



QUARTERLY STATEMENT
AS OF MARCH 31, 2016
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

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

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. , FLINT, MI, US 48532
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office G-3245 Beecher Rd.
(Street and Number)

FLINT, MI, US 48532 (810)733-9723
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address G-3245 Beecher Rd. , FLINT, MI, US 48532
(Street and Number or P.O. Box) (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 (810)733-9723
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.mclarenhealthplan.org

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

OFFICERS

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

OTHERS

LAKISHA ATKINS, Representative Director

DIRECTORS OR TRUSTEES

KATHY KENDALL	KEVIN TOMPKINS
PATRICK HAYES	DAVE MAZURKIEWICZ
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 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) KATHY KENDALL _____ (Printed Name) 1. President _____ (Title)	_____ (Signature) DAVE MAZURKIEWICZ _____ (Printed Name) 2. Treasurer _____ (Title)	_____ (Signature) CAROL SOLOMON _____ (Printed Name) 3. Assistant Treasurer _____ (Title)
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Subscribed and sworn to before me this _____ day of _____, 2016

- a. Is this an original filing? _____
 b. If no, 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

Yes[X] No[]

 (Notary Public Signature)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	41,885,381		41,885,381	27,544,124
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)	2,750,129		2,750,129	2,377,993
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....(10,446,378)), cash equivalents (\$.....21,367,478) and short-term investments (\$.....142,447,393)	153,368,493		153,368,493	190,373,629
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	5,586,495	5,316,323	270,172	272,973
12. Subtotals, cash and invested assets (Lines 1 to 11)	203,590,498	5,316,323	198,274,175	220,568,720
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	43,340		43,340	15,223
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,685,281	192,531	1,492,750	1,488,753
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 (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,588,283		1,588,283	1,919,503
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	4,025,183	3,463,799	561,385	252,276
21. Furniture and equipment, including health care delivery assets (\$.....0)	680,801	680,801		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	3,882,741	11,879	3,870,862	1,626,798
24. Health care (\$.....4,941,798) and other amounts receivable	4,946,225	4,429	4,941,796	5,664,964
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)	220,442,354	9,669,762	210,772,591	231,536,237
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	220,442,354	9,669,762	210,772,591	231,536,237
DETAILS OF WRITE-INS				
1101. INVENTORY	17,340	17,340		
1102. DEFERRED CHARGES EQUIP FEES	1,315,215	1,315,215		
1103. PREPAID EXPENSES	484,961	484,961		
1198. Summary of remaining write-ins for Line 11 from overflow page	3,768,979	3,498,807	270,172	272,973
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	5,586,495	5,316,323	270,172	272,973
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)	100,361,170		100,361,170	126,278,110
2. Accrued medical incentive pool and bonus amounts	2,243,229		2,243,229	3,064,853
3. Unpaid claims adjustment expenses	2,205,305		2,205,305	2,205,305
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	1,500,000		1,500,000	1,500,000
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves	881,768		881,768	963,548
8. Premiums received in advance	9,821,402		9,821,402	10,046,827
9. General expenses due or accrued	10,009,872		10,009,872	10,901,009
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	223,010		223,010	99,539
12. Amounts withheld or retained for the account of others	149,626		149,626	277,299
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	7,609,357		7,609,357	4,166,300
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)	1,186,923		1,186,923	1,186,923
24. Total liabilities (Lines 1 to 23)	136,191,662		136,191,662	160,689,713
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	1,140,000	1,140,000
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	73,440,929	69,706,525
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.20 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	74,580,929	70,846,525
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	210,772,591	231,536,237
DETAILS OF WRITE-INS				
2301. RISK ADJUSTMENT PAYABLE - SMALL GROUP	666,402		666,402	666,402
2302. RISK ADJUSTMENT PAYABLE - INDIVIDUALS	167,946		167,946	167,946
2303. RISK CORRIDOR PAYABLE	352,575		352,575	352,575
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,186,923		1,186,923	1,186,923
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

