QUARTERLY STATEMENT

AS OF JUNE 30, 2016

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

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)	(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 _____, 2016

a. Is this an original filing? Yes[X] No[ ]
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

(Notary Public Signature)

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	41,221,875		41,221,875	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)	2,893,756		2,893,756	2,377,993
4.2 Properties held for the production of income (less $.....0 encumbrances)				
4.3 Properties held for sale (less $.....0 encumbrances)				
5. Cash ($....(15,342,380)), cash equivalents ($.....0) and short-term investments ($.....155,319,782)	139,977,402		139,977,402	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	6,309,327	6,039,668	269,659	272,973
12. Subtotals, cash and invested assets (Lines 1 to 11)	190,402,360	6,039,668	184,362,692	220,568,720
13. Title plants less $.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	39,808		39,808	15,223
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,403,208	95,759	1,307,449	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 ($.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,658,170		1,658,170	1,919,503
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	4,389,415	3,881,249	508,166	252,276
21. Furniture and equipment, including health care delivery assets ($.....0)	641,921	641,921		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	3,023,023	11,879	3,011,144	1,626,798
24. Health care ($.....3,491,511) and other amounts receivable	3,843,403	348,329	3,495,074	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)	205,401,308	11,018,805	194,382,502	231,536,237
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	205,401,308	11,018,805	194,382,502	231,536,237
DETAILS OF WRITE-INS				
1101. INVENTORY	16,263	16,263		
1102. DEFERRED CHARGES EQUIP FEES	1,700,341	1,700,341		
1103. PREPAID EXPENSES	825,335	825,335		
1198. Summary of remaining write-ins for Line 11 from overflow page	3,767,389	3,497,729	269,659	272,973
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	6,309,327	6,039,668	269,659	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)	88,498,846		88,498,846	126,278,110
2.	Accrued medical incentive pool and bonus amounts	2,487,296		2,487,296	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	1,908,401		1,908,401	1,500,000
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves	420,464		420,464	963,548
8.	Premiums received in advance	3,740,707		3,740,707	10,046,827
9.	General expenses due or accrued	9,256,772		9,256,772	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	328,437		328,437	99,539
12.	Amounts withheld or retained for the account of others	120,214		120,214	277,299
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	6,805,302		6,805,302	4,166,300
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with ($.....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)	116,958,667		116,958,667	160,689,713
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	76,283,835	69,706,525
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	77,423,835	70,846,525
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	194,382,502	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.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	1,218,122	1,189,360	2,392,366
2.	Net premium income (including $.....0 non-health premium income)	XXX	469,599,712	437,796,553	904,473,002
3.	Change in unearned premium reserves and reserves for rate credits	XXX			
4.	Fee-for-service (net of $.....0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX	(1,075,865)	(904,308)	(1,854,617)
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	468,523,846	436,892,245	902,618,385
