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QUARTERLY STATEMENT

AS OF MARCH 31, 2015

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 _____, 2015

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				313,003
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	27,728,789		27,728,789	27,451,873
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)	2,244,766		2,244,766	2,282,474
4.2 Properties held for the production of income (less $.....0 encumbrances)				
4.3 Properties held for sale (less $.....0 encumbrances)				
5. Cash ($....(16,352,585)), cash equivalents ($.....21,386,179) and short-term investments ($.....131,748,353)	136,781,948		136,781,948	129,765,997
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	1,797,304	1,363,773	433,531	444,687
12. Subtotals, cash and invested assets (Lines 1 to 11)	168,552,807	1,363,773	167,189,034	160,258,036
13. Title plants less $.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	1,421		1,421	6,520
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,583,798	560,912	2,022,886	1,792,245
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,887,071		1,887,071	1,887,070
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	3,808,260	3,525,198	283,063	324,795
21. Furniture and equipment, including health care delivery assets ($.....0)	324,125	324,125		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	3,796,786	11,879	3,784,907	1,606,315
24. Health care ($.....4,491,683) and other amounts receivable	4,499,941	69	4,499,871	4,332,980
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)	185,454,208	5,785,955	179,668,253	170,207,960
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	185,454,208	5,785,955	179,668,253	170,207,960
DETAILS OF WRITE-INS				
1101. INVENTORY	18,122	18,122		
1102. DEFERRED CHARGES EQUIP FEES	42,777	42,777		
1103. PREPAID EXPENSES	240,839	240,839		
1198. Summary of remaining write-ins for Line 11 from overflow page	1,495,565	1,062,035	433,531	444,687
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	1,797,304	1,363,773	433,531	444,687
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)	95,565,935		95,565,935	92,480,661
2.	Accrued medical incentive pool and bonus amounts	2,830,915		2,830,915	2,742,716
3.	Unpaid claims adjustment expenses	1,855,305		1,855,305	1,855,305
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	691,291		691,291	791,291
8.	Premiums received in advance	4,597,913		4,597,913	2,959,411
9.	General expenses due or accrued	12,915,217		12,915,217	13,020,970
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	182,018		182,018	182,018
12.	Amounts withheld or retained for the account of others	240,116		240,116	257,915
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	2,461,177		2,461,177	2,510,716
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with ($.....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)	1,494,664		1,494,664	1,494,664
24.	Total liabilities (Lines 1 to 23)	122,834,550		122,834,550	118,295,667
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	55,693,702	50,772,293
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	56,833,702	51,912,293
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	179,668,253	170,207,960
DETAILS OF WRITE-INS					
2301.	RISK ADJUSTMENT PAYABLE	1,494,664		1,494,664	1,494,664
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)	1,494,664		1,494,664	1,494,664
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	590,259	484,899	2,178,364
2.	Net premium income (including $.....0 non-health premium income)	XXX	214,929,179	141,530,180	724,578,630
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	(442,446)	(511,322)	(1,953,222)
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	214,486,733	141,018,858	722,625,408
Hospital and Medical:					
9.	Hospital/medical benefits		147,489,738	107,879,859	511,970,188
10.	Other professional services		3,823,603	944,903	8,200,623
11.	Outside referrals				
12.	Emergency room and out-of-area		8,966,429	1,047,208	29,928,846
13.	Prescription drugs		27,998,024	21,163,019	97,396,087
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		543,557	318,470	2,641,631
16.	Subtotal (Lines 9 to 15)		188,821,351	131,353,459	650,137,376
Less:					
17.	Net reinsurance recoveries		158,507	369,818	5,910,366
18.	Total hospital and medical (Lines 16 minus 17)		188,662,845	130,983,641	644,227,011
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....343,295 cost containment expenses		1,806,817	1,306,341	6,029,099
21.	General administrative expenses		19,260,619	6,913,643	58,844,327
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)		(100,000)		727,365
23.	Total underwriting deductions (Lines 18 through 22)		209,630,281	139,203,625	709,827,801
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	4,856,452	1,815,233	12,797,606
25.	Net investment income earned		(176,764)	(187,520)	(563,418)
26.	Net realized capital gains (losses) less capital gains tax of $.....0		2	3	(2,928)
27.	Net investment gains or (losses) (Lines 25 plus 26)		(176,761)	(187,517)	(566,346)
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	4,679,691	1,627,717	12,231,260
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	4,679,691	1,627,717	12,231,260
DETAILS OF WRITE-INS					
0601.	MPCA	XXX	(442,446)	(511,322)	(1,953,222)
0602.		XXX			
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	(442,446)	(511,322)	(1,953,222)
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	51,912,293	44,150,636	44,150,635
34.	Net income or (loss) from Line 32	4,679,691	1,627,717	12,231,260
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	214,222	213,354	572,299
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	27,497	(1,473,144)	(4,792,634)
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			(249,268)
48.	Net change in capital and surplus (Lines 34 to 47)	4,921,410	367,927	7,761,657
49.	Capital and surplus end of reporting period (Line 33 plus 48)	56,833,702	44,518,563	51,912,293
DETAILS OF WRITE-INS				
4701.	PENSION RELATED COSTS OTHER THAN NET PERIODIC PENSION COSTS			(249,268)
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			(249,268)

