



**ANNUAL STATEMENT**  
**For the Year Ending December 31, 2007**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**McLAREN HEALTH PLAN, INC**

NAIC Group Code 0000 , 0000 NAIC Company Code 95848 Employer's ID Number 383383640  
(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 48532  
(Street and Number) (City or Town, State and Zip Code)

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

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

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

Primary Location of Books and Records G-3245 Beecher Rd.  
(Street and Number)

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

Internet Website Address www.mclarenhealthplan.org

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

**OFFICERS**

<u>Name</u>	<u>Title</u>
KATHY KENDALL	President
TOM DONALDSON	Chairman
DON KOOY	Secretary
DENNIS KRZEMINSKI	Treasurer

**OTHERS**

CAROL SOLOMON, Chief Financial Officer

**DIRECTORS OR TRUSTEES**

KATHY KENDALL	DON KOOY
TOM DONALDSON	RONALD SHAHEEN D.O.
DENNIS KRZEMINSKI	VICKIE RAMEY
BRENDA KAISER	KEVIN TOMPKINS
CONNIE BAILEY #	

State of Michigan  
 County of Genesee ss

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

_____ (Signature) KATHY KENDALL _____ (Printed Name) 1. President _____ (Title)	_____ (Signature) DENNIS KRZEMINSKI _____ (Printed Name) 2. Treasurer _____ (Title)	_____ (Signature) CAROL SOLOMON _____ (Printed Name) 3. Chief Financial Officer _____ (Title)
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2008

- 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)

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....						
<b>Group Subscribers:</b>						
STATE OF MICHIGAN .....	10,710					10,710
HAGER FOX HEATING & AIR CONDITIONING COMPANY .....	13,730					13,730
CLINTON AREA CARE CENTER .....	58,343					58,343
0299997 Subtotal - Group Subscribers: .....	82,784					82,783
0299998 Premium due and unpaid not individually listed .....	33,819	1,388				35,207
0299999 Total group .....	116,603	1,388				117,990
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13) ...	116,603	1,388				117,990

### EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	397,349					397,349
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	397,349					397,349
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangements Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangements Receivables .....						
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
<b>Other Receivables</b>						
MATERNITY CASE RATE RECEIVABLE .....	750,602	311,353	139,182	109,033		1,310,170
MSA RECEIVABLE .....			203,664			203,664
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....	750,602	311,353	342,846	109,033		1,513,834
0799999 Gross health care receivables .....	1,147,951	311,353	342,846	109,033		1,911,183

## EXHIBIT 4 - 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
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	1,922,251	4,079	104,905		2,903	2,034,138
0499999 Subtotals .....	1,922,251	4,079	104,905		2,903	2,034,138
0599999 Unreported claims and other claim reserves .....						11,962,320
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						13,996,458
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						2,994,784

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>Individually listed receivables</b>							
MCLAREN HEALTH CARE CORPORATION .....	48,051					48,051	
HEALTH ADVANTAGE INC. ....	348,225					348,225	
MCLAREN REGIONAL MEDICAL CENTER .....	22,251					22,251	
MCLAREN MEDICAL MANAGEMENT, INC. ....				573	573	573	
0199999 Total - Individually listed receivables .....	418,527			573	573	419,100	
0299999 Receivables not individually listed .....							
0399999 Total gross amounts receivable .....	418,527			573	573	419,100	

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually listed payables</b>				
MCLAREN HEALTH CARE CORPORATION .....	PROFESSIONAL SERVICES .....	141,602	141,602	
MCLAREN REGIONAL MEDICAL CENTER .....	PROFESSIONAL SERVICES .....	362,788	362,788	
HEALTH ADVANTAGE INC. ....	PROFESSIONAL SERVICES .....	43,450	43,450	
0199999 Total - Individually listed payables .....	X X X .....	547,840	547,840	
0299999 Payables not individually listed .....	X X X .....			
0399999 Total gross payables .....	X X X .....	547,840	547,840	

### EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	30,478,307	21.547	61,524	100.000	30,478,307	
2. Intermediaries .....						
3. All other providers .....						
4. Total capitation payments .....	30,478,307	21.547	61,524	100.000	30,478,307	
<b>Other Payments:</b>						
5. Fee-for-service .....	3,170,176	2.241	X X X	X X X		3,170,176
6. Contractual fee payments .....	107,804,959	76.212	X X X	X X X	103,778,218	4,026,741
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. Total other payments .....	110,975,135	78.453	X X X	X X X	103,778,218	7,196,917
13. Total (Line 4 plus Line 12) .....	141,453,442	100.000	X X X	X X X	134,256,525	7,196,917

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### EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999			X X X	X X X	X X X

## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	638,551		457,962	180,589	180,589	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total .....	638,551		457,962	180,589	180,589	



