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QUARTERLY STATEMENT

AS OF JUNE 30, 2014

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 _____, 2014

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	318,370		318,370	
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	27,274,786		27,274,786	34,162,828
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)	2,361,826		2,361,826	2,437,981
4.2 Properties held for the production of income (less $.....0 encumbrances)				
4.3 Properties held for sale (less $.....0 encumbrances)				
5. Cash ($.....(4,686,202)), cash equivalents ($.....21,382,531) and short-term investments ($.....80,761,502)	97,457,830		97,457,830	85,229,484
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	926,101	573,031	353,070	292,508
12. Subtotals, cash and invested assets (Lines 1 to 11)	128,338,914	573,031	127,765,883	122,122,801
13. Title plants less $.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	13,696		13,696	12,343
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	5,016,741	43,348	4,973,393	1,993,794
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	389,520		389,520	289,520
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	2,895,654	2,750,439	145,216	1,471,466
21. Furniture and equipment, including health care delivery assets ($.....0)	417,030	417,030		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	1,162,518	4,244	1,158,274	1,443,498
24. Health care ($.....8,902,748) and other amounts receivable	8,918,445	828	8,917,617	2,978,268
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)	147,152,519	3,788,920	143,363,600	130,311,691
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	147,152,519	3,788,920	143,363,600	130,311,691
DETAILS OF WRITE-INS				
1101. INVENTORY	23,636	23,636		
1102. DEFERRED CHARGES EQUIP FEES	25,350	25,350		
1103. PREPAID EXPENSES	524,045	524,045		
1198. Summary of remaining write-ins for Line 11 from overflow page	353,070		353,070	292,508
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	926,101	573,031	353,070	292,508
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)	74,433,225		74,433,225	72,208,384
2.	Accrued medical incentive pool and bonus amounts	2,317,229		2,317,229	2,266,969
3.	Unpaid claims adjustment expenses	1,460,886		1,460,886	1,460,886
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act				63,926
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves	63,926		63,926	
8.	Premiums received in advance	3,187,158		3,187,158	1,917,100
9.	General expenses due or accrued	13,301,863		13,301,863	6,328,690
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	277,544		277,544	215,314
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,780,437		1,780,437	1,699,786
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and $.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified ($.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including $.....0 current)				
24.	Total liabilities (Lines 1 to 23)	96,822,269		96,822,269	86,161,056
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	45,401,331	43,010,635
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	46,541,331	44,150,635
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	143,363,600	130,311,691
DETAILS OF WRITE-INS					
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.		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 1 Uncovered	Current Year To Date 2 Total	Prior Year To Date 3 Total	Prior Year Ended December 31 4 Total
1.	Member Months	XXX	1,022,501	880,676	1,809,385
2.	Net premium income (including $.....0 non-health premium income)	XXX	311,837,693	257,821,334	534,667,883
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	(1,050,050)	(965,610)	(2,039,116)
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	310,787,642	256,855,724	532,628,766
Hospital and Medical:					
9.	Hospital/medical benefits		223,125,581	188,290,039	410,611,310
10.	Other professional services		3,507,779	3,580,036	6,355,798
11.	Outside referrals				
12.	Emergency room and out-of-area		12,608,117	10,575,043	20,939,345
13.	Prescription drugs		44,246,928	32,199,716	67,748,024
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		796,707	641,390	
16.	Subtotal (Lines 9 to 15)		284,285,113	235,286,224	505,654,478
Less:					
17.	Net reinsurance recoveries		1,386,914	478,864	1,268,553
18.	Total hospital and medical (Lines 16 minus 17)		282,898,198	234,807,360	504,385,925
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....539,328 cost containment expenses		2,838,570	2,664,555	4,542,149
21.	General administrative expenses		20,173,839	11,371,614	23,354,449
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				63,926
23.	Total underwriting deductions (Lines 18 through 22)		305,910,607	248,843,529	532,346,448
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	4,877,036	8,012,195	282,318
25.	Net investment income earned		(274,651)	(224,358)	(456,508)
26.	Net realized capital gains (losses) less capital gains tax of $.....0		270,406	18	43
27.	Net investment gains or (losses) (Lines 25 plus 26)		(4,245)	(224,340)	(456,465)
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	4,872,791	7,787,855	(174,147)
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	4,872,791	7,787,855	(174,147)
DETAILS OF WRITE-INS					
0601.	OTHER HEALTH CARE RELATED REVENUE	XXX		18	30
0602.	MPCA	XXX	(1,050,050)	(965,628)	(2,039,146)
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	(1,050,050)	(965,610)	(2,039,116)
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	44,150,635	42,385,351	42,385,351
34.	Net income or (loss) from Line 32	4,872,791	7,787,855	(174,147)
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	286,008	427,054	1,361,812
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(2,768,102)	238,995	231,774
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			
47.	Aggregate write-ins for gains or (losses) in surplus		(738,638)	345,846
48.	Net change in capital and surplus (Lines 34 to 47)	2,390,696	7,715,266	1,765,284
49.	Capital and surplus end of reporting period (Line 33 plus 48)	46,541,331	50,100,617	44,150,635
DETAILS OF WRITE-INS				
4701.	SURPLUS ADJUSTMENT RELATING TO CARESOURCE MICHIGAN PURCHASE			
4702.	PENSION RELATED COSTS OTHER THAN NET PERIODIC PENSION COSTS		(738,638)	345,846
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)	345,846