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	X X X	607,818	590,259	2,392,366
2. Net premium income (including \$.....0 non-health premium income)	X X X	234,298,281	214,929,179	904,473,002
3. Change in unearned premium reserves and reserves for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X	(526,769)	(442,446)	(1,854,617)
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	233,771,512	214,486,733	902,618,385
Hospital and Medical:				
9. Hospital/medical benefits		161,697,405	147,489,738	620,612,122
10. Other professional services		1,981,855	3,823,603	15,178,895
11. Outside referrals				
12. Emergency room and out-of-area		8,927,642	8,966,429	34,142,469
13. Prescription drugs		34,001,431	27,998,024	123,281,786
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		282,454	543,557	1,866,250
16. Subtotal (Lines 9 to 15)		206,890,786	188,821,351	795,081,521
Less:				
17. Net reinsurance recoveries		415	158,507	3,733,710
18. Total hospital and medical (Lines 16 minus 17)		206,890,371	188,662,845	791,347,811
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....353,234 cost containment expenses		1,859,128	1,806,817	7,433,342
21. General administrative expenses		20,926,232	19,260,619	79,606,333
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(81,780)	(100,000)	172,257
23. Total underwriting deductions (Lines 18 through 22)		229,593,951	209,630,281	878,559,743
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	4,177,561	4,856,452	24,058,641
25. Net investment income earned		(80,341)	(176,764)	(700,222)
26. Net realized capital gains (losses) less capital gains tax of \$.....0		(2)	2	7
27. Net investment gains or (losses) (Lines 25 plus 26)		(80,343)	(176,761)	(700,215)
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)	X X X	4,097,218	4,679,691	23,358,426
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	4,097,218	4,679,691	23,358,426
DETAILS OF WRITE-INS				
0601. MPCA	X X X	(526,769)	(442,446)	(1,854,617)
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(526,769)	(442,446)	(1,854,617)
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
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	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	70,846,525	51,912,293	51,912,293
34. Net income or (loss) from Line 32	4,097,218	4,679,691	23,358,426
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	(718,313)	214,222	(212,384)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	355,499	27,497	(4,211,810)
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			
48. Net change in capital and surplus (Lines 34 to 47)	3,734,405	4,921,410	18,934,232
49. Capital and surplus end of reporting period (Line 33 plus 48)	74,580,929	56,833,702	70,846,525
DETAILS OF WRITE-INS			
4701. PENSION RELATED COSTS OTHER THAN NET PERIODIC PENSION COSTS			
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)			

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	234,424,524	216,337,039	913,417,617
2. Net investment income	(108,458)	(119,789)	(708,782)
3. Miscellaneous income	(516,723)	(434,969)	(1,853,358)
4. TOTAL (Lines 1 to 3)	233,799,343	215,782,281	910,855,477
5. Benefit and loss related payments	232,584,592	185,663,740	758,598,261
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	23,676,496	21,173,190	88,764,562
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)	256,261,088	206,836,929	847,362,823
11. Net cash from operations (Line 4 minus Line 10)	(22,461,745)	8,945,352	63,492,654
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		313,003	310,000
12.2 Stocks	1,290		5,148
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			(3,621,923)
12.7 Miscellaneous proceeds	152,854	96,301	
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	154,145	409,304	(3,306,775)
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks	15,060,864	60,970	306,773
13.3 Mortgage loans			
13.4 Real estate	431,941	14,025	304,752
13.5 Other invested assets			
13.6 Miscellaneous applications		1,864	
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	15,492,805	76,859	611,525
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)	(15,338,661)	332,445	(3,918,300)
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)	795,269	(2,261,845)	1,033,278
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	795,269	(2,261,845)	1,033,278
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)	(37,005,136)	7,015,951	60,607,632
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	190,373,629	129,765,997	129,765,997
19.2 End of period (Line 18 plus Line 19.1)	153,368,493	136,781,948	190,373,629

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

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	203,942	7,331	21,427					145	175,039	
2. First Quarter	204,712		17,762					369	186,581	
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	607,818		54,876					1,095	551,847	
Total Member Ambulatory Encounters for Period:										
7. Physician	393,762		32,000					716	361,046	
8. Non-Physician	81,281		5,474					150	75,657	
9. Total	475,043		37,474					866	436,703	
10. Hospital Patient Days Incurred	53,008		1,641					71	51,296	
11. Number of Inpatient Admissions	10,734		415					17	10,302	
12. Health Premiums Written (a)	234,298,281	(111,635)	16,799,631					1,053,724	216,556,562	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	234,298,281	(111,635)	16,799,631					1,053,724	216,556,562	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	232,807,311	2,323,464	17,655,978					787,197	212,040,673	
18. Amount Incurred for Provision of Health Care Services	206,890,786	(51,933)	16,485,233					1,005,898	189,451,588	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....1,053,724.

