,618	171,434	227,052
06/30/12	128,332	189,075	48,477	1,460	163,263	213,200
03/31/12	62,960	209,367	86,319	87,035	44,837	218,191
12/31/11	60,274	251,590	139,785	71,128	48,404	259,317
09/30/11	97,862	256,932	135,665	120	127,655	263,440
06/30/11	84,424	237,911	108,307	102,649	26,955	237,911
03/31/11	43,801	226,171	112,403	-	113,768	226,171
12/31/10	56,775	230,629	90,940	33,646	106,037	230,623
09/30/10	-	253,100	68,852	41,677	143,454	253,983
06/30/10	78,319	269,341	72,513	132,182	64,646	269,341

B. Risk Sharing Receivables - No Change

29. Participating Policies
No Change

30. Premium Deficiency Reserves
No Change

31. Anticipated Salvage and Subrogation
No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

3.1 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
3.2 If the response to 3.1 is yes, provide a brief description of those changes:

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

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2012
6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2010
6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/11/2012
6.4 By what department or departments?
Michigan Department of Insurance and Financial Services
6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] N/A[X]
6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[ ] N/A[ ]

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

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
		Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[ ]
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 126,773

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[X] No[ ]
11.2 If yes, give full and complete information relating thereto:
Short Term Investments includes an amount ($1,217,263) held in a safekeeping trust account with the State of Michigan as required by the Department of Insurance Services (DIFS)

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

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

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock	12,536,934	13,028,283
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	12,536,934	13,028,283
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

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

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

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

1 Name of Custodian(s)	2 Custodian Address
JPMORGAN CHASE BANK, NA	1111 POLARIS PARKWAY, COLUMBUS OH 43240

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[ ] No[X]
17.4 If yes, give full and complete information relating thereto:

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

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

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No[ ]
18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
   1.1 A&H loss percent 92.820%
   1.2 A&H cost containment percent 0.640%
   1.3 A&H expense percent excluding cost containment expenses 4.800%

2.1 Do you act as a custodian for health savings accounts? Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date. $..... 0
2.3 Do you act as an administrator for health savings accounts? Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date. $..... 0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
Accident and Health - Non-affiliates						
22667	95-2371728	01/01/2013	ACE AMER INS CO	PA	SSL/L/I	Yes[X] No[ ]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
	State, Etc.	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	L	65,243,485	4,980,618	323,349,278				393,573,381	
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	N								
48.	Washington (WA)	N								
49.	West Virginia (WV)	N								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CAN)	N								
58.	Aggregate other alien (OT)	XXX								
59.	Subtotal	XXX	65,243,485	4,980,618	323,349,278				393,573,381	
60.	Reporting entity contributions for Employee Benefit Plans	XXX								
61.	Total (Direct Business)	(a) 1	65,243,485	4,980,618	323,349,278				393,573,381	
DETAILS OF WRITE-INS										
5801.		XXX								
5802.		XXX								
5803.		XXX								
5898.	Summary of remaining write-ins for Line 58 from overflow page	XXX								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX								

