



QUARTERLY STATEMENT
AS OF June 30, 2009
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	<u>0000</u>	,	<u>0000</u>	NAIC Company Code	<u>95848</u>	Employer's ID Number	<u>383383640</u>
	(Current Period)		(Prior Period)				
Organized under the Laws of	<u>Michigan</u>			State of Domicile or Port of Entry	<u>Michigan</u>		
Country of Domicile	<u>United States of America</u>						
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	<u>09/12/1997</u>			Commenced Business	<u>08/01/1998</u>		
Statutory Home Office	<u>G-3245 Beecher Rd.</u>			<u>FLINT, MI 48532</u>			
	(Street and Number)			(City, or Town, State and Zip Code)			
Main Administrative Office	<u>G-3245 Beecher Rd.</u>			<u>FLINT, MI 48532</u>			
	(Street and Number)			(City, or Town, State and Zip Code)			
Mail Address	<u>G-3245 Beecher Rd.</u>			<u>FLINT, MI 48532</u>			
	(Street and Number or P.O. Box)			(City, or Town, State and Zip Code)			
Primary Location of Books and Records	<u>FLINT, MI 48532</u>			<u>(810)733-9723</u>			
	(City, or Town, State and Zip Code)			(Area Code) (Telephone Number)			
Internet Web Site Address	<u>www.mclarenhealthplan.org</u>						
Statutory Statement Contact	<u>CHERYL WESTOBY</u>			<u>(810)733-9723</u>			
	(Name)			(Area Code)(Telephone Number)(Extension)			
	<u>cherylwe@mclaren.org</u>			<u>(810)733-9652</u>			
	(E-Mail Address)			(Fax Number)			

OFFICERS

Name	Title
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	KEVIN TOMPKINS
DENNIS LAFOREST	PATRICK HAYES #
CHARLES ODYKIRK #	

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 _____, 2009

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

Yes[X] No[]

 (Notary Public Signature)