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	17,788					17,788
Borgess Medical Center				26,989		26,989
Bronson Methodist Hospital - Kalamazoo	42,437			23,279	266,072	331,788
Cass City Dialysis	10,615	12,545				23,160
Cedars Sinai Medical Center		75,813				75,813
Cleveland Clinic Fndn				11,240		11,240
Commerce Township Dialysis	12,545					12,545
Coram Specialty Infusion - Novi					28,351	28,351
Covenant Medical Center - Hospital	42,752			10,310		53,062
Dmc Childrens Hospital Of Michigan		77,566		166,333		243,899
Ew Sparrow Hospital	11,809					11,809
Henry Ford Hospital - Detroit	11,091				24,146	35,237
Henry Ford Macomb Hospital				11,934		11,934
Hurley Medical Center	511,332	110,936		95,037	303,340	1,020,645
Hurley Medical Center Rehabilitation	20,177					20,177
James Cancer Hospital	14,347					14,347
Josip Petani MD					11,861	11,861
Mary Free Bed Rehabilitation Hospit	15,037					15,037
Mclaren Bay Region Hospital		3,593,996				3,593,996
Mclaren Flint Hospital	59,163			57,999	49,020	166,182
Mclaren Greater Lansing Hospital					34,652	34,652
Mclaren Regional Med		12,083				12,083
Mt Morris Dialysis	11,580					11,580
Munson Medical Center	36,189					36,189
Oaklawn Hospital	25,396					25,396
Rcg Lansing	16,552					16,552
Sparrow Hospital	467,334			71,218	157,352	695,904
Spectrum Health Butterworth Hospital					54,883	54,883
Spectrum Health Hospitals Blodgett/	27,647	42,253		16,809	84,407	171,116
St John Hospital And Medical Center	38,409					38,409
St Joseph Hospital	37,639					37,639
St Joseph Mercy Hospital - Ann Arbor		78,172				78,172
St Marys Of Michigan - Saginaw	12,028			50,717		62,745
University Of Michigan	31,112					31,112
University Of Michigan	213,944		197,645	485,595	396,043	1,293,227
Upmc Presby Shadyside				49,597		49,597
West Branch Regional Medical Ctr	32,632	14,115				46,747
William Beaumont Hospital Royal Oak	49,623			11,175		60,798
William Beaumont Hospital Troy				11,562	37,097	48,659
0199999 Individually Listed Claims Unpaid	1,769,178	4,017,479	197,645	1,099,794	1,447,224	8,531,320
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	21,869,015	5,030,334	3,952,915	5,701,636	13,124,881	49,678,781
0499999 Subtotals	23,638,193	9,047,813	4,150,560	6,801,430	14,572,105	58,210,101
0599999 Unreported claims and other claim reserves						42,151,071
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						100,361,172
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,243,229

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	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		
1. Comprehensive (hospital & medical)	11,031,786	9,029,436	1,807,516	9,896,370	12,839,302	15,332,223
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	231,124	556,073		500,829	231,124	282,128
7. Title XIX - Medicaid	72,003,150	139,755,069	36,362,220	52,676,002	108,365,371	111,627,308
8. Other health						
9. Health subtotal (Lines 1 to 8)	83,266,060	149,340,577	38,169,736	63,073,201	121,435,797	127,241,658
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts	1,104,077		1,960,775	282,454	3,064,853	3,064,853
13. Totals (Lines 9 - 10 + 11 + 12)	84,370,137	149,340,577	40,130,512	63,355,655	124,500,649	130,306,511

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

Notes to Financial Statement

1. Summary of Significant Accounting Policies

The accompanying statutory financial statements of McLaren Health Plan, Inc. (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”).

DIFS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by DIFS for the periods ending March 31, 2016 and December 31, 2015 is as follows:

	Description	State of Domicile	2016	2015
Net Income				
1	State Basis	MI	4,097,218	23,358,426
2	State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
3	State Permitted Practices that increase/(decrease) NAIC SAP		-	-
4	NAIC SAP	MI	4,097,218	23,358,426
Surplus				
5	State Basis	MI	74,580,929	70,846,525
6	State Prescribed Practices that increase/(decrease) NAIC SAP		-	-
7	State Permitted Practices that increase/(decrease) NAIC SAP		-	-
8	NAIC SAP	MI	74,580,929	70,846,525

2. Accounting Changes and Corrections of Errors

No Significant Change

3. Business Combinations and Goodwill

No Significant Change

4. Discontinued Operations

No Significant 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:

Notes to Financial Statement

Restricted Asset Category		Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percent Gross Restricted to Total Assets	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						
i.	On deposit with states	1,217,903	1,217,563	340	1,217,903	0.552	0.578
j.	On deposit with other regulatory bodies						
k.	Pledged as collateral not captured in other categories						
l.	Other restricted assets						
m.	Total Restricted Assets	1,217,903	1,217,563	340	1,217,903	0.552	0.578

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 Significant Change

7. Investment Income
No Significant Change

8. Derivative Investments
No Significant Change

9. Income Taxes
No Significant Change

10. Information Concerning Parent, Subsidiaries and Affiliates

A. No Significant Change

B. No Significant Change

C. No Significant Change

D. Due from Affiliates: \$3,870,862 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Due to Affiliates: \$7,609,357 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 (MHCC)**: There are 3 agreements between McLaren Health Plan and McLaren Health Care Corporation:

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 2016 = \$1,765,126

The Service Agreement states MHCC agrees to provide a Leased Employee to perform certain operational, personnel services, and other resources to MHP.

Notes to Financial Statement

The Management Agreement states McLaren Health Plan agrees to provide certain operational services and other resources to McLaren Health Care Corporation.