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	216,337,039	135,777,075	725,423,017
2.	Net investment income	(119,789)	(182,300)	(549,809)
3.	Miscellaneous income	(434,969)	(601,726)	(1,963,054)
4.	TOTAL (Lines 1 to 3)	215,782,281	134,993,049	722,910,154
5.	Benefit and loss related payments	185,663,740	129,410,868	626,353,195
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	21,173,190	8,046,692	59,121,265
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)	206,836,929	137,457,560	685,474,460
11.	Net cash from operations (Line 4 minus Line 10)	8,945,352	(2,464,511)	37,435,695
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	313,003		
	12.2 Stocks		596	17,119,041
	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			216,132
	12.7 Miscellaneous proceeds	96,301	101,012	0
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	409,304	101,608	17,335,173
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds			329,348
	13.2 Stocks	60,970	55,672	9,822,522
	13.3 Mortgage loans			
	13.4 Real estate	14,025		61,438
	13.5 Other invested assets			
	13.6 Miscellaneous applications	1,864		0
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	76,859	55,672	10,213,308
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)	332,445	45,936	7,121,865
	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)	(2,261,845)	(1,254,859)	(21,046)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(2,261,845)	(1,254,859)	(21,046)
	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)	7,015,951	(3,673,434)	44,536,513
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	129,765,997	85,229,484	85,229,484
	19.2 End of period (Line 18 plus Line 19.1)	136,781,948	81,556,050	129,765,997

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	191,713	8,623	27,347					407	155,336	
2. First Quarter	199,784	9,714	24,047					106	165,917	
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	590,259	28,854	73,068					308	488,029	
Total Member Ambulatory Encounters for Period:										
7. Physician	378,929	16,826	42,608					202	319,293	
8. Non-Physician	77,117	2,878	7,289					42	66,908	
9. Total	456,046	19,704	49,897					244	386,201	
10. Hospital Patient Days Incurred	54,617	520	2,475					174	51,448	
11. Number of Inpatient Admissions	15,550	131	597					37	14,785	
12. Health Premiums Written (a)	216,075,901	7,019,177	21,976,949					214,692	186,865,084	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	216,075,901	7,019,177	21,976,949					214,692	186,865,084	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	185,577,571	7,066,411	22,713,569					566,569	155,231,022	
18. Amount Incurred for Provision of Health Care Services	188,821,351	6,231,539	20,225,796					343,132	162,020,884	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0.

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
Claims unpaid (Reported)						
Alpena Dialysis	12,076					12,076
BAPTIST HEALTH LOUIS	17,056					17,056
Barbara Ann Karmanos Cancer Hospital	153,770					153,770
Bronson Methodist Hospital - Kalamazoo					48,950	48,950
Coram Specialty Infusion - Novi			28,501			28,501
DMC Childrens Hospital of Michigan	37,783				126,520	164,303
EW SPARROW HOSPITAL	20,246					20,246
FMC - Gull Road	13,998					13,998
Fresenius Medical Care Caro	13,998					13,998
GLSH Oak LLC	15,136					15,136
Hallwood Dialysis Center	11,615					11,615
Henry Ford Hospital - Detroit	10,003	376,279	376,279			762,560
Hurley Medical Center	55,319					55,319
Ionia Dialysis	10,721					10,721
McLaren Flint Hospital	47,514					47,514
McLaren Lapeer Hospital	38,442					38,442
Mt Morris Dialysis	11,615					11,615
Mt Pleasant Dialysis	12,508					12,508
Mt. Morris Dialysis	11,615					11,615
Munson Medical Center	11,278					11,278
RCG Charlotte				31,491		31,491
RCG East Lansing				12,921		12,921
Sparrow Hospital	73,355					73,355
Spectrum Health Butterworth Hospita		60,112			54,883	114,995
Spectrum Health Hospitals Blodgett	62,227					62,227
St Marys Health Services	11,738					11,738
UNIVERSITY OF MICHIGAN	132,219					132,219
University of Michigan	32,290					32,290
West Branch Regional Med Ctr	19,404					19,404
William Beaumont Hospital Troy	17,235					17,235
0199999 Individually Listed Claims Unpaid	853,159	436,390	404,780	44,412	230,353	1,969,096
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	31,971,913	118,110	270,977	23,917	283,360	32,668,277
0499999 Subtotals	32,825,073	554,500	675,757	68,330	513,713	34,637,373
0599999 Unreported claims and other claim reserves						60,928,562
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						95,565,935
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,830,915