ASSETS

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	8,008,452	15,726	7,992,726	7,236,994
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)	2,865,724		2,865,724	2,642,756
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....87,384,924), cash equivalents (\$.....0) and short-term investments (\$.....1,215,135)	88,600,059		88,600,059	74,539,264
6. Contract loans (including \$.....0 premium notes)				
7. Other invested assets				
8. Receivables for securities				
9. Aggregate write-ins for invested assets	770,778	691,980	78,798	50,722
10. Subtotals, cash and invested assets (Lines 1 to 9)	100,245,013	707,706	99,537,307	84,469,736
11. Title plants less \$.....0 charged off (for Title insurers only)				
12. Investment income due and accrued	65,623		65,623	120,834
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	210,332		210,332	161,000
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
13.3 Accrued retrospective premiums				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	38,871		38,871	174,723
14.2 Funds held by or deposited with reinsured companies				
14.3 Other amounts receivable under reinsurance contracts				
15. Amounts receivable relating to uninsured plans				
16.1 Current federal and foreign income tax recoverable and interest thereon				
16.2 Net deferred tax asset				
17. Guaranty funds receivable or on deposit				
18. Electronic data processing equipment and software	56,932	15,334	41,599	41,165
19. Furniture and equipment, including health care delivery assets (\$.....0)	309,979	309,979		
20. Net adjustments in assets and liabilities due to foreign exchange rates				
21. Receivables from parent, subsidiaries and affiliates	1,097,633	573	1,097,060	1,114,232
22. Health care (\$.....3,053,074) and other amounts receivable	3,059,561		3,059,561	1,979,312
23. Aggregate write-ins for other than invested assets				
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	105,083,944	1,033,592	104,050,352	88,061,002
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26. Total (Lines 24 and 25)	105,083,944	1,033,592	104,050,352	88,061,002
DETAILS OF WRITE-INS				
0901. INTANGIBLE ASSET - THE WELLNESS PLAN	168,561	168,561	0	
0902. INTANGIBLE ASSET - PHP	153,868	153,868		
0903. OTHER INVESTED ASSETS	448,349	369,551	78,798	50,722
0998. Summary of remaining write-ins for Line 9 from overflow page				
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)	770,778	691,980	78,798	50,722
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	30,291,076		30,291,076	23,042,969
2. Accrued medical incentive pool and bonus amounts	4,544,384		4,544,384	2,883,894
3. Unpaid claims adjustment expenses	528,617		528,617	528,617
4. Aggregate health policy reserves				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	554,084		554,084	1,079,792
9. General expenses due or accrued	1,674,031		1,674,031	1,453,390
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	42,850		42,850	25,725
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	1,040,579		1,040,579	702,704
16. Payable for securities				
17. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers)				
18. Reinsurance in unauthorized companies				
19. Net adjustments in assets and liabilities due to foreign exchange rates				
20. Liability for amounts held under uninsured plans				
21. Aggregate write-ins for other liabilities (including \$.....0 current)	1,883,165		1,883,165	1,390,270
22. Total liabilities (Lines 1 to 21)	40,558,785		40,558,785	31,107,361
23. Aggregate write-ins for special surplus funds	X X X	X X X		
24. Common capital stock	X X X	X X X		
25. Preferred capital stock	X X X	X X X		
26. Gross paid in and contributed surplus	X X X	X X X	1,140,000	1,140,000
27. Surplus notes	X X X	X X X		
28. Aggregate write-ins for other than special surplus funds	X X X	X X X		
29. Unassigned funds (surplus)	X X X	X X X	62,351,566	55,813,641
30. Less treasury stock, at cost:				
30.10 shares common (value included in Line 24 \$.....0)	X X X	X X X		
30.20 shares preferred (value included in Line 25 \$.....0)	X X X	X X X		
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	X X X	X X X	63,491,566	56,953,641
32. Total Liabilities, capital and surplus (Lines 22 and 31)	X X X	X X X	104,050,351	88,061,002
DETAILS OF WRITE-INS				
2101. PAYABLE FOR QAAP	1,691,640		1,691,640	1,252,027
2102. ACCRUED PENSION	191,525		191,525	138,243
2103.				
2198. Summary of remaining write-ins for Line 21 from overflow page				
2199. TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)	1,883,165		1,883,165	1,390,270
2301.	X X X	X X X		
2302.	X X X	X X X		
2303.	X X X	X X X		
2398. Summary of remaining write-ins for Line 23 from overflow page	X X X	X X X		
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	X X X	X X X		
2801.	X X X	X X X		
2802.	X X X	X X X		
2803.	X X X	X X X		
2898. Summary of remaining write-ins for Line 28 from overflow page	X X X	X X X		
2899. TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	453,097	383,245	799,137
2. Net premium income (including \$.....0 non-health premium income)	X X X	125,163,759	96,716,154	205,249,824
3. Change in unearned premium reserves and reserves for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X	(3,829,385)	(5,870,083)	(12,276,619)
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	121,334,374	90,846,071	192,973,205
Hospital and Medical:				
9. Hospital/medical benefits		84,605,411	65,505,468	134,099,720
10. Other professional services		1,257,830	1,162,270	2,212,255
11. Outside referrals				
12. Emergency room and out-of-area		5,820,527	3,970,037	8,908,360
13. Prescription drugs		13,569,108	11,662,328	22,506,825
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		1,667,717	974,926	2,513,635
16. Subtotal (Lines 9 to 15)		106,920,593	83,275,029	170,240,796
Less:				
17. Net reinsurance recoveries		198,565	211,783	571,342
18. Total hospital and medical (Lines 16 minus 17)		106,722,029	83,063,247	169,669,453
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....364,896 cost containment expenses		2,146,499	638,117	2,063,392
21. General administrative expenses		6,797,245	3,115,514	6,534,075
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		115,665,773	86,816,877	178,266,920
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	5,668,601	4,029,194	14,706,285
25. Net investment income earned		63,659	903,043	1,543,621
26. Net realized capital gains (losses) less capital gains tax of \$.....0		(86,352)	3,742	1,174
27. Net investment gains or (losses) (Lines 25 plus 26)		(22,693)	906,785	1,544,796
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	5,645,908	4,935,979	16,251,081
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	5,645,908	4,935,979	16,251,081
DETAILS OF WRITE-INS				
0601. OTHER HEALTH CARE RELATED REVENUE	X X X	6,567	247	9,003
0602. QAAP TAX	X X X	(3,346,668)	(5,545,419)	(11,562,531)
0603. MPCA	X X X	(489,285)	(324,911)	(723,091)
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(3,829,385)	(5,870,083)	(12,276,619)
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	56,953,641	40,751,831	40,751,831
34. Net income or (loss) from Line 32	5,645,908	4,935,979	16,251,081
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	623,718	(107,978)	(513,549)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	321,582	474,782	410,996
40. Change in unauthorized 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	(53,282)		53,282
48. Net change in capital and surplus (Lines 34 to 47)	6,537,926	5,302,782	16,201,810
49. Capital and surplus end of reporting period (Line 33 plus 48)	63,491,566	46,054,613	56,953,641
DETAILS OF WRITE-INS			
4701. PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	(53,282)		53,282
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	(53,282)		53,282