Amount for January- March 2016 = \$332,500

(2) McLaren Health Plan and McLaren Regional Medical Center (MRMC):

MRMC agrees to provide certain accounting / resource services to McLaren Health Plan. Amount for January- March 2016 = \$3,301

(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 2016 = \$106,701

(4) McLaren Health Plan and Health Advantage (HA):

McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HA. Amount for January – March 2016 = \$2,855,898

(5) McLaren Health Plan and McLaren Medical Group:

McLaren Medical Group agrees to provide the services of the Physician to serve as the Chief Medical Officer for McLaren Health Plan.

G. No Significant Change

H. No Significant Change

I. No Significant Change

J. No Significant Change

K. No Significant Change

L. No Significant Change

11. Debt

No Significant Change

12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No Significant Change

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

No Significant Change

14. Contingencies

No Significant Change

15. Leases

No Significant Change

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

No Significant Change

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

No Significant 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 Significant Change.

Notes to Financial Statement

- b. No Significant Change.
- c. No Significant Change
- d. No Significant Change.

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

 - B. No Significant Change

 - C. Short-term investments in the amount of \$1,217,903 as of 03/31/16 are on deposit with the State of Michigan Treasury in a safekeeping account as required by regulation.
22. Events Subsequent
No Significant Change
23. Reinsurance
No Significant Change
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.

Notes to Financial Statement

IMPACT OF RISK-SHARING PROVISIONS OF THE ACA		
		<u>AMOUNT</u>
Permanent ACA Risk Adjustment Program		
Assets		
	Premium adjustments receivable due to ACA Risk Adjustment	\$ 7,365.03
Liabilities		
	Risk adjustment user fees payable for ACA Risk Adjustment	\$ 533.04
	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)	\$ 533.04
Transitional ACA Reinsurance Program		
Assets		
	Amounts recoverable for claims paid due to ACA Reinsurance	\$ 443,346.61
	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	\$ 223,010.00
	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
Operations (Revenue & Expense)		
	Ceded reinsurance premiums due to ACA Reinsurance	\$ 223,010.00
	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ 443,346.61
	ACA Reinsurance contributions - not reported as ceded premium	\$ 150,909.00
Temporary ACA Risk Corridors Program		
Assets		
	Accrued retrospective premium due to ACA Risk Corridors	\$ 1,807.65
Liabilities		
	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ 352,575.00
Operations (Revenue & Expense)		
	Effect of ACA Risk Corridors on net premium income (paid/received)	\$ (352,575.00)
	Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

3.

Notes to Financial Statement

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		Ref	Unsettled Balances as of the Reporting Date	
	1	2	3	4	Prior Year	Prior Year	To Prior Year	To Prior Year		9	10
					Accrued Less Payments (Col 1 - 3)	Accrued Less Payments (Col 2-4)	Balances	Balances			
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	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 Significant Change

26. Intercompany Pooling Arrangements
No Significant Change

27. Structured Settlements
No Significant 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	03/31/16			-	-	-	-
01	12/31/15			-	-	-	-
01	09/30/15			480,162	-	-	480,162
01	06/30/15			62,418	447,812	-	510,230
01	03/31/15			-	469,822	-	469,822
01	12/31/14			26,231	833	631,364	658,427
01	09/30/14			-	466,461	426,369	892,830
01	06/30/14			-	22,224	236,954	259,178
01	03/31/14			-	(6,504)	213,026	206,522
01	12/31/13			-	-	329,673	329,673
01	09/30/13	-	-	-	-	312,368	312,368
01	06/30/13	-	-	-	72,031	228,031	300,063
01	03/31/13	-	-	-	192,203	85,212	277,414
01	12/31/12	-	8,425	-	55,711	180,257	235,968
01	09/30/12	42,732	154,893	-	55,618	179,596	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	87,035	47,757	221,111
01	12/31/11	60,274	251,590	139,785	71,128	49,779	260,692
01	09/30/11	97,862	256,932	135,665	120	130,242	266,027
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

Notes to Financial Statement

- B. Risk Sharing Receivables - No Change

- 29. Participating Policies
No Significant Change

- 30. Premium Deficiency Reserves
No Significant Change

- 31. Anticipated Salvage and Subrogation
No Significant 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. 12/31/2015
- 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[X] No[] N/A[]
- 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: \$ 3,870,862

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 (\$1,217,903) held in a safekeeping trust account with the State of Michigan as required by the Department of Insurance & Financial Services

- 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	5,861,981	19,994,271
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)	5,861,981	19,994,271
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?
 If no, attach a description with this statement. Yes[] No[] N/A[X]

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 Investment Analysis 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 88.500%
1.2 A&H cost containment percent 0.150%
1.3 A&H expense percent excluding cost containment expenses 9.600%
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	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/L/I	Authorized	1	08/03/2015