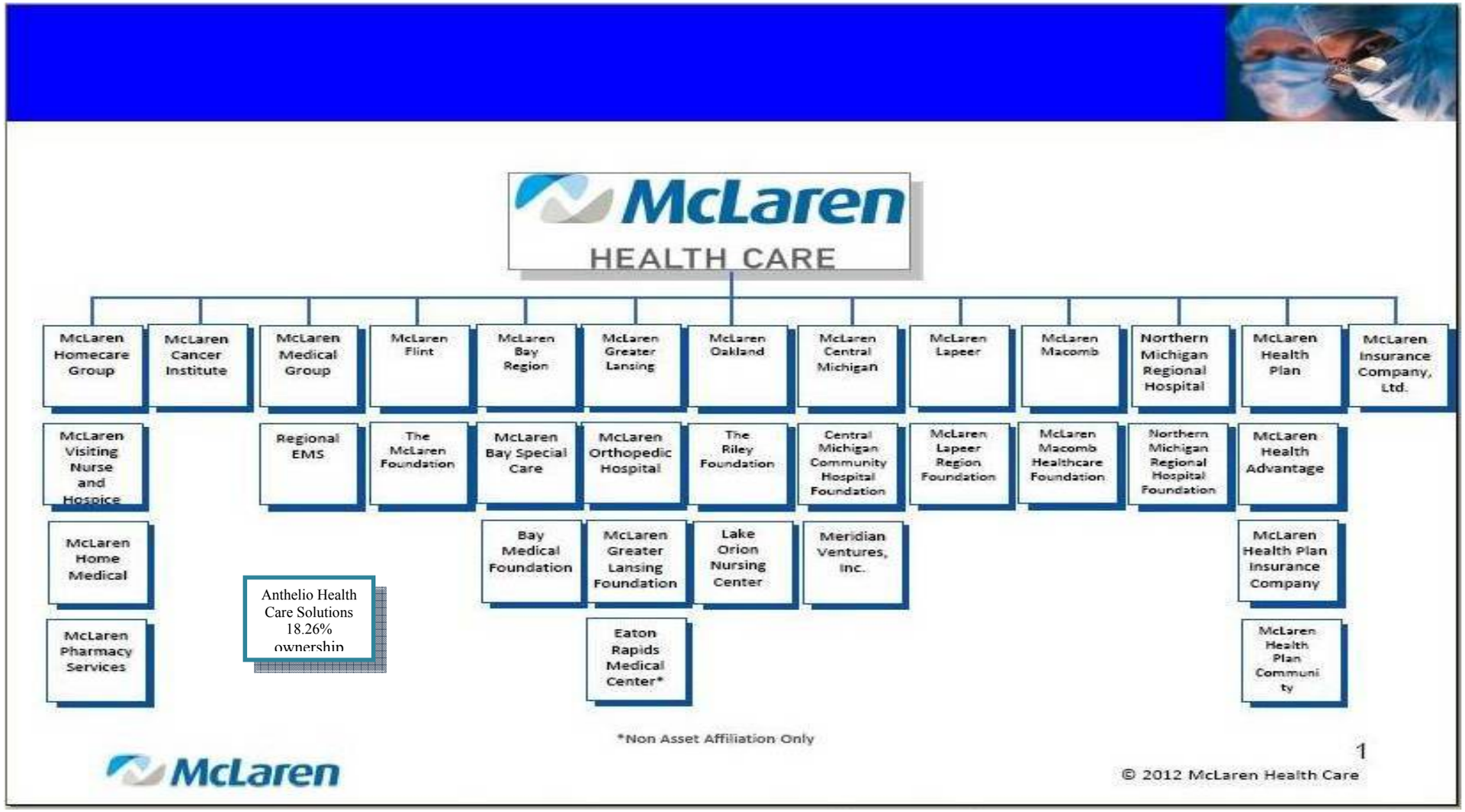
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
4700	McLaren Hlth Grp	13789	27-1780283				McLaren Health Plan Insurance Company	US	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2397643				McLaren HealthCare Corp	US	UDP					
		00000	38-3491714				McLaren HomeCare Group	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Visiting Nurse and Hospice	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Home Medical	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				McLaren Pharmacy Services	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3584572				Great Lakes Cancer Institute	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2988086				McLaren Medical Group	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3255499				Regional EMS	US	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2383119				McLaren Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1358053				The McLaren Foundation	US	NIA	McLaren Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1976271				Bay Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3161753				Bay Special Care Hospital	US	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2156534				Bay Medical Foundation	US	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				Ingham Regional Orthopedic Hospital	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2463637				Ingham Foundation	US	NIA	Ingham Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1559180				Eaton Repids Medical Center	US	NIA	Ingham Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1428164				POH Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	20-0442217				The Riley Foundation	US	NIA	POH Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3136458				Physician Organized HealthCare System	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2895426				Lake Orion Nursing Center	US	NIA	POH Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hosital	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304				Central Michigan Community Hospital Foundation	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3226022				Meridian Ventures, Inc.	US	NIA	Central Michigan Community Hospital	Ownership	100.0	McLaren Health Care Corporation	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
		00000	38-2689033				Lapeer Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2689603				Lapeer Regional Medical Center Foundation	US	NIA	Lapeer Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1218516				Mount Clemens Regional Medical Center	US	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2578873				Mount Clemens Regional HealthCare Foundation	US	NIA	Mount Clemens Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	91-2141720				McLaren Health Advantage	US	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	
		00000	27-2204037				McLaren Health Plan Community	US	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	
		00000					McLaren Insurance Company LTD.	US	NIA	McLaren HealthCare Corp		100.0	McLaren Health Care Corporation	

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No

Explanations:
1. Not written

Bar Codes:

Medicare Part D Coverage Supplement

95562201336500003 2013 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION	176,418		176,418	118,627
1105. SELF INS TRUST FUND CTF	102,674		102,674	92,328
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	279,093		279,093	210,955

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date 1 Uncovered	2 Total	Prior Year To Date 3 Total	Prior Year Ended December 31 4 Total
0604.	XXX			
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	XXX			

SCHEDULE A - VERIFICATION

Real Estate

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	2,646,292	2,738,513
2.	Cost of acquired		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition	19,955	132,588
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation	171,295	224,809
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	2,494,951	2,646,292
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	2,494,951	2,646,292

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	32,449,605	35,506,023
2.	Cost of bonds and stocks acquired	243,601	28,001,970
3.	Accrual of discount		81,066
4.	Unrealized valuation increase (decrease)	929,388	(453,466)
5.	Total gain (loss) on disposals	21	1,690,106
6.	Deduct consideration for bonds and stocks disposed of	2,110	32,290,246
7.	Deduct amortization of premium		85,847
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	33,620,505	32,449,605
11.	Deduct total nonadmitted amounts		194,910
12.	Statement value at end of current period (Line 10 minus Line 11)	33,620,505	32,254,695