CASH FLOW

		1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations			
1.	Premiums collected net of reinsurance	124,588,719	205,779,140
2.	Net investment income	118,871	1,642,258
3.	Miscellaneous income	(3,819,033)	(12,290,101)
4.	Total (Lines 1 to 3)	120,888,557	195,131,298
5.	Benefit and loss related payments	98,768,181	160,879,855
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	8,723,103	7,416,113
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)	107,491,284	168,295,968
11.	Net cash from operations (Line 4 minus Line 10)	13,397,272	26,835,330
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds		
12.2	Stocks	379,592	750,753
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	360,160	160,036
12.7	Miscellaneous proceeds	0	531,753
12.8	Total investment proceeds (Lines 12.1 to 12.7)	739,752	1,442,542
13.	Cost of investments acquired (long-term only):		
13.1	Bonds		
13.2	Stocks	478,557	1,015,938
13.3	Mortgage loans		
13.4	Real estate	309,239	208,438
13.5	Other invested assets		
13.6	Miscellaneous applications		0
13.7	Total investments acquired (Lines 13.1 to 13.6)	787,796	1,224,377
14.	Net increase (or decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	(48,043)	218,166
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)	711,566	(4,872,337)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	711,566	(4,872,337)
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)	14,060,796	22,181,158
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	74,539,264	52,358,106
19.2	End of period (Line 18 plus Line 19.1)	88,600,059	74,539,264

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

Description		Amount 1	Amount 2
20.0001		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	71,312	17	6,811						64,484	
2. First Quarter	74,966	28	7,642						67,296	
3. Second Quarter	78,236	29	7,904						70,303	
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	453,097	161	46,215						406,721	
Total Member Ambulatory Encounters for Period:										
7. Physician	293,140	94	26,949						266,097	
8. Non-Physician	60,387	16	4,610						55,761	
9. Total	353,527	110	31,559						321,858	
10. Hospital Patient Days Incurred	31,694		11,114						20,580	
11. Number of Inpatient Admissions	8,853		3,085						5,768	
12. Health Premiums Written (a)	125,617,371	60,487	14,082,192						111,474,692	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	125,617,371	60,487	14,082,192						111,474,692	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	99,672,493	96,188	9,522,623						90,053,682	
18. Amount Incurred for Provision of Health Care Services	106,920,599	110,284	10,918,151						95,892,164	

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
SPARROW		86,854	307,413			394,267
CHILDRENS HOSPITAL				236,903		236,903
MERCY HOSPITAL GRAYLING		12,705				12,705
0199999 Individually Listed Claims Unpaid		99,559	307,413	236,903		643,875
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	9,980,651	95,908	18,835	7,686	10,313	10,113,393
0499999 Subtotals	9,980,651	195,467	326,248	244,589	10,313	10,757,268
0599999 Unreported claims and other claim reserves						19,533,807
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						30,291,075
0899999 Accrued Medical Incentive Pool And Bonus Amounts						4,544,384