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 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	16,687,995	1,053,724	216,556,562			234,298,281		
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	16,687,995	1,053,724	216,556,562			234,298,281		
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1	16,687,995	1,053,724	216,556,562			234,298,281		
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

McLaren Health Care Corporation



McLaren Health Care 38-2397643 (MI) 100%	McLaren Greater Lansing 38-1434090 (MI) 100%	McLaren Northern MI 38-2146751 (MI) 100%	McLaren Bay Region 38-1976271 (MI) 100%	McLaren Central MI 38-1420304 (MI) 100%	McLaren Macomb 38-1218516 (MI) 100%	McLaren Oakland 38-1428164 (MI) 100%	McLaren Flint 38-2383119 (MI) 100%	McLaren Lapeer 38-2689033 (MI) 100%	Karmanos Cancer Institute 38-1613280 (MI) 100%	McLaren Port Huron 38-1369611 (MI) 100%	McLaren Medical Group 38-2988086 (MI) 100%	McLaren Homecare Group 38-3491714 (MI) 100%	McLaren Health Plan 38-3252216 (MI) 100% Group Code: 4700 NAIC: 95562
McLaren HC Village 26-2693350 (MI) 100%	McLaren Lansing Foundation 38-2463637 (MI) 100%	McLaren Northern MI Foundation 38-2445611 (MI) 100%	McLaren Bay Special Care 38-3161753 (MI) 100%	Meridian Ventures 38-3226022 (MI) 100%	McLaren Macomb Foundation 38-2578873 (MI) 100%	McLaren Riley Foundation 20-0442217 (MI) 100%	McLaren Flint Foundation 38-1358053 (MI) 100%	McLaren Lapeer Foundation 38-2689603 (MI) 100%	Karmanos Cancer Center 20-1649466 (MI) 100%	McLaren Port Huron Foundation 38-2777750 (MI) 100%	Mid-MI Physicians 38-3267121 (MI) 100%	Hospice and Homecare Foundation 46-3643089 (MI) 100%	McLaren Health Advantage 91-214720 (MI) 100%
Great Lakes Cancer Institute 38-3584572 (MI) 100%		VitalCare, Inc. 38-2527255 (MI) 100%	McLaren Bay Medical Foundation 38-2156534 (MI) 100%			McLaren Physician Partners 38-3136458 (MI) 100%	McLaren Hospitality House 45-5567669 (MI) 100%		Michigan Cancer Society 38-2823451 (MI) 100%	Marwood Manor Nursing 38-2683251 (MI) 100%			McLaren Health Plan Community 27-2204037 (MI) 100% Group Code: 4700 NAIC: 14217
Anthelio Health Care Solutions 75-2847104 (TX) 18.26%		NMI Medical Management 20-8458840 (MI) 100%				Hospital Health Care 38-2643070 (MI) 100%			Delphinus Investments Inc. 45-4758176 (MI) 100%	Parkview Property Management 38-2467310 (MI) 100%			McLaren Insurance Company LTD. (CYM) 100%
		NMI Hematology/Oncology 32-0020293 (MI) 100%								Willow Enterprises 38-2491659 (MI) 100%			
		Cardiac Institute 26-2774689 (MI) 100%											
		Charlevoix Nursing Home 38-3038683 (MI) 100%											
		Rapin & Rapin Prescription Services Pharmacy 38-3465261 (MI) 100%											

