95848201020100103 2010 Document Code: 201

QUARTERLY STATEMENT

AS OF September 30, 2010

OF THE CONDITION AND AFFAIRS OF THE

McLAREN HEALTH PLAN, INC

NAIC Group Code 4700 (Current Period), 0000 (Prior Period) NAIC Company Code 95848 Employer's ID Number 383383640

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 48532 (City, or Town, State and Zip Code)

Main Administrative Office G-3245 Beecher Rd. (Street and Number)
FLINT, MI 48532 (City or Town, State 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 48532 (City, or Town, State and Zip Code)

Primary Location of Books and Records G-3245 Beecher Rd. (Street and Number)
FLINT, MI 48532 (City, or Town, State and Zip Code) (810)733-9723 (Area Code) (Telephone Number)

Internet Web Site Address www.mclarenhealthplan.org

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

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman #
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer

OTHERS

CAROL SOLOMON, Chief Financial Officer

DIRECTORS OR TRUSTEES

KATHY KENDALL
RONALD SHAHEEN D.O.
DENNIS LAFOREST
DAVE MAZURKIEWICZ
DON KOOY
KEVIN TOMPKINS
PATRICK HAYES

State of Michigan
County of Genesee ss

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

(Signature)	(Signature)	(Signature)
KATHY KENDALL	DAVE MAZURKIEWICZ	CAROL SOLOMON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2010

a. Is this an original filing? Yes[X] No[ ]
b. If no, 1. State the amendment number
2. Date filed 11/10/2010
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	17,863,471	6,808	17,856,663	8,283,788
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)	3,006,555		3,006,555	3,152,449
4.2 Properties held for the production of income (less $.....0 encumbrances)				
4.3 Properties held for sale (less $.....0 encumbrances)				
5. Cash ($.....88,876,439), cash equivalents ($.....0) and short-term investments ($.....1,216,789)	90,093,228		90,093,228	93,335,132
6. Contract loans (including $.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Aggregate write-ins for invested assets	357,925	237,351	120,574	85,964
11. Subtotals, cash and invested assets (Lines 1 to 10)	111,321,178	244,159	111,077,019	104,857,333
12. Title plants less $.....0 charged off (for Title insurers only)				
13. Investment income due and accrued	28,261		28,261	18,598
14. Premiums and considerations:				
14.1 Uncollected premiums and agents' balances in the course of collection	359,961		359,961	421,837
14.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)				
14.3 Accrued retrospective premiums				
15. Reinsurance:				
15.1 Amounts recoverable from reinsurers	177,439		177,439	249,054
15.2 Funds held by or deposited with reinsured companies				
15.3 Other amounts receivable under reinsurance contracts				
16. Amounts receivable relating to uninsured plans				
17.1 Current federal and foreign income tax recoverable and interest thereon				
17.2 Net deferred tax asset				
18. Guaranty funds receivable or on deposit				
19. Electronic data processing equipment and software	94,850	22,635	72,215	85,552
20. Furniture and equipment, including health care delivery assets ($.....0)	369,242	369,242		
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Receivables from parent, subsidiaries and affiliates	527,507	12,484	515,023	728,530
23. Health care ($.....3,300,696) and other amounts receivable	3,311,722		3,311,722	3,923,864
24. Aggregate write-