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec.31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)	2,615,102	9,528,762	508,069	4,024,726	3,123,171	3,123,170
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid	16,498,323	69,171,246	1,508,975	24,249,306	18,007,298	19,919,799
8. Other health						
9. Health subtotal (Lines 1 to 8)	19,113,425	78,700,008	2,017,044	28,274,032	21,130,469	23,042,969
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts			2,366,788	2,177,596	2,366,788	2,883,894
13. Totals	19,113,425	78,700,008	4,383,832	30,451,628	23,497,257	25,926,863

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

Notes to Financial Statement

McLaren Health Plan, Inc
June 30, 2009

1. Summary of Significant Accounting Policies
No Change
2. Accounting Changes and Corrections of Errors
No Change
3. Business Combinations and Goodwill
No Change
4. Discontinued Operations
No Change
5. Investments
No Change
6. Joint Ventures, Partnerships and Limited Liability Companies
No Change
7. Investment Income
No Change
8. Derivative Investments
No Change
9. Income Taxes
No Change
10. Information Concerning Parent, Subsidiaries and Affiliates
 - A. No Change
 - B. No Change
 - C. No Change
 - D. Due from Affiliates: \$1,097,060: amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.
Due to Affiliates: \$1,040,579: 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: McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan: \$322,759 Jan-June 2009
 - 2) McLaren Health Plan and MRMC: MRMC agrees to provide certain accounting / resource services to McLaren Health Plan: \$ 2,706 Jan-June 2009
 - 3) McLaren Health Plan and PHNS: PHNS agrees to provide certain information technology and telephony services to McLaren Health Plan: \$ 78,588 Jan-June 2009

Notes to Financial Statement

- 4) McLaren Health Plan and HAI: McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HAI: \$1,854,966 Jan-June 2009

- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change

11. Debt
No Change
12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No Change
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
No Change
14. Contingencies
No Change
15. Leases
No Change
16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No Change
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No Change
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
No Change
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No Change
20. Other Items
No Change
21. Events Subsequent
No Change
22. Reinsurance
No Change
23. Retrospectively Rated Contracts & Contracts Subject to Redetermination
No Change
24. Change in Incurred Claims and Claim Adjustment Expenses
No Change

Notes to Financial Statement

25. Intercompany Pooling Arrangements
No Change
26. Structured Settlements
No Change
27. Health Care Receivables
A. Pharmaceutical Rebate Receivables

<u>Quarter</u>	<u>Estimated Rebate</u>	<u>Confirmed</u>	<u>90days</u>	<u>91-180 days</u>	<u>>180 days</u>	<u>total received</u>
6/30/2009	\$ -					\$ -
3/31/2009	\$ -					\$ -
12/31/2008	\$ 18,011.00	\$ 18,011.00		\$22,833.02		\$ 22,833.02
9/30/2008	\$ -			\$88,571.81	\$ 13,306.26	\$ 101,878.07
6/30/2008	\$ -			\$78,368.82	\$ 12,974.43	\$ 91,343.25
3/31/2008	\$ -			\$10,032.27	\$ 75,484.12	\$ 85,516.39
12/31/2007	\$ -		\$ -	\$ -	\$ 84,467.44	\$ 84,467.44
9/30/2007	\$ 36,412.00	\$ 36,412.00	\$ -	\$ -	\$ 47,499.22	\$ 47,499.22
6/30/2007	\$ 395,493.00	\$395,493.00	\$ -	\$ -	\$ 46,548.41	\$ 46,548.41
3/31/2007	\$ 395,493.00	\$395,493.00	\$ -	\$ -	\$104,715.82	\$ 104,715.82
12/31/2006	\$ 395,493.00	\$395,493.00	\$73,449.18	\$ -	\$ 85,502.04	\$ 158,951.22
9/30/2006	\$ 133,414.00	\$133,414.00	\$ -	\$ -	\$ 77,499.75	\$ 77,499.75
6/30/2006	\$ 133,414.00	\$133,414.00	\$ -	\$ -	\$163,996.58	\$ 163,996.58
3/31/2006	\$ 133,414.00	\$133,414.00	\$ -	\$ -	\$147,857.88	\$ 147,857.88
12/31/2005	\$ 133,414.00	\$133,414.00	\$ -	\$ -	\$ 71,717.77	\$ 71,717.77
9/30/2005	\$ 104,915.00	\$104,915.00	\$ -	\$ -	\$128,389.28	\$ 128,389.28
6/30/2005	\$ 104,915.00	\$104,915.00	\$ -	\$ -	\$122,950.04	\$ 122,950.04
3/31/2005	\$ 104,915.00	\$104,915.00	\$ -	\$ -	\$116,248.63	\$ 116,248.63