Q15

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
		00000	38-2397643			McLaren HealthCare Corp	McLaren HealthCare Corp	MI	UDP					
		00000	26-2693350			McLaren HealthCare Village	McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3584572			Great Lakes Cancer Institute	Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	75-2847104			Anthelio Healthcare Solutions	Anthelio Healthcare Solutions	MI	NIA	McLaren HealthCare Corp	Ownership	18.3	Anthelio Healthcare Solutions	
		00000	38-1613280			Karmanos Cancer Institute	Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	
		00000	20-1649466			Karmanos Cancer Center	Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2823451			Michigan Cancer Society	Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	
		00000	45-4758176			Delphinus Investments Inc.	Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2156534			Bay Medical Foundation	Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1976271			Bay Regional Medical Center DBA McLaren Bay Region	Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3161753			Bay Special Care Hospital	Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1420304			Central Michigan Community Hospital DBA McLaren Central Michigan	Central Michigan Community Hospital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3226022			Meridian Ventures, Inc.	Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hospital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090			Ingham Regional Medical Center DBA McLaren Greater Lansing	Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2463637			McLaren Lansing Foundation	McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2146751			McLaren Northern Michigan	McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2445611			McLaren Northern MI Foundation	McLaren Northern MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2527255			VitalCare, Inc.	VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	20-8458840			NMI Medical Management	NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	32-0020293			NMI Hematology/Oncology	NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	26-2774689			Cardiac Institute	Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	38-3038683			Charlevoix Nursing Home	Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	38-3465261			Rapin & Rapin Prescription Services Pharmacy	Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	38-1218516			McLaren Macomb	McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2578873			McLaren Macomb Foundation	McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1428164			Pontiac Osteopathic Hospital DBA McLaren Oakland	Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	20-0442217			McLaren Riley Foundation	McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2643070			Hospital Health Care	Hospital Health Care	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3136458			McLaren Physician Partners	McLaren Physician Partners	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2383119			McLaren Regional Medical Center DBA McLaren Flint	McLaren Regional Medical Center DBA McLaren Flint	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1358053			The McLaren Flint Foundation	The McLaren Flint Foundation	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	
		00000	45-5567669			McLaren Hospitality House	McLaren Hospitality House	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
		00000	38-2689033				Lapeer Regional Medical Center DBA						McLaren Health Care Corporation	
		00000	38-2689603				McLaren Lapeer Region McLaren Lapeer Foundation	MI MI	NIA NIA	McLaren HealthCare Corp Lapeer Regional Medical Center DBA McLaren Lapeer Region	Ownership Ownership Ownership	100.0 100.0 100.0	McLaren Health Care Corporation McLaren Health Care Corporation McLaren Health Care Corp	
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2777750				McLaren Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2683251				Marwood Manor Nursing	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2467310				Parkview Property Management	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2491659				Willow Enterprises	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2988086				McLaren Medical Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3267121				Mid-Michigan Physicians	MI	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3491714				Visiting Nurse Services of Michigan DBA McLaren Homecare Group	MI MI	NIA NIA	McLaren HealthCare Corp Visiting Nurse Services of Michigan DBA McLaren Homecare Group	Ownership Ownership Ownership	100.0 100.0 100.0	McLaren Health Care Corporation McLaren Health Care Corporation McLaren Health Care Corporation	
		00000	46-3643089				Hospice and Homecare Foundation	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
4700	McLaren Health Plan	95562	38-3252216				McLaren Health Plan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	
4700	McLaren Health Plan	14217	27-2204037				McLaren Health Plan Community	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	
4700	McLaren Health Plan	00000	91-2141720				Health Advantage Inc.	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	
		00000					McLaren Insurance Company LTD.	CYM	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	

Q16.1

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



95562201636500001

2016

Document Code: 365

OVERFLOW PAGE FOR WRITE-INS**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1104. OTHER INVESTMENT DEFERRED COMPENSATION	103,734		103,734	38,289
1105. SELF INS TRUST FUND CTF	157,264		157,264	114,766
1106. RISK CORRIDOR RECEIVABLE	3,394,214	3,392,406	1,808	9,424
1107. ACCOUNTS RECEIVABLE - RISK ADJUSTMENT	7,365		7,365	8,592
1108. PREPAID DENTAL EXPENSES	69,479	69,479		64,981
1109. PREPAID RENT EXPENSES	36,922	36,922		36,922
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	3,768,979	3,498,807	270,172	272,973
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

STATEMENT AS OF **March 31, 2016** OF THE **McLAREN HEALTH PLAN, INC**
SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	2,377,993	2,282,474
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition	431,941	304,752
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		(791)
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	59,806	208,442
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	2,750,129	2,377,993
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	2,750,129	2,377,993

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year To Date	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 point		
9. Total foreign exchange change in book value/recorded investment		
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)		

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	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)		

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	27,544,124	27,764,876
2. Cost of bonds and stocks acquired	15,060,864	306,773
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	(718,313)	(212,241)
5. Total gain (loss) on disposals	(4)	7
6. Deduct consideration for bonds and stocks disposed of	1,290	315,148
7. Deduct amortization of premium		143
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)	41,885,381	27,544,124
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	41,885,381	27,544,124

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**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	184,377,164		41,929,771		142,447,393			184,377,164
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	184,377,164		41,929,771		142,447,393			184,377,164
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	184,377,164		41,929,771		142,447,393			184,377,164

(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

QS102

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	142,447,393	X X X	142,447,393		

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	184,377,164	129,097,239
2. Cost of short-term investments acquired		55,279,925
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	41,929,771	
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)	142,447,393	184,377,164
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	142,447,393	184,377,164

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	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	21,377,601	21,383,661
2.	Cost of cash equivalents acquired		
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	10,123	6,060
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)	21,367,478	21,377,601
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	21,367,478	21,377,601

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
Acquired by Purchase								
3245 Beecher Road - Building Improvements	Flint	MI	01/31/2016 ..	C&C Renovations				221,635
3245 Beecher Road - Building Improvements	Flint	MI	03/31/2016 ..	NBS				121,039
3245 Beecher Road - Building Improvements	Flint	MI	03/31/2016 ..	C&C Renovations				89,267
0199999 Subtotal - Acquired by Purchase								431,941
0399999 Totals								431,941

SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2 City	3 State						9 Current Year's Depreciation	10 Current Year's Other-Than- Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B/A C.V. (11 - 9 - 10)	13 Total Foreign Exchange Change in B/A C.V.							
NONE																			
0399999 Totals																			

QE01

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)				X X X	X X X	X X X	X X X	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
Common Stocks - Industrial and Miscellaneous (Unaffiliated)									
922908108	Vanguard S&P 500 Index		03/21/2016	JPMorgan	66.037	12,479	X X X		K
922042304	Vanguard Emerging Markets		03/15/2016	JPMorgan	27.790	586	X X X		K
922908702	Vanguard Small Cap Index		03/15/2016	JPMorgan	25.954	1,347	X X X		K
922908843	Vanguard Midcap Index		03/15/2016	JPMorgan	37.310	1,206	X X X		K
921937678	Vanguard Tax Managed Fund		03/15/2016	JPMorgan	204.014	2,340	X X X		K
9099999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)				X X X	17,958	X X X		X X X
Common Stocks - Parent, Subsidiaries and Affiliates									
000000000	McLaren Health Plan Community		01/05/2016	McLaren Health Plan		15,000,000	X X X		K
9199999	Subtotal - Common Stocks - Parent, Subsidiaries and Affiliates				X X X	15,000,000	X X X		X X X
Common Stocks - Mutual Funds									
4812C0167	JPMorgan Mutual Short Duration Bond Fund		01/28/2016	JPMorgan	1,172.914	12,703	X X X		L
4812C0167	JPMorgan Mutual Short Duration Bond Fund		02/26/2016	JPMorgan	1,318.036	14,301	X X X		L
4812C0167	JPMorgan Mutual Short Duration Bond Fund		03/30/2016	JPMorgan	1,464.313	15,902	X X X		L
9299999	Subtotal - Common Stocks - Mutual Funds				X X X	42,906	X X X		X X X
9799997	Subtotal - Common Stocks - Part 3				X X X	15,060,864	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	15,060,864	X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	15,060,864	X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	15,060,864	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

QE04

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n Date	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
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	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	XXX
Common Stocks - Mutual Funds																						
4812C0167	JPMorgan Mutual Short Duration Bond Fund		01/01/2016	JP Morgan	39.586	429	XXX	430							430		(1)	(1)		XXX	L	
4812C0167	JPMorgan Mutual Short Duration Bond Fund		02/16/2016	JP Morgan	38.688	431	XXX	431							431		(1)	(1)		XXX	L	
4812C0167	JPMorgan Mutual Short Duration Bond Fund		03/14/2016	JP Morgan	39.794	431	XXX	432							432		(1)	(1)		XXX	L	
9299999	Subtotal - Common Stocks - Mutual Funds				XXX	1,290	XXX	1,294							1,294		(4)	(4)		XXX	XXX	
9799997	Subtotal - Common Stocks - Part 4				XXX	1,290	XXX	1,294							1,294		(4)	(4)		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	XXX
9799999	Subtotal - Common Stocks				XXX	1,290	XXX	1,294							1,294		(4)	(4)		XXX	XXX	
9899999	Subtotal - Preferred and Common Stocks				XXX	1,290	XXX	1,294							1,294		(4)	(4)		XXX	XXX	
9999999	Total - Bonds, Preferred and Common Stocks				XXX	1,290	XXX	1,294							1,294		(4)	(4)		XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

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 Depository			2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
							6 First Month	7 Second Month	8 Third Month	
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	03/31/2016					(14,489,711)	2,006,071	(11,194,256)	X X X
FIFTH THIRD BANK	MICHIGAN	03/31/2016					259,169	257,795	256,421	X X X
HUNTINGTON BANK	OHIO	03/31/2016					250,000	250,000	250,000	X X X
INDEPENDENT BANK	MICHIGAN	03/31/2016					238,567	241,627	241,457	X X X
0199998 Deposits in0 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			(13,741,976)	2,755,493	(10,446,378)	X X X
0299998 Deposits in0 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			(13,741,976)	2,755,493	(10,446,378)	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			(13,741,976)	2,755,493	(10,446,378)	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	03/31/2016	0.000	03/31/2016	17,839,907		444
HUNTINGTON BANK	DR	03/31/2016	0.000	03/31/2016	3,527,572		624
8499999 Sweep Accounts					21,367,478		1,068
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents					21,367,478		1,068

INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11
Accounting Practices and Policies; Q5; Q10, Note 1
Admitted Assets; Q2
Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05
Bonuses; Q3; Q4; Q8; Q9
Borrowed Funds; Q3; Q6
Business Combinations and Goodwill; Q10, Note 3
Capital Gains (Losses)
 Realized; Q4
 Unrealized; Q4; Q5
Capital Stock; Q3; Q10, Note 13
Capital Notes; Q6; Q10, Note 11
Caps; QE06; QSI04
Cash; Q2; Q6; QE12
Cash Equivalents; Q2; Q6; QE13
Claims; Q3; Q4; Q8; Q9
Collars; QE06; QSI04
Commissions; Q6
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2
Cost Containment Expenses; Q4
Contingencies; Q10, Note 14
Counterparty Exposure; Q10, Note 8; QE06; QE08
Debt; Q10, Note 11
Deferred Compensation; Q10, Note 12
Derivative Instruments; Q10, Note 8; QSI04; QSI05; QSI06; QSI07; QE06; QE07; QE08
Discontinued Operations; Q10, Note 4
Electronic Data Processing Equipment; Q2
Encumbrances; Q2; QSI01; QE01
Emergency Room; Q4
Expenses; Q3; Q4; Q6
Extinguishment of Liabilities; Q10, Note 17
Extraordinary Item; Q10, Note 21
Fair Value; Q7, Note 20
Fee for Service; Q4
Foreign Exchange; Q2; Q3; Q5; QSI01; QSI03; QE01; QE02; QE03; QE05
Forwards; QE06; QSI04
Furniture, Equipment and Supplies; Q2
Guaranty Fund; Q2
Health Care Receivables; Q2; Q9; Q10, Note 28
Holding Company; Q16
Hospital/Medical Benefits; Q4
Incentive Pools; Q3; Q4; Q8; Q9
Income; Q4; Q5; Q6
Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9
Incurred Claims and Claim Adjustment Expenses; Q10, Note 25
Intercompany Pooling; Q10, Note 26
Investment Income; Q10, Note 7
 Accrued; Q2
 Earned; Q2; QSI03
 Received; Q6
Investments; Q10, Note 5; Q11.1; Q11.2; QE08
Joint Venture; Q10, Note 6
Leases; Q10, Note 15
Limited Liability Company (LLC); Q10, Note 6
Limited Partnership; Q10, Note 6
Long-Term Invested Assets; Q2; QE03
Managing General Agents; Q10, Note 19
Medicare Part D Coverage; QSupp1
Member Months; Q4; Q7
Mortgage Loans; Q2; Q6; Q11.1; QSI01; QE02
Nonadmitted Assets; Q2; Q5; QSI01; QSI03
Off-Balance Sheet Risk; Q10, Note 16
Options; QE06; QSI04
Organizational Chart; Q11; Q14
Out-of-Area; Q4
Outside Referrals; Q4
Parent, Subsidiaries and Affiliates; Q2; Q3; Q10, Note 10; Q11.1
Participating Policies; Q10, Note 29
Pharmaceutical Rebates; Q10, Note 28
Policyholder Dividends; Q5; Q6
Postemployment Benefits; Q10, Note 12
Postretirement Benefits; Q10, Note 12
Preferred Stock; Q2; Q3; Q6; Q11.1; Q11.2

INDEX TO HEALTH QUARTERLY STATEMENT

Premium Deficiency Reserves; Q10, Note 30
Premiums and Considerations
 Advance; Q3
 Collected; Q6
 Deferred; Q2
 Direct; Q7; Q13
 Earned; Q7
 Retrospective; Q2
 Uncollected; Q2
 Unearned; Q4
 Written; Q4; Q7
Prescription Drugs; Q4
Quasi Reorganizations; Q10, Note 13
Real Estate; Q2; Q6; QE01; QSI01
Redetermination, Contracts Subject to; Q10, Note 24
Reinsurance; Q9; Q10, Note 23
 Ceded; Q3; Q12
 Funds Held; Q2
 Payable; Q3
 Premiums; Q3
 Receivable; Q2; Q4
 Unauthorized; Q3; Q5
Reserves
 Accident and Health; Q3; Q4
 Claim; Q3; Q5; Q8
 Life; Q3
Retirement Plans; Q10, Note 12
Retrospectively Rated Policies; Q10, Note 24
Risk Revenue; Q4
Salvage and Subrogation; Q10, Note 31
Securities Lending; Q2; Q3; QE09; QE11
Servicing of Financial Assets; Q10, Note 17
Short-Term Investments; Q2; Q6; Q11.1; QSI03
Stockholder Dividends; Q5; Q6
Subsequent Events; Q10, Note 22
Surplus; Q3; Q5; Q6
Surplus Notes; Q3; Q5; Q6
Swaps; QE07; QSI04
Synthetic Assets; QSI04; QSI05
Third Party Administrator; Q10, Note 19
Treasury Stock; Q3; Q5
Uninsured Accident and Health; Q2; Q3; Q10, Note 18
Valuation Allowance; QSI01
Wash Sales; Q10, Note 17
Withholds; Q4; Q8