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	310,064,225	259,438,305	534,700,112
2.	Net investment income	(276,004)	(105,308)	(455,409)
3.	Miscellaneous income	(1,059,846)	880,172	(1,919,788)
4.	TOTAL (Lines 1 to 3)	308,728,375	260,213,170	532,324,915
5.	Benefit and loss related payments	286,585,187	237,649,392	490,771,055
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	16,039,236	14,317,764	27,211,347
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)	302,624,423	251,967,156	517,982,402
11.	Net cash from operations (Line 4 minus Line 10)	6,103,952	8,246,014	14,342,513
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			
	12.2 Stocks	591,603	1,520	2,708
	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	7,733,436		228,285
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	8,325,039	1,520	230,993
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds			
	13.2 Stocks	1,086,829	172,321	354,093
	13.3 Mortgage loans			
	13.4 Real estate	35,970	19,955	19,955
	13.5 Other invested assets			
	13.6 Miscellaneous applications	360,215	189,408	4,412
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	1,483,014	381,684	378,460
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)	6,842,025	(380,164)	(147,467)
	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			
	16.6 Other cash provided (applied)	(717,630)	(1,000,313)	(2,646,624)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(717,630)	(1,000,313)	(2,646,624)
	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)	12,228,346	6,865,537	11,548,422
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	85,229,484	73,681,062	73,681,062
	19.2 End of period (Line 18 plus Line 19.1)	97,457,830	80,546,599	85,229,484

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	158,575	3,004	29,564					506	125,501	
2. First Quarter	163,606	4,612	28,900					541	129,553	
3. Second Quarter	192,245	7,069	28,210					514	156,452	
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,022,501	32,015	172,332					3,215	814,939	
Total Member Ambulatory Encounters for Period:										
7. Physician	654,454	18,669	100,509					2,103	533,173	
8. Non-Physician	132,556	3,194	17,194					441	111,727	
9. Total	787,010	21,863	117,703					2,544	644,900	
10. Hospital Patient Days Incurred	56,046	313	5,340					1,259	49,134	
11. Number of Inpatient Admissions	12,131	77	1,212					239	10,603	
12. Health Premiums Written (a)	313,203,027	8,033,256	52,174,449					3,886,666	249,108,655	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	313,203,027	8,033,256	52,174,449					3,886,666	249,108,655	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	280,673,357	7,548,876	46,602,574					5,049,096	221,472,812	
18. Amount Incurred for Provision of Health Care Services	282,898,198	7,606,470	47,456,203					4,400,771	223,434,754	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....3,886,666.

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						
BRONSON METHODIST HOSPITAL	11,038					11,038
CENTRAL MICHIGAN COMMUNITY HOSPITAL	10,625					10,625
CENTRAL MICHIGAN COMMUNITY HOSPITAL		10,625				10,625
COVENANT MEDICAL CENTER	16,194					16,194
COVENANT MEDICAL CENTER	20,820					20,820
EW SPARROW HOSPITAL	14,171					14,171
HENRY FORD HOSPITAL	24,025					24,025
INGHAM REGIONAL MEDICAL CENTER	23,497					23,497
MCLAREN REGIONAL MEDICAL CENTER	12,024					12,024
OPPENHEIMER	14,042					14,042
ST MARYS HOSPITAL	18,492					18,492
UNIVERSITY OF MICHIGAN	854,263					854,263
UNIVERSITY OF MICHIGAN	10,498					10,498
WILLIAM BEAUMONT HOSPITAL				15,192		15,192
0199999 Individually Listed Claims Unpaid	1,029,689	10,625		15,192		1,055,506
0399999 Aggregate Accounts Not Individually Listed - Covered	24,381,791	437,702	53,377	68,535	17,126	24,958,531
0499999 Subtotals	25,411,480	448,327	53,377	83,727	17,126	26,014,037
0599999 Unreported claims and other claim reserves						48,419,188
0799999 Total Claims Unpaid						74,433,225
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,317,229