B. Risk Sharing Receivables - No Change

28. Participating Policies
No Change
29. Premium Deficiency Reserves
No Change
30. Anticipated Salvage and Subrogation
No Change

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

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. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
If yes, complete the Schedule Y - Part 1 - organizational chart.

- 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.12/31/2007.....
- 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.10/28/2008.....
- 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).10/28/2008.....
- 6.4 By what department or departments?
MICHIGAN OFFICE OF FINANCIAL & INSURANCE REGULATION
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]

- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 7.2 If yes, give full information

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), 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 OTS	6 FDIC	7 SEC
.....	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: \$..... 160,358

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[] No[X]
- 11.2 If yes, give full and complete information relating thereto:

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

GENERAL INTERROGATORIES (Continued)

	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	464,458	895,613
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)	464,458	895,613
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

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes No N/A

If no, attach a description with this statement.

16. 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 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes No

16.1 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 ..

16.2 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)
.....

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes No

16.4 If yes, give full and complete information relating thereto:

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

16.5 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
.....

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes No

17.2 If no, list exceptions:

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
Accident and Health - Non-affiliates						
22667	95-2371728	01/01/2009	ACE AMER INS CO	PHILADELPHIA, PA	SSL/L/I	Yes[] No[X]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	L	14,142,679		111,474,692				125,617,371	
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 (CN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX	14,142,679		111,474,692				125,617,371	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1	14,142,679		111,474,692				125,617,371	
DETAILS OF WRITE-INS									
5801.	XXX								
5802.	XXX								
5803.	XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX								

(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



Q14

*Non Asset Merger
Affiliation Only

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



95848200936500002

2009

Document Code: 365

STATEMENT AS OF **June 30, 2009** OF THE **McLAREN HEALTH PLAN, INC**
SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	2,642,756	2,594,354
2. Cost of acquired		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition	309,239	208,438
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation	86,270	160,036
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	2,865,724	2,642,756
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	2,865,724	2,642,756

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest point		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

Description	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	7,372,967	7,620,157
2. Cost of bonds and stocks acquired	478,557	1,015,938
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	623,718	(513,549)
5. Total gain (loss) on disposals	(87,198)	1,174
6. Deduct consideration for bonds and stocks disposed of	379,592	750,753
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)	8,008,452	7,372,967
11. Deduct total nonadmitted amounts	15,726	135,973
12. Statement value at end of current period (Line 10 minus Line 11)	7,992,726	7,236,994

SCHEDULE D - PART 1B

**Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class**

	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. Class 1 (a)								
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds								
PREFERRED STOCK								
8. Class 1		NONE						
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock								

Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QS102

SCHEDULE DA - PART 1**Short - Term Investments Owned End of Current Quarter**

	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	1,215,135	X X X	1,215,135	3,943	

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	1,211,192	1,179,015
2. Cost of short-term investments acquired	3,943	32,177
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	1,215,135	1,211,192
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,215,135	1,211,192

SI04 **Schedule DB Part F Section 1** **NONE**

SI05 **Schedule DB Part F Section 2** **NONE**

SI06 **Schedule E - Verification (Cash Equivalents)** **NONE**

QSI04, SI05, SI06

SCHEDULE A - PART 2

Showing all Real Estate **ACQUIRED** and Additions Made During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
Acquired by Purchase								
Building Improvements - G3245 Beecher Rd - occupied by company	Flint	MI						309,239
0199999 Subtotal - Acquired by Purchase								309,239
0399999 Totals								309,239