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	69,881,189	2,474,510			66,200,236	69,881,189	72,355,699	60,757,611
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	69,881,189	2,474,510			66,200,236	69,881,189	72,355,699	60,757,611
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	69,881,189	2,474,510			66,200,236	69,881,189	72,355,699	60,757,611

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

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	72,355,699	X X X			

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	60,757,611	104,095,123
2.	Cost of short-term investments acquired	11,598,088	24,560,921
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		67,898,433
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	72,355,699	60,757,611
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	72,355,699	60,757,611

SI04 Schedule DB - Part A Verification . . . . . NONE

SI04 Schedule DB - Part B Verification . . . . . NONE

SI05 Schedule DB Part C Section 1 . . . . . NONE

SI06 Schedule DB Part C Section 2 . . . . . NONE

SI07 Schedule DB - Verification . . . . . NONE

SCHEDULE E - Verification

(Cash Equivalents)

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	18,464,737	21,371,037
2.	Cost of cash equivalents acquired	1,718,185	
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		2,906,300
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	20,182,922	18,464,737
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	20,182,922	18,464,737

E01 Schedule A Part 2 . . . . . NONE

E01 Schedule A Part 3 . . . . . NONE

E02 Schedule B Part 2 . . . . . NONE

E02 Schedule B Part 3 . . . . . NONE

E03 Schedule BA Part 2 . . . . . NONE

E03 Schedule BA Part 3 . . . . . NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Common Stocks - Parent, Subsidiaries and Affiliates									
693390304	PIMCO		07/02/2013	JP MORGAN	1,097.574	11,250	X X X		K
693390304	PIMCO		08/02/2013	JP MORGAN	1,180.788	12,139	X X X		K
693390304	PIMCO		09/04/2013	JP MORGAN	1,060.244	10,836	X X X		K
922908108	Vanguard S&P 500		09/23/2013	JP MORGAN	71.498	11,266	X X X		K
922042304	Vanguard Emerging Markets		09/23/2013	JP MORGAN	154.808	4,059	X X X		K
9199999 Subtotal - Common Stocks - Parent, Subsidiaries and Affiliates					X X X	49,549	X X X		X X X
Common Stocks - Mutual Funds									
4812C0167	JP Morgan Short Duration Bond Fund		07/01/2013	JP MORGAN	730.333	7,961	X X X		L
4812C0167	JP Morgan Short Duration Bond Fund		08/01/2013	JP MORGAN	663.984	7,244	X X X		L
4812C0167	JP Morgan Short Duration Bond Fund		09/03/2013	JP MORGAN	599.217	6,525	X X X		L
9299999 Subtotal - Common Stocks - Mutual Funds					X X X	21,730	X X X		X X X
9799997 Subtotal - Common Stocks - Part 3					X X X	71,280	X X X		X X X
9799999 Subtotal - Common Stocks					X X X	71,280	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	71,280	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	71,280	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Common Stocks - Money Market Mutual Funds																					
4812C0167	JP Morgan Short Duration Bond Fund		07/16/2013	JP MORGAN	18.093	197	XXX	196							196		1	1		XXX	
4812C0167	JP Morgan Short Duration Bond Fund		08/15/2013	JP MORGAN	18.127	198	XXX	197							197		1	1		XXX	
4812C0167	JP Morgan Short Duration Bond Fund		09/17/2013	JP MORGAN	18.126	197	XXX	197							197		1	1		XXX	
9399999 Subtotal - Common Stocks - Money Market Mutual Funds					XXX	592	XXX	590							590		3	3		XXX	XXX
9799997 Subtotal - Common Stocks - Part 4					XXX	592	XXX	590							590		3	3		XXX	XXX
9799999 Subtotal - Common Stocks					XXX	592	XXX	590							590		3	3		XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	592	XXX	590							590		3	3		XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	592	XXX	590							590		3	3		XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

E06 Schedule DB Part A Section 1 . . . . . NONE

E07 Schedule DB Part B Section 1 . . . . . NONE

E08 Schedule DB Part D Section 1 . . . . . NONE

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

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

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

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
							6	7	8	
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	09/30/2013					(8,329,373)	(1,009,367)	(11,126,471)	X X X
FIFTH THIRD BANK	MICHIGAN	09/30/2013					61,759	243,926	240,563	X X X
INDEPENDENT BANK	MICHIGAN	09/30/2013					165,301	166,736	167,812	X X X
HUNTINGTON BANK	OHIO	09/30/2013					250,000	250,000	250,000	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X			(7,852,313)	(348,705)	(10,468,097)	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X						X X X
0299999 Totals - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X			(7,852,313)	(348,705)	(10,468,097)	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X			(7,852,313)	(348,705)	(10,468,097)	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8399999 Subtotals - Bonds							
Sweep Accounts							
FIFTH THIRD BANK	DR	09/30/2013	0.000	09/30/2013	16,664,340		5,925
HUNTINGTON BANK	DR	09/30/2013	0.000	09/30/2013	3,518,582		4,001
8499999 Sweep Accounts					20,182,922		9,926
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents					20,182,922		9,926

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