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR

NAIC Company Code 95848

	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							
<b>Total Members at end of:</b>										
1. Prior Year .....	56,307		250						56,057	
2. First Quarter .....	58,941		1,494						57,447	
3. Second Quarter .....	59,658	1	1,929						57,728	
4. Third Quarter .....	61,197	3	2,424						58,770	
5. Current Year .....	61,524	3	2,584						58,937	
6. Current Year Member Months .....	720,822	7	23,634						697,181	
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	452,191		13,123						439,068	
8. Non-Physician .....	93,931		2,239						91,692	
9. Total .....	546,122		15,362						530,760	
10. Hospital Patient Days Incurred .....	16,366		10						16,356	
11. Number of Inpatient Admissions .....	4,545		7						4,538	
12. Health Premiums Written (b) .....	167,082,829	7,727	6,054,211						161,020,891	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	167,082,829	7,727	6,054,211						161,020,891	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	141,453,442	6,954	5,508,344						135,938,144	
18. Amount Incurred for Provision of Health Care Services .....	140,677,134	6,954	5,658,726						135,011,454	

(a) For health business: number of persons insured under PPO managed care products .....2,587 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Michigan



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 0000

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95848

	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							
<b>Total Members at end of:</b>										
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15. Health Premiums Earned .....	167,082,829	7,727	6,054,211						161,020,891	
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18. Amount Incurred for Provision of Health Care Services .....	140,677,134	6,954	5,658,726						135,011,454	

(a) For health business: number of persons insured under PPO managed care products .....2,587 and number of persons insured under indemnity only products .....0.  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

## SCHEDULE A - VERIFICATION BETWEEN YEARS

### Real Estate

1.	Book/adjusted carrying value, December 31, prior year .....	2,746,291
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11 .....	(151,937)
2.2	Totals, Part 3, Column 8 .....	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)) .....	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 14 .....	
4.2	Totals, Part 3, Column 10 .....	
5.	Total profit (loss) on sales, Part 3, Column 15 .....	
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 12 .....	
6.2	Totals, Part 3, Column 9 .....	
7.	Amounts received on sales, Part 3, Column 12 and Part 1, Column 13 .....	
8.	Book/adjusted carrying value at the end of current period .....	2,594,354
9.	Total valuation allowance .....	
10.	Subtotal (Lines 8 plus 9) .....	2,594,354
11.	Total nonadmitted amounts .....	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column) .....	2,594,354

## SCHEDULE B - VERIFICATION BETWEEN YEARS

### Mortgage Loans

1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year .....	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount and mortgage interest points and commitment fees .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	<b>NONE</b>
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column) .....	

## SCHEDULE BA - VERIFICATION BETWEEN YEARS

### Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	<b>NONE</b>
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book/adjusted carrying value of long-term invested assets at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3) .....	

33 Schedule D Part 1A Sn 1 - #1 ..... NONE

34 Schedule D Part 1A Sn 1 - #2 ..... NONE

35 Schedule D Part 1A Sn 1 - #3 ..... NONE

36 Schedule D Part 1A Sn 2 - #1 ..... NONE

37 Schedule D Part 1A Sn 2 - #2 ..... NONE

38 Schedule D Part 1A Sn 2 - #3 ..... NONE

## SCHEDULE DA - PART 2

### Verification of SHORT-TERM INVESTMENTS Between Years

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year .....	.....	.....	.....	.....	.....
2. Cost of short-term investments acquired .....	.....	.....	.....	.....	.....
3. Increase (decrease) by adjustment .....	.....	.....	.....	.....	.....
4. Increase (decrease) by foreign exchange adjustment .....	.....	.....	.....	.....	.....
5. Total profit (loss) on disposal of short-term investments .....	.....	.....	.....	.....	.....
6. Consideration received on disposal of short-term investments .....	.....	.....	.....	.....	.....
7. Book/adjusted carrying value, current year .....	.....	.....	.....	.....	.....
8. Total valuation allowance .....	.....	.....	.....	.....	.....
9. Subtotal (Lines 7 plus 8) .....	.....	.....	.....	.....	.....
10. Total nonadmitted amounts .....	.....	.....	.....	.....	.....
11. Statement value (Lines 9 minus 10) .....	.....	.....	.....	.....	.....
12. Income collected during year .....	.....	.....	.....	.....	.....
13. Income earned during year .....	.....	.....	.....	.....	.....