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)	15,290,297	39,340,720	486,900	15,086,825	15,777,197	15,142,069
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	1,657,347	3,390,934	215,849	329,379	1,873,196	1,193,552
7. Title XIX - Medicaid	51,366,403	168,830,949	1,981,757	56,332,516	53,348,160	55,872,763
8. Other health						
9. Health subtotal (Lines 1 to 8)	68,314,047	211,562,602	2,684,506	71,748,719	70,998,553	72,208,384
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts	746,447		1,520,522	796,707	2,266,969	2,266,969
13. Totals (Lines 9 - 10 + 11 + 12)	69,060,495	211,562,602	4,205,028	72,545,427	73,265,523	74,475,353

(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
   McLaren Health Plan Insurance Company (owned by McLaren Health Plan) filed for dissolution of the company, which was granted as of 01/28/14 by the department of Insurance and Financial Services.

5. Investments
   McLaren Health Plan Insurance Company transferred all bonds to McLaren Health Plan on 05/15/14.

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: $1,158,274 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.
       Due to Affiliates: $ 1,780,437 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**:
           There are two agreements between the 2 companies. The management agreement states McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan.
           Amount for January-June 2014 = $1,670,156

           The Service Agreement states MHCC agrees to provide a Leased Employee to perform certain operational, personnel services, and other resources to MHP.
           Amount for January-June 2014 = $665,000

       (2) McLaren Health Plan and MRMC:
           MRMC agrees to provide certain accounting / resource services to McLaren Health Plan. Amount for January-June 2014 = $6,002

       (3) McLaren Health Plan and Anthelio HealthCare Solutions:

Notes to Financial Statement

Anthelio HealthCare Solutions agrees to provide certain information technology and telephony services to McLaren Health Plan. Amount for January-June 2014 = $191,563

(4) **McLaren Health Plan and HA:**
McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HA. Amount for January – June 2014 = $4,794,334

(5) McLaren Health Plan and MHPIC:
McLaren Health Plan agrees to provider certain operational, personnel services and other resources to MHPIC. Amount for January 2014 = $0.00

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
A. Fair Value Measurements: N/A
B. Other Fair Value Information: N/A
C. Fair Value of Financial Instruments:

Notes to Financial Statement

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	$ 318,215	$ 318,370		$ 318,215		

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

21. Other Items:
A. No change

B. No Change

C. Short-term investments in the amount of $1,217,372 as of 06/30/14 are on deposit with the State of Michigan Treasury in a safekeeping account as required by regulation.

22. Events Subsequent
No Change

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.

*Section ID	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
01	06/30/14					-	-
01	03/31/14					-	-
01	12/31/13					79,156	79,156
01	09/30/13	-	-			311,235	311,235
01	06/30/13	-	-	-	72,031	222,814	294,846
01	03/31/13	-	-	-	192,203	51,207	243,410
01	12/31/12	-	8,425	-	55,711	180,197	235,907
01	09/30/12	42,732	154,893	-	55,618	179,564	235,183
01	06/30/12	128,332	189,075	48,477	1,460	186,734	236,671
01	03/31/12	62,960	209,367	86,319	87,035	47,706	221,060
01	12/31/11	60,274	251,590	139,785	71,128	48,432	259,345
01	09/30/11	97,862	256,932	135,665	120	129,417	265,202
01	06/30/11	84,424	237,911	108,307	102,649	28,255	239,211
01	03/31/11	43,801	226,171	112,403	-	110,096	222,499
01	12/31/10	56,775	230,629	90,940	33,646	106,037	230,623
01	09/30/10	-	253,100	68,852	41,677	143,914	254,443
01	06/30/10	78,319	269,341	72,513	132,182	64,646	269,341
01	03/31/10			-	-	343	343