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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1. Comprehensive (hospital & medical)	13,449,302	16,430,677	5,752,074	7,850,307	19,201,377	17,151,224
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	449,418	117,151	633,431	153,095	1,082,849	1,009,964
7. Title XIX - Medicaid	49,238,205	105,449,260	25,988,301	55,880,017	75,226,506	75,110,764
8. Other health						
9. Health subtotal (Lines 1 to 8)	63,136,925	121,997,089	32,373,807	63,883,419	95,510,732	93,271,952
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts	455,358			2,830,915	455,358	2,742,716
13. Totals (Lines 9 - 10 + 11 + 12)	63,592,283	121,997,089	32,373,807	66,714,334	95,966,090	96,014,668

(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
A. Mortgage Loans, including Mezzanine Real Estate Loans: N/A
B. Debt Restructuring: N/A
C. Reverse Mortgages: N/A
D. Loan-Backed Securities: N/A
E. Repurchase Agreements and/or Securities Lending Transactions: N/A
F. Real Estate: N/A
G. For Investments in Low-Income Housing Tax Credits (LIHTC): N/A
H. Restricted Assets:

	Restricted Asset Category	1 Total Gross Restricted from Current Year	2 Total Gross Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Percent Gross Restricted to Total Assets	6 Percentage Admitted Restricted To Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown					%	%
b.	Collateral held under security lending agreements					%	%
c.	Subject to repurchase agreements					%	%
d.	Subject to reverse repurchase agreements					%	%
e.	Subject to dollar repurchase agreements					%	%
f.	Subject to dollar reverse repurchase agreements					%	%
g.	Placed under option contracts					%	%
h.	Letter stock or securities restricted as to sale– excluding FHLB capital stock					%	%
i.	FHLB capital stock					%	%
j.	On deposit with states					%	%
k.	On deposit with other regulatory bodies	1,217,476	1,217,440	36	1,217,476	.656%	.678%
l.	Pledged as collateral to FHLB (including assets backing funding agreements)					%	%
m.	Pledged as collateral not captured in other categories					%	%
n.	Other restricted assets					%	%
o.	Total Restricted Assets					%	%

I. Working Capital Finance Investments: N/A
J. Offsetting and Netting of Assets and Liabilities: N/A
K. Structured Notes: N/A

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

Notes to Financial Statement

D. Due from Affiliates: $3,784,907 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.
Due to Affiliates: $ 2,461,177 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-March 2015 = $1,347,812

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-March 2015 = $332,500

(2) McLaren Health Plan and MRMC:
MRMC agrees to provide certain accounting / resource services to McLaren Health Plan. Amount for January-March 2015 = $3,777

(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-March 2015 = $102,216

(4) **McLaren Health Plan and HA:**
McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HA. Amount for January – March 2015 = $2,825,215

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

Notes to Financial Statement

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
A. ASO plans – 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: N/A
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 $1,217,476 as of 03/31/15 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

Notes to Financial Statement

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
    1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions – Yes
    2.