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

40	Schedule DB Part A Verification .....	NONE
40	Schedule DB Part B Verification .....	NONE
41	Schedule DB Part C Verification .....	NONE
41	Schedule DB Part D Verification .....	NONE
41	Schedule DB Part E Verification .....	NONE
42	Schedule DB Part F Sn 1 - Sum Replicated Assets .....	NONE
43	Schedule DB Part F Sn 2 - Recon Replicated Assets .....	NONE
44	Schedule S - Part 1 - Section 2 .....	NONE

## SCHEDULE S - PART 2

### Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
<b>Accident and Health, Non-Affiliates</b>						
22667	95-2371728	01/01/2007	ACE AMER INS CO	PHILADELPHIA, PA	79,990	
0599999 Total - Accident and Health, Non-Affiliates					79,990	
0699999 Totals - Accident and Health					79,990	
0799999 Totals - Life, Annuity and Accident and Health					79,990	

## SCHEDULE S - PART 3 - SECTION 2

### Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<b>Authorized General Account - Non-Affiliates</b>												
22667	95-2371728	01/01/2007	ACE AMER INS CO	PHILADELPHIA, PA	SSL/L/I	703,814						
0299999 Subtotal - Authorized General Account - Non-Affiliates						703,814						
0399999 Total - Authorized General Account						703,814						
0799999 Total - Authorized and Unauthorized General Account						703,814						
1599999 Totals						703,814						

## SCHEDULE S - PART 4

### Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8	
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>														
1199999 Totals (General Account and Separate Accounts combined) .....														

**SCHEDULE S - PART 5**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2007	2 2006	3 2005	4 2004	5 2003
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	153	2			
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....	551	683	629	510	892
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	80		28	56	75
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F) .....					
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					

## SCHEDULE S - PART 6

### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 10) .....	63,785,133		63,785,133
2. Accident and health premiums due and unpaid (Line 13) .....	117,990		117,990
3. Amounts recoverable from reinsurers (Line 14.1) .....	79,990		79,990
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	2,579,994		2,579,994
6. Total assets (Line 26) .....	66,563,106		66,563,106
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	13,996,458		13,996,458
8. Accrued medical incentive pool and bonus payments (Line 2) .....	2,994,784		2,994,784
9. Premiums received in advance (Line 8) .....	753,986		753,986
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17) .....			
11. Reinsurance in unauthorized companies (Line 18) .....			
12. All other liabilities (Balance) .....	8,066,047		8,066,047
13. Total liabilities (Line 22) .....	25,811,275		25,811,275
14. Total capital and surplus (Line 31) .....	40,751,831	X X X	40,751,831
15. Total liabilities, capital and surplus (Line 32) .....	66,563,106		66,563,106
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....			
17. Accrued medical incentive pool .....			
18. Premiums received in advance .....			
19. Reinsurance recoverable on paid losses .....			
20. Other ceded reinsurance recoverables .....			
21. Total ceded reinsurance recoverables .....			
22. Premiums receivable .....			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
24. Unauthorized reinsurance .....			
25. Other ceded reinsurance payables/offsets .....			
26. Total ceded reinsurance payables/offsets .....			
27. Total net credit for ceded reinsurance .....			

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

		Direct Business only					
States, Etc.		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CN)						
58.	Aggregate other alien (OT)						
59.	TOTALS						

**NONE**

## SCHEDULE Y (Continued)

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	38-2397643	McLaren Health Care					1,207,243				1,207,243	
	75-2847104	Provider HealthNet Services					293,187				293,187	
95848	38-3383640	MCLAREN HEALTH PLAN					1,467,183				1,467,183	
	38-2383119	McLaren Regional Medical Center					29,313				29,313	
	91-2141720	Health Advantage					(2,996,926)				(2,996,926)	
9999999 Totals							0		X X X		0	

Schedule Y Part 2 Explanation:



## OVERFLOW PAGE FOR WRITE-INS

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
0904. OTHER INVESTED ASSETS .....	109,423	75,922	33,501	19,482
0997. Summary of remaining write-ins for Line 9 (Lines 0904 through 0996) .....	109,423	75,922	33,501	19,482

## EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
0904. OTHER INVESTED ASSETS .....	75,922	115,479	39,558
0997. Summary of remaining write-ins for Line 9 (Lines 0904 through 0996) .....	75,922	115,479	39,558



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**For The Year Ended December 31, 2007**  
**(To be filed by March 1)**  
**FOR THE STATE OF MICHIGAN**

NAIC Group Code: 0000  
 Address (City, State and Zip Code): FLINT, MI 48532  
 Person Completing This Exhibit:

NAIC Company Code: 95848

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2004				Policies Issued in 2005, 2006, 2007			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
<b>NONE</b>																	
0299999 Total Experience on Group Policies .....																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

Supp 12 Michigan



## Medicare Part D Coverage Supplement (Net of Reinsurance) (To be Filed By March 1)

NAIC Group Code: 0000

NAIC Company Code: 95848

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid	<b>NONE</b>				
7.1 Standard Coverage					
7.11 With Reinsurance Coverage				XXX	
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits		XXX		XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - net to reimbursements applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied - change	XXX		XXX		
12.3 Reimbursements Receivable - change	XXX		XXX		XXX
12.4 Healthcare Receivables - change	XXX		XXX		XXX
13. Aggregate Policy Reserves - change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	

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