B. Risk Sharing Receivables - No Change

Notes to Financial Statement

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 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[ ]
If yes, complete Schedule Y, Parts 1 and 1A.
3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
3.3 If the response to 3.2 is yes, provide a brief description of those changes:

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. 12/31/2012
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). 06/24/2014
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: $ 0

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 ($1,217,372.20) held in a safekeeping trust account with the State of Michigan as required by the Department of Insurance & Financial Services (DIFS)

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

GENERAL INTERROGATORIES (Continued)

INVESTMENT

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[ ]
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	13,098,942	5,715,622
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)	13,098,942	5,715,622
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
FIFTH THIRD BANK	111 LYON ST SW, GRAND RAPIDS MI 49503

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 91.470%
   1.2 A&H cost containment percent 0.170%
   1.3 A&H expense percent excluding cost containment expenses 7.230%

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 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Non-affiliates								
11835	04-1590940	01/01/2014	PARTNERRE AMER INS CO	DE	SSL/L/I	Authorized	1	05/12/2014

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

			Direct Business Only							
		1	2	3	4	5	6	7	8	9
	State, Etc.	Active Status	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	60,207,705	3,886,666	249,108,655				313,203,027	
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	60,207,705	3,886,666	249,108,655				313,203,027	
60.	Reporting entity contributions for Employee Benefit Plans	XXX								
61.	Total (Direct Business)	(a) 1	60,207,705	3,886,666	249,108,655				313,203,027	
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								

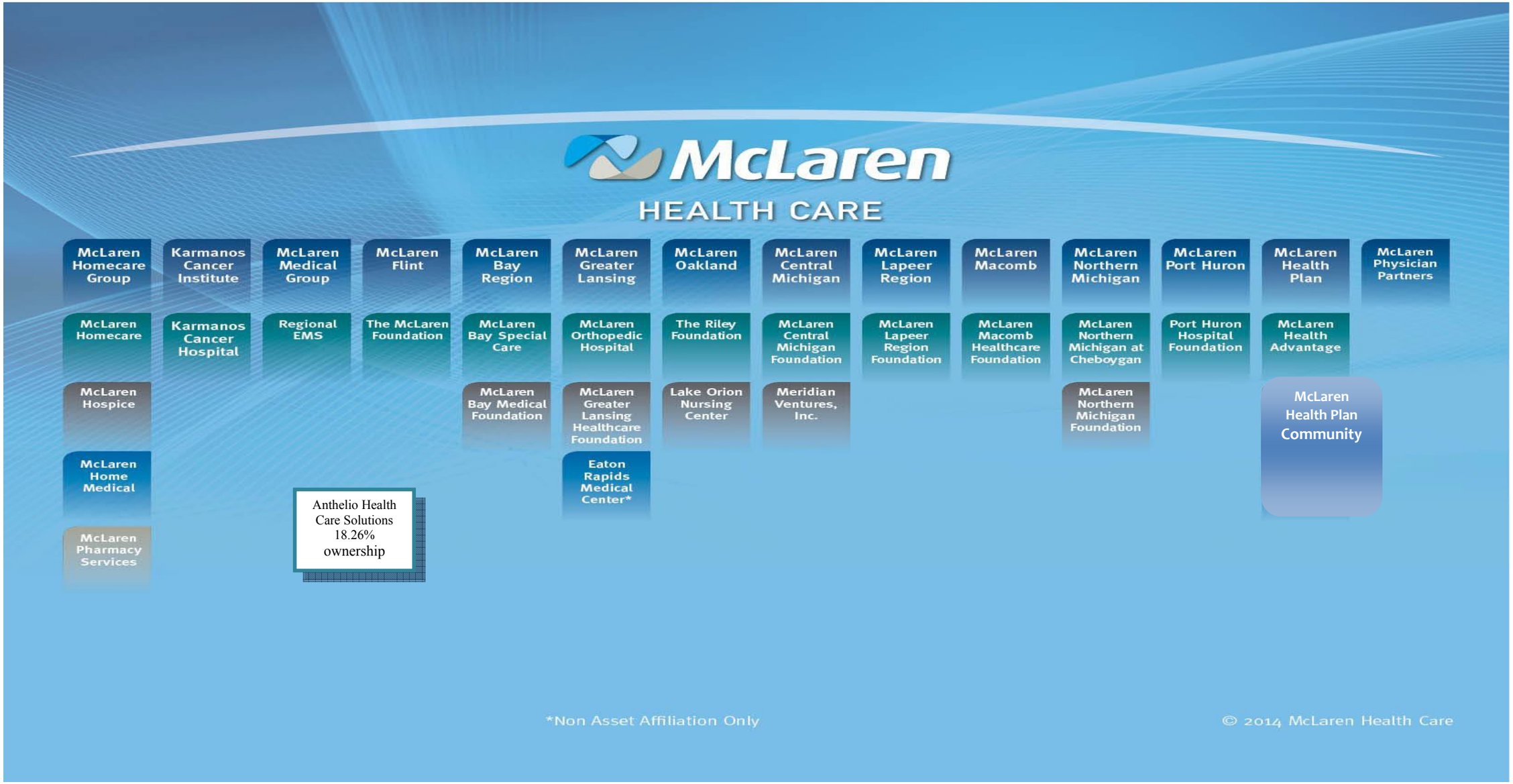
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business 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 *
		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	38-2988086				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	
		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	