Hospital and Medical:					
9.	Hospital/medical benefits		324,647,534	300,517,728	620,612,122
10.	Other professional services		4,254,773	7,854,928	15,178,895
11.	Outside referrals				
12.	Emergency room and out-of-area		20,009,060	17,824,208	34,142,469
13.	Prescription drugs		66,638,986	57,297,638	123,281,786
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		443,432	480,306	1,866,250
16.	Subtotal (Lines 9 to 15)		415,993,784	383,974,809	795,081,521
Less:					
17.	Net reinsurance recoveries		1,705,714	783,666	3,733,710
18.	Total hospital and medical (Lines 16 minus 17)		414,288,070	383,191,142	791,347,811
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....722,878 cost containment expenses		3,804,623	3,566,239	7,433,342
21.	General administrative expenses		41,819,100	39,107,862	79,606,333
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)		(543,084)	(200,000)	172,257
23.	Total underwriting deductions (Lines 18 through 22)		459,368,710	425,665,244	878,559,743
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	9,155,137	11,227,002	24,058,641
25.	Net investment income earned		(129,337)	(360,454)	(700,222)
26.	Net realized capital gains (losses) less capital gains tax of $.....0		1	7	7
27.	Net investment gains or (losses) (Lines 25 plus 26)		(129,336)	(360,447)	(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)	XXX	9,025,801	10,866,554	23,358,426
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	9,025,801	10,866,554	23,358,426
DETAILS OF WRITE-INS					
0601.	MPCA	XXX	(1,075,865)	(904,308)	(1,854,617)
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	(1,075,865)	(904,308)	(1,854,617)
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	70,846,525	51,912,293	51,912,293
34.	Net income or (loss) from Line 32	9,025,801	10,866,554	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	(1,454,946)	121,867	(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	(993,544)	393,986	(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)	6,577,311	11,382,407	18,934,232
49.	Capital and surplus end of reporting period (Line 33 plus 48)	77,423,835	63,294,699	70,846,525
DETAILS OF WRITE-INS				
4701.	PENSION RELATED COSTS OTHER THAN NET PERIODIC PENSION COSTS			
4702.	SURPLUS ADJUSTMENT RELATING TO CARESOURCE MICHIGAN PURCHASE			
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	464,441,162	440,704,788	913,417,617
2.	Net investment income	(153,922)	(252,471)	(708,782)
3.	Miscellaneous income	(1,061,391)	(901,067)	(1,853,358)
4.	TOTAL (Lines 1 to 3)	463,225,849	439,551,249	910,855,477
5.	Benefit and loss related payments	450,572,043	379,626,846	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	47,267,960	44,681,495	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)	497,840,003	424,308,342	847,362,823
11.	Net cash from operations (Line 4 minus Line 10)	(34,614,154)	15,242,908	63,492,654
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds		313,003	310,000
	12.2 Stocks	2,589	(434)	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	128,616	432,708	
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	131,205	745,277	(3,306,775)
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds			
	13.2 Stocks	15,135,287	136,035	306,773
	13.3 Mortgage loans			
	13.4 Real estate	644,378	14,025	304,752
	13.5 Other invested assets			
	13.6 Miscellaneous applications	629,784	98,897	
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	16,409,449	248,956	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)	(16,278,244)	496,321	(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)	496,171	(1,850,347)	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)	496,171	(1,850,347)	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)	(50,396,227)	13,888,882	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)	139,977,402	143,654,879	190,373,629