IMPACT OF RISK-SHARING PROVISIONS OF THE ACA

			AMOUNT
Permanent ACA Risk Adjustment Program			
	Assets		
		Premium adjustments receivable due to ACA Risk Adjustment	
	Liabilities		
		Risk adjustment user fees payable for ACA Risk Adjustment	$ -
		Premium adjustments payable due to ACA Risk Adjustment	$ -
	Operations (Revenue & Expense)		
		Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	$ -
		Reported in expenses as ACA risk adjustment user fees (incurred/paid)	$ -
Transitional ACA Reinsurance Program			
	Assets		
		Amounts recoverable for claims paid due to ACA Reinsurance	$ -
		Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	$ -
		Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	$ -
	Liabilities		
		Liabilities for contribution payable due to ACA Reinsurance - not reported as ceded premium	$ -
		Ceded reinsurance premiums payable due to ACA Reinsurance	$ -
		Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	$ -
	Operations (Revenue & Expense)		
		Ceded reinsurance premiums due to ACA Reinsurance	$ -
		Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	$ -
		ACA Reinsurance contributions - not reported as ceded premium	
Temporary ACA Risk Corridors Program			
	Assets		
		Accrued retrospective premium due to ACA Risk Corridors	$ -
	Liabilities		
		Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	$ -
	Operations (Revenue & Expense)		
		Effect of ACA Risk Corridors on net premium income (paid/received)	$ -
		Effect of ACA Risk Corridors on change in reserves for rate credits	$ -

Notes to Financial Statement

3.

ROLL-FORWARD OF PRIOR YEAR ACA RISK-SHARING PROVISIONS

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
		1	2	3	4	5	6	7	8		9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
Permanent ACA Risk Adjustment Program												
	Premium adjustments receivable									A		
	Premium adjustments (payable)									B		
	Subtotal ACA Permanent Risk Adjustment Program											
Transitional ACA Reinsurance Program												
	Amounts recoverable for claims paid									C		
	Amounts recoverable for claims unpaid (contra liability)									D		
	Amounts receivable relating to uninsured plans									E		
	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium									F		
	Ceded reinsurance premiums payable									G		
	Liability for amounts held under uninsured plans									H		
	Subtotal ACA Transitional Reinsurance Program											
Temporary ACA Risk Corridors Program												
	Accrued retrospective premium									I		
	Reserve for rate credit or policy experience rating refunds									J		
	Subtotal ACA Risk Corridors Program											
Total for ACA Risk Sharing Provisions												
Explanations of Adjustments												
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												

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.

Notes to Financial Statement

*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	12/31/14			-		-	-
01	09/30/14			426,369		-	426,369
01	06/30/14			236,954		-	236,954
01	03/31/14			213,026		-	213,026
01	12/31/13			16	175,096	154,562	329,673
01	09/30/13	-	-	(101)	468	312,000	312,368
01	06/30/13	-	-	855	74,943	224,264	300,063
01	03/31/13	-	-	21	220,754	56,639	277,414
01	12/31/12	-	8,425	-	55,711	180,257	235,968
01	09/30/12	42,732	154,893	-	55,613	179,601	235,214
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	87,026	47,766	221,111
01	12/31/11	60,274	251,590	141,132	71,128	48,432	260,692
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

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[ ] No[X]
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[ ] No[ ] N/A[X]

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: $ 145,599

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 ($1,217,476) 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	5,804,255	5,825,233
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)	5,804,255	5,825,233
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 88.030%
   1.2 A&H cost containment percent 0.160%
   1.3 A&H expense percent excluding cost containment expenses 9.660%

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 - Affiliates								
11835	04-1590940	01/01/2015	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	28,996,125	214,692	186,865,084				216,075,901	
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	28,996,125	214,692	186,865,084				216,075,901	
60.	Reporting entity contributions for Employee Benefit Plans	XXX								
61.	Total (Direct Business)	(a) 1	28,996,125	214,692	186,865,084				216,075,901	
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								