SCHEDULE A - PART 3

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

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

QE01

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
Common Stock - Mutual Funds									
4812C1553	JPMORGAN MUTUAL EQUITY INDEX FUND SELECT		04/01/2009	JPMORGAN	708.878	12,859	X X X		L
4812C1553	JPMORGAN MUTUAL EQUITY INDEX FUND SELECT		04/16/2009	JPMORGAN	1,526.061	29,590	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		04/01/2009	JPMORGAN	1,368.747	14,605	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		04/15/2009	JPMORGAN	14,968.201	160,160	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		05/01/2009	JPMORGAN	1,312.414	14,056	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		06/01/2009	JPMORGAN	1,221.789	13,122	X X X		L
9299999	Subtotal - Common Stock - Mutual Funds				X X X	244,392	X X X		X X X
9799997	Subtotal - Common Stock - Part 3				X X X	244,392	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	244,392	X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	244,392	X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	244,392	X X X		X X X

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

QE04

SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 F o r e i g n Date	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date	22 NAIC Designation or Market Indicator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.									
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Common Stock - Mutual Funds																							
4812C1553	JPMORGAN MUTUAL EQUITY INDEX FUND SELECT		04/15/2009	VARIOUS	8,398,246	160,826	XXX	247,812	247,812								(86,985)	(86,985)		XXX	L		
4812C1553	JPMORGAN MUTUAL EQUITY INDEX FUND		05/15/2009	VARIOUS	32,728	667	XXX	960	960								(293)	(293)		XXX	L		
4812C1553	JPMORGAN MUTUAL EQUITY INDEX FUND		06/16/2009	VARIOUS	31,581	667	XXX	926	926								(260)	(260)		XXX	L		
4812C0167	JPMORGAN SHT DURATION BD FD ULTRA		04/16/2009	VARIOUS	2,762,869	29,590	XXX	29,250	29,250								340	340		XXX	L		
9299999	Subtotal - Common Stock - Mutual Funds				XXX	191,750	XXX	278,948	278,948								(87,198)	(87,198)		XXX	XXX	XXX	
9799997	Subtotal - Common Stocks - Part 4				XXX	191,750	XXX	278,948	278,948								(87,198)	(87,198)		XXX	XXX	XXX	
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Subtotal - Common Stocks				XXX	191,750	XXX	278,948	278,948								(87,198)	(87,198)		XXX	XXX	XXX	
9899999	Subtotal - Preferred and Common Stocks				XXX	191,750	XXX	278,948	278,948								(87,198)	(87,198)		XXX	XXX	XXX	
9999999	Total - Bonds, Preferred and Common Stocks				XXX	191,750	XXX	278,948	278,948								(87,198)	(87,198)		XXX	XXX	XXX	

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

QE05

E06 Schedule DB Part A Section 1 NONE

E06 Schedule DB Part B Section 1 NONE

E07 Schedule DB Part C Section 1 NONE

E07 Schedule DB Part D Section 1 NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository			2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
							6 First Month	7 Second Month	8 Third Month	
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	06/30/2009		0.004	72,381	10,494	81,566,521	86,986,279	87,384,924	XXX
0199998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories			XXX	XXX						XXX
0199999 Totals - Open Depositories			XXX	XXX	72,381	10,494	81,566,521	86,986,279	87,384,924	XXX
0299998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories			XXX	XXX						XXX
0299999 Totals - Suspended Depositories			XXX	XXX						XXX
0399999 Total Cash On Deposit			XXX	XXX	72,381	10,494	81,566,521	86,986,279	87,384,924	XXX
0499999 Cash in Company's Office			XXX	XXX	XXX	XXX				XXX
0599999 Total Cash			XXX	XXX	72,381	10,494	81,566,521	86,986,279	87,384,924	XXX

E09 **Schedule E Part 2 Cash Equivalents** **NONE**

Supp1 **Medicare Part D Coverage Supplement** **NONE**

SAO **Statement of Actuarial Opinion** **NONE**

AEP **Amended Explanation** **NONE**

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