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	203,942	7,331	21,427					145	175,039	
2. First Quarter	204,712		17,762					369	186,581	
3. Second Quarter	202,721		14,521					397	187,803	
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,218,122		101,732					2,276	1,114,114	
Total Member Ambulatory Encounters for Period:										
7. Physician	789,720		59,323					1,489	728,908	
8. Non-Physician	163,204		10,149					312	152,743	
9. Total	952,924		69,472					1,801	881,651	
10. Hospital Patient Days Incurred	326,694	325	2,901					246	323,222	
11. Number of Inpatient Admissions	42,105	65	728					50	41,262	
12. Health Premiums Written (a)	469,599,712	(643,410)	31,447,173					2,232,611	436,563,337	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	469,599,712	(643,410)	31,447,173					2,232,611	436,563,337	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	452,087,535	2,131,962	34,443,415					1,845,529	413,666,630	
18. Amount Incurred for Provision of Health Care Services	416,013,985	(123,468)	30,863,533					1,890,964	383,382,956	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....2,232,611.

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)						
Bronson Methodist Hospital - Kalamazoo	175,498	204,582				380,080
Cass City Dialysis		13,426	10,615	12,545	13,426	50,012
Coram Alternate Site Services Inc				37,132		37,132
Coram Specialty Infusion - Novi	13,183					13,183
Covenant Medical Center - Hospital	100,134					100,134
Dmc Childrens Hospital Of Michigan	310,877					310,877
Ew Sparrow - Rehab Unit	39,554					39,554
Ew Sparrow Hospital	13,638					13,638
Henry Ford Hospital - West Bloomfield	33,854					33,854
Hurley Medical Center	245,980					245,980
Hurley Medical Center Rehabilitation	22,195					22,195
Josip Petani Md				11,861		11,861
Mclaren Bay Region Hospital	32,589					32,589
Mclaren Flint Hospital	116,421					116,421
Mclaren Regional Medical Center	12,592			12,083		24,675
Midwestern Regional	13,516					13,516
Oakwood Heritage Hospital - Taylor	21,946					21,946
Oakwood Hospital - Taylor, Rehab Unit	37,066					37,066
Patient First Sc	30,284					30,284
Prime Hc Srv Garden City	10,052					10,052
Rcg Lansing				25,645		25,645
Sparrow Hospital	387,518					387,518
Spectrum Health Hospitals Blodgett	239,552		151,609			391,161
St John Hospital And Medical Center	245,730					245,730
St John Macomb Oakland Hosp - Madison	18,982					18,982
St Marys Of Michigan - Saginaw	65,398					65,398
University Of Michigan	620,920			80,329		701,249
0199999 Individually Listed Claims Unpaid	2,807,479	218,008	162,224	179,595	13,426	3,380,732
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	17,524,582	3,555,023	3,253,369	3,314,241	14,257,766	41,904,981
0499999 Subtotals	20,332,061	3,773,031	3,415,593	3,493,836	14,271,192	45,285,713
0599999 Unreported claims and other claim reserves						43,213,134
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						88,498,847
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,487,296

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1. Comprehensive (hospital & medical)	12,161,614	24,956,846	760,870	7,039,454	12,922,484	15,332,223
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	267,349	1,578,066		327,562	267,349	282,128
7. Title XIX - Medicaid	88,860,790	324,342,322	20,320,876	60,470,548	109,181,666	111,627,308
8. Other health						
9. Health subtotal (Lines 1 to 8)	101,289,754	350,877,233	21,081,746	67,837,564	122,371,500	127,241,658
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts	1,020,988		1,971,827	515,469	2,992,816	3,064,853
13. Totals (Lines 9 - 10 + 11 + 12)	102,310,742	350,877,233	23,053,573	68,353,033	125,364,315	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 June 30, 2016 and December 31, 2015 is as follows:

	Description	State of Domicile	2016	2015
Net Income				
1	State Basis	MI	9,025,801	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	9,025,801	23,358,426
Surplus				
5	State Basis	MI	77,423,835	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	77,423,835	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:

	Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minue 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	1,218,529	1,217,563	966	1,218,529	0.593	0.627
j.	On deposit with other regulatory bodies						
k.	Pledged as collateral not captured in other categories						
l.	Other restricted assets						
m.	Total Restricted Assets	1,218,529	1,217,563	966	1,218,529	0.593	0.627

Notes to Financial Statement

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: $3,011,144 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.
Due to Affiliates: $6,805,302 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-June 2016 = $3,419,314

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

The Management Agreement states McLaren Health Plan agrees to provide certain operational services and other resources to McLaren Health Care Corporation.
Amount for January- June 2016 = $665,000

(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- June 2016 = $6,570

(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- June 2016 = $209,002

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

Notes to Financial Statement

McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HA. Amount for January – June 2016 = $5,435,456

(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.
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

Notes to Financial Statement

C. Short-term investments in the amount of $1,218,529 as of 06/30/16 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.