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	38-2578873				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	
4700		14217	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	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1613280				Karmanos Cancer Institute	US	NIA	McLaren HealthCare Corp	Ownership	100.0		
		00000	20-1649466				Karmanos Cancer Center	US	NIA	Karmanos Cancer Institute	Ownership	100.0		
		00000	38-1369611				McLaren Port Huron	US	NIA	McLaren HealthCare Corp	Ownership	100.0		
		00000	38-2777750				Port Huron Hospital Foundation	US	NIA	McLaren Port Huron	Ownership	100.0		

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

95562201436500002 2014 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	234,592		234,592	184,565
1105. SELF INS TRUST FUND CTF	118,478		118,478	107,942
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	353,070		353,070	292,508

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	2,437,981	2,646,292
2.	Cost of acquired		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition	35,970	19,955
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	112,124	228,266
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	2,361,826	2,437,981
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	2,361,826	2,437,981

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	34,162,828	32,449,605
2.	Cost of bonds and stocks acquired	1,416,177	354,093
3.	Accrual of discount		0
4.	Unrealized valuation increase (decrease)	1,036,352	1,361,813
5.	Total gain (loss) on disposals	270,406	24
6.	Deduct consideration for bonds and stocks disposed of	9,291,801	2,708
7.	Deduct amortization of premium	805	
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)	27,593,156	34,162,828
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	27,593,156	34,162,828

SCHEDULE D - PART 1B

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

NAIC Designation	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. NAIC 1 (a)	65,029,956	15,731,545			65,029,956	80,761,501		81,532,896
2. NAIC 2 (a)		318,370				318,370		
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	65,029,956	16,049,915			65,029,956	81,079,871		81,532,896
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	65,029,956	16,049,915			65,029,956	81,079,871		81,532,896

(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	80,761,502	X X X	80,761,502		

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	81,532,896	60,757,611
2.	Cost of short-term investments acquired		20,775,285
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	771,395	
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)	80,761,502	81,532,896
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	80,761,502	81,532,896

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	21,385,884	18,464,737
2.	Cost of cash equivalents acquired		2,921,147
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	3,353	
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)	21,382,531	21,385,884
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	21,382,531	21,385,884