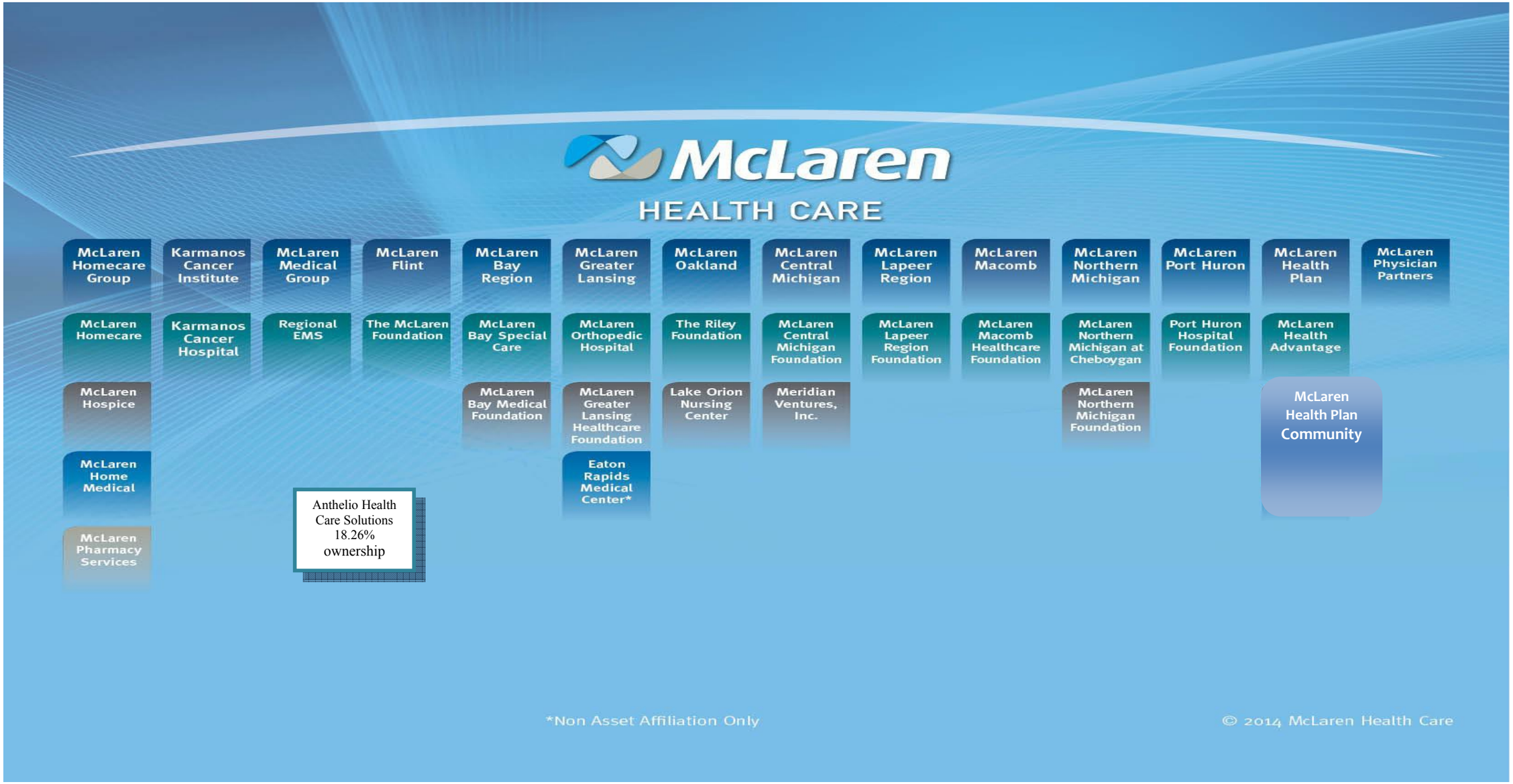
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

95562201536500001 2015 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION	213,095		213,095	229,841
1105. SELF INS TRUST FUND CTF	134,928		134,928	129,339
1106. RISK CORRIDOR RECEIVABLE	85,507		85,507	85,507
1107. PREPAID DENTAL EXPENSES	1,025,665	1,025,665		
1108. PREPAID RENT EXPENSES	36,370	36,370		
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	1,495,565	1,062,035	433,531	444,687
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

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	2,282,474	2,437,981
2.	Cost of acquired		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition	14,025	61,438
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	51,734	216,945
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	2,244,766	2,282,474
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	2,244,766	2,282,474

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	27,764,876	34,162,828
2.	Cost of bonds and stocks acquired	60,970	10,151,870
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	216,086	573,477
5.	Total gain (loss) on disposals	2	(365)
6.	Deduct consideration for bonds and stocks disposed of	313,003	17,119,041
7.	Deduct amortization of premium	143	3,893
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)	27,728,789	27,764,876
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	27,728,789	27,764,876

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)	129,410,242	2,651,114	313,003		131,748,353			129,410,242
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	129,410,242	2,651,114	313,003		131,748,353			129,410,242
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	129,410,242	2,651,114	313,003		131,748,353			129,410,242

(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	131,748,353	X X X	131,748,353		