IMPACT OF RISK-SHARING PROVISIONS OF THE ACA

			AMOUNT
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	$ 676.00
		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)	$ 676.00
Transitional ACA Reinsurance Program			
	Assets		
		Amounts recoverable for claims paid due to ACA Reinsurance	$ 743,346.61
		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	$ 328,436.50
		Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	$ -
	Operations (Revenue & Expense)		
		Ceded reinsurance premiums due to ACA Reinsurance	$ 328,436.50
		Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	$ 743,346.61
		ACA Reinsurance contributions - not reported as ceded premium	$ 197,353.75
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	$ -

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 Significant Change

26. Intercompany Pooling Arrangements
No Significant Change

27. Structured Settlements
No Significant 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	06/30/16			-	-	-	-
01	03/31/16			-	-	-	-
01	12/31/15			498,332	-	-	498,332
01	09/30/15			1,591	480,162	-	481,753
01	06/30/15			52	62,418	447,812	510,282
01	03/31/15			17,019	-	469,822	486,841
01	12/31/14			-	26,231	632,197	658,427
01	09/30/14			-	-	892,830	892,830
01	06/30/14			-	-	259,178	259,178
01	03/31/14			-	-	206,522	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

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: $ 3,011,144

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 ($1,218,529) 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	19,099,533
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	19,099,533
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

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

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

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

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

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

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

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC 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 88.790%
   1.2 A&H cost containment percent 0.150%
   1.3 A&H expense percent excluding cost containment expenses 9.580%

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

		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	30,803,763	2,232,611	436,563,337				469,599,712	
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	30,803,763	2,232,611	436,563,337				469,599,712	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1	30,803,763	2,232,611	436,563,337				469,599,712	
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

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

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	MI	UDP					
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	75-2847104				Anthelio Healthcare Solutions	MI	NIA	McLaren HealthCare Corp	Ownership	18.3	Anthelio Healthcare Soltuions	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2156534				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	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3161753				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 Hosital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hosital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1434090				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	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2643070				Hospital Health Care	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-3136458				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	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-1358053				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	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 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	38-2689033				Lapeer Regional Medical Center DBA McLaren Lapeer Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	38-2689603				McLaren Lapeer Foundation	MI	NIA	Lapeer Regional Medical Center DBA McLaren Lapeer Region	Ownership	100.0	McLaren Health Care Corporation	
		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	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	
		00000	46-3643089				Hospice and Homecare Foundation	MI	NIA	Visiting Nurse Services of Michigan DBA McLaren Homecare Group	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	

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

95562201636500002 2016 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION	97,645		97,645	38,289
1105. SELF INS TRUST FUND CTF	162,841		162,841	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	68,401	68,401		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)	3,767,389	3,497,729	269,659	272,973
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date 1 Uncovered	2 Total	Prior Year To Date 3 Total	Prior Year Ended December 31 4 Total
0604. OTHER HEALTH CARE RELATED REVENUE	XXX			
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	XXX			
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796)	XXX			
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)				
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)				

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	2,377,993	2,282,474
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition	644,378	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	128,616	208,442
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	2,893,756	2,377,993
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	2,893,756	2,377,993

SCHEDULE B - VERIFICATION

Mortgage Loans

		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)		

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		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)		

NONE

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	27,544,124	27,764,876
2.	Cost of bonds and stocks acquired	15,135,287	306,773
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	(1,454,946)	(212,241)
5.	Total gain (loss) on disposals	(1)	7
6.	Deduct consideration for bonds and stocks disposed of	2,589	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)	41,221,875	27,544,124
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	41,221,875	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

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)	142,447,393		29,057,382		142,447,393	113,390,011		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	142,447,393		29,057,382		142,447,393	113,390,011		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	142,447,393		29,057,382		142,447,393	113,390,011		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

QSI02

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	155,319,782	X X X	155,319,782		

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	29,057,382	
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)	155,319,782	184,377,164
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	155,319,782	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 Year To Date	2 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	21,377,601	
7.	Deduct amortization of premium		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)		21,377,601
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		21,377,601