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)
Bonds - Industrial and Miscellaneous (Unaffiliated)									
452152HQ7	Illinois St. Bond		05/15/2014	JP Morgan	XXX	329,348	310,000		U
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	329,348	310,000		XXX
8399997 Subtotal - Bonds - Part 3					XXX	329,348	310,000		XXX
8399999 Subtotal - Bonds					XXX	329,348	310,000		XXX
Common Stocks - Industrial and Miscellaneous (Unaffiliated)									
693390304	PIMCO Low Duration Fund		04/02/2014	JP Morgan	1,085.854	11,228	XXX		K
921943809	Vandguard Developed Markets Ind Fd		04/04/2014	JP Morgan	266.911	8,851	XXX		K
693390304	PIMCO Low Duration Fund		05/02/2014	JP Morgan	1,129.666	11,703	XXX		K
693390304	PIMCO Low Duration Fund		06/03/2014	JP Morgan	1,267.594	13,170	XXX		K
693390304	PIMCO Low Duration Fund		06/27/2014	JP Morgan	48,169.557	500,000	XXX		K
922908108	Vanguard S&P 500 Index		06/23/2014	JP Morgan	64.393	11,656	XXX		K
922042304	Vanguard Emerging Markets		06/24/2014	JP Morgan	184.558	5,016	XXX		K
921937678	Vanguard Tax Managed Fund		06/24/2014	JP Morgan	612.131	8,392	XXX		K
9099999 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					XXX	570,017	XXX		XXX
Common Stocks - Money Market Mutual Funds									
4812C0167	JP Morgan Short Duration Bond Fund		04/01/2014	JP Morgan	603.715	6,574	XXX		L
4812C0167	JP Morgan Short Duration Bond Fund		05/01/2014	JP Morgan	469.502	5,118	XXX		L
4812C0167	JP Morgan Short Duration Bond Fund		06/02/2014	JP Morgan	468.931	5,121	XXX		L
4812C0167	JP Morgan Short Duration Bond Fund		06/26/2014	JP Morgan	45,829.514	500,000	XXX		L
9399999 Subtotal - Common Stocks - Money Market Mutual Funds					XXX	516,813	XXX		XXX
9799997 Subtotal - Common Stocks - Part 3					XXX	1,086,829	XXX		XXX
9799999 Subtotal - Common Stocks					XXX	1,086,829	XXX		XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	1,086,829	XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	1,416,177	XXX		XXX

(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 - Industrial and Miscellaneous (Unaffiliated)																					
922908702	Vanguard Small Cap Index		06/25/2014	JP Morgan	3,597.769	200,000	XXX	138,925							138,925		61,075	61,075		XXX	K
922908108	Vanguard S&P 500 Index		06/25/2014	JP Morgan	2,766.711	500,000	XXX	370,895							370,895		129,105	129,105		XXX	K
921943809	Vanguard Tax Managed Fund		06/25/2014	JP Morgan	7,342.144	100,000	XXX	81,386							81,386		18,614	18,614		XXX	K
922908843	Vanguard MidCap Index		06/25/2014	JP Morgan	6,211.180	200,000	XXX	138,394							138,394		61,606	61,606		XXX	K
9099999 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					XXX	1,000,000	XXX	729,600							729,600		270,400	270,400		XXX	XXX
Common Stocks - Parent, Subsidiaries and Affiliates																					
000000000	MCLAREN HEALTH PLAN INSURANCE COMPANY		05/30/2014		60,000.000	8,700,000	XXX	7,608,619							7,608,619					XXX	
9199999 Subtotal - Common Stocks - Parent, Subsidiaries and Affiliates					XXX	8,700,000	XXX	7,608,619							7,608,619					XXX	XXX
Common Stocks - Mutual Funds																					
4812C0167	JP Morgan Short Duration Bond Fund		04/14/2014	JP Morgan	18.229	199	XXX	198							198		1	1		XXX	L
4812C0167	JP Morgan Short Duration Bond Fund		05/14/2014	JP Morgan	18.244	199	XXX	198							198		1	1		XXX	L
4812C0167	JP Morgan Short Duration Bond Fund		06/16/2014	JP Morgan	18.305	200	XXX	199							199		1	1		XXX	L
9299999 Subtotal - Common Stocks - Mutual Funds					XXX	598	XXX	594							594		3	3		XXX	XXX
9799997 Subtotal - Common Stocks - Part 4					XXX	9,700,598	XXX	8,338,814							8,338,814		270,403	270,403		XXX	XXX
9799999 Subtotal - Common Stocks					XXX	9,700,598	XXX	8,338,814							8,338,814		270,403	270,403		XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	9,700,598	XXX	8,338,814							8,338,814		270,403	270,403		XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	9,700,598	XXX	8,338,814							8,338,814		270,403	270,403		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						(10,386,057)	2,032,851	(5,377,494)	X X X
FIFTH THIRD BANK	MICHIGAN						245,627	244,322	243,017	X X X
HUNTINGTON BANK	OHIO						250,000	250,000	250,000	X X X
INDEPENDENT BANK	MICHIGAN						196,970	198,270	198,276	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			(9,693,461)	2,725,442	(4,686,202)	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			(9,693,461)	2,725,442	(4,686,202)	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			(9,693,461)	2,725,442	(4,686,202)	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	06/30/2014	0.000	06/30/2014	17,860,985		
HUNTINGTON BANK	DR	06/30/2014	0.000	06/30/2014	3,521,546		
8499999 Sweep Accounts					21,382,531		
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents					21,382,531		

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