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	129,097,239	81,532,896
2.	Cost of short-term investments acquired	2,651,114	47,564,343
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
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)	131,748,353	129,097,239
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	131,748,353	129,097,239

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	21,383,661	21,385,883
2.	Cost of cash equivalents acquired	2,518	
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		2,222
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)	21,386,179	21,383,661
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	21,386,179	21,383,661

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)
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
Common Stocks - Industrial and Miscellaneous (Unaffiliated)									
922908843	Vanguard MidCap Index		03/25/2015	JP Morgan	2.444	86	XXX		K
922908702	Vanguard Small Cap Index		03/25/2015	JP Morgan	4.078	240	XXX		K
922908108	Vanguard S&P 500 Index		03/23/2015	JP Morgan	61.124	11,878	XXX		K
922042304	Vanguard Emerging Markets		03/25/2015	JP Morgan	25.187	652	XXX		K
921937678	Vanguard Tax Managed Fund		03/25/2015	JP Morgan	197.514	2,589	XXX		K
9099999 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					XXX	15,445	XXX		XXX
Common Stocks - Mutual Funds									
4812C0167	JP Morgan Short Duration Bond Fund		01/30/2015	JP Morgan	1,438.972	15,685	XXX		L
4812C0167	JP Morgan Short Duration Bond Fund		02/26/2015	JP Morgan	1,441.578	15,699	XXX		L
4812C0167	JP Morgan Short Duration Bond Fund		03/30/2015	JP Morgan	1,297.387	14,142	XXX		L
9299999 Subtotal - Common Stocks - Mutual Funds					XXX	45,525	XXX		XXX
9799997 Subtotal - Common Stocks - Part 3					XXX	60,970	XXX		XXX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
9799999 Subtotal - Common Stocks					XXX	60,970	XXX		XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	60,970	XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	60,970	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)
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
452152HQ7	Illinois St. Bond		03/01/2015	JP Morgan	XXX	310,000	310,000	329,348							329,348		19,348	19,348		03/01/2015	U
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	310,000	310,000	329,348							329,348		19,348	19,348		XXX	XXX
8399997 Subtotal - Bonds - Part 4					XXX	310,000	310,000	329,348							329,348		19,348	19,348		XXX	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999 Subtotal - Bonds					XXX	310,000	310,000	329,348							329,348		19,348	19,348		XXX	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Common Stocks - Mutual Funds																					
4812C0167	JP Morgan Short Duration Bond Fund		01/14/2015	JP Morgan	39.033	426	XXX	424							424		2	2		XXX	L
4812C0167	JP Morgan Short Duration Bond Fund		02/17/2015	JP Morgan	39.393	428	XXX	428							428		0	0		XXX	L
4812C0167	JP Morgan Short Duration Bond Fund		03/16/2015	JP Morgan	39.319	428	XXX	427							427		1	1		XXX	L
9299999 Subtotal - Common Stocks - Mutual Funds					XXX	1,282	XXX	1,280							1,280		2	2		XXX	XXX
9799997 Subtotal - Common Stocks - Part 4					XXX	1,282	XXX	1,280							1,280		2	2		XXX	XXX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999 Subtotal - Common Stocks					XXX	1,282	XXX	1,280							1,280		2	2		XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	1,282	XXX	1,280							1,280		2	2		XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	311,282	XXX	330,627							330,627		19,350	19,350		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	03/31/2015					(12,230,161)	(20,997,454)	(17,066,790)	X X X
FIFTH THIRD BANK	MICHIGAN	03/31/2015					243,489	242,118	240,746	X X X
HUNTINGTON BANK	OHIO	03/31/2015					250,000	250,000	250,000	X X X
INDEPENDENT BANK	MICHIGAN	03/31/2015					215,975	223,596	223,459	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			(11,520,697)	(20,281,740)	(16,352,585)	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			(11,520,697)	(20,281,740)	(16,352,585)	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			(11,520,697)	(20,281,740)	(16,352,585)	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
7799999 Subtotals - Bonds - Total Bonds - Issuer Obligations							
7899999 Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities							
7999999 Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities							
8099999 Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities							
8399999 Subtotals - Bonds - Total Bonds							
Sweep Accounts							
FIFTH THIRD BANK	DR	03/31/2015	0.000	03/31/2015	17,857,688		
HUNTINGTON BANK	DR	03/31/2015	0.000	03/31/2015	3,528,491		
8499999 Sweep Accounts					21,386,179		
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents					21,386,179		

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