SCHEDULE A - PART 2

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

1	Location		4	5	6	7	8	9
	2	3						
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition
Acquired by Purchase								
3245 Beecher Road - Building Improvements	Flint	MI	04/30/2016	NBS				67,492
3245 Beecher Road - Building Improvements	Flint	MI	05/31/2016	C&C Renovations				59,400
3245 Beecher Road - Building Improvements	Flint	MI	06/30/2016	Anthelio Healthcare Solutions Inc				80,145
3245 Beecher Road - Building Improvements	Flint	MI	06/30/2016	Scott Monchnik & Associates				5,400
0199999 Subtotal - Acquired by Purchase								212,437
0399999 Totals								212,437

SCHEDULE A - PART 3

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

1	Location		4	5	6	7	8	Change in Book/Adjusted Carrying Value Less Encumbrances					14	15	16	17	18	19	20
	2	3						9	10	11	12	13							
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depreciation	Current Year's Other-Than-Temporary Impairment Recognized	Current Year's Change in Encumbrances	Total Change in B/A C.V. (11 - 9 - 10)	Total Foreign Exchange Change in B/A C.V.	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
0399999 Totals																			

NONE

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)					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)									
922042304	VANGUARD EMERGING MARKETS		06/14/2016	JPMorgan	127.175	2,705	XXX		K
922908702	VANGUARD SMALL CAP INDEX		06/14/2016	JPMorgan	23.656	1,299	XXX		K
922908843	VANGUARD MIDCAP INDEX		06/14/2016	JPMorgan	61.240	2,049	XXX		K
921937678	VANGUARD TAX MANAGED FUND		06/14/2016	JPMorgan	633.852	7,144	XXX		K
922908108	VANGUARD S&P 500 INDEX		06/21/2016	JPMorgan	61.611	11,839	XXX		K
9099999 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					XXX	25,036	XXX		XXX
Common Stocks - Mutual Funds									
4812C0167	JPMorgan Mutual Short Duration Bond Fund		04/28/2016	JPMorgan	1,610.704	17,508	XXX		L
4812C0167	JPMorgan Mutual Short Duration Bond Fund		05/27/2016	JPMorgan	1,465.721	15,932	XXX		L
4812C0167	JPMorgan Mutual Short Duration Bond Fund		06/29/2016	JPMorgan	1,460.316	15,947	XXX		L
9299999 Subtotal - Common Stocks - Mutual Funds					XXX	49,387	XXX		XXX
9799997 Subtotal - Common Stocks - Part 3					XXX	74,423	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	74,423	XXX		XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	74,423	XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	74,423	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)
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
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	JPMorgan Mutual Short Duration Bond Fund		04/15/2016	JP Morgan	39.756	433	XXX	432							432		1	1		XXX	L
4812C0167	JPMorgan Mutual Short Duration Bond Fund		05/16/2016	JP Morgan	39.795	433	XXX	432							432		1	1		XXX	L
4812C0167	JPMorgan Mutual Short Duration Bond Fund		06/14/2016	JP Morgan	39.721	433	XXX	432							432		1	1		XXX	L
9299999 Subtotal - Common Stocks - Mutual Funds					XXX	1,299	XXX	1,296							1,296		3	3		XXX	XXX
9799997 Subtotal - Common Stocks - Part 4					XXX	1,299	XXX	1,296							1,296		3	3		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	1,299	XXX	1,296							1,296		3	3		XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	1,299	XXX	1,296							1,296		3	3		XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	1,299	XXX	1,296							1,296		3	3		XXX	XXX

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

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

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

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

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

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

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

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
							6	7	8	
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	06/30/2016					(11,557,146)	(20,112,726)	(15,584,402)	X X X
FIFTH THIRD BANK	MICHIGAN	06/30/2016					255,047	253,623		X X X
HUNTINGTON BANK	OHIO	06/30/2016					250,000	3,777,025		X X X
INDEPENDENT BANK	MICHIGAN	06/30/2016					242,360	242,414	242,021	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			(10,809,739)	(15,839,664)	(15,342,380)	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			(10,809,739)	(15,839,664)	(15,342,380)	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			(10,809,739)	(15,839,664)	(15,342,380)	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							
8499999 Sweep Accounts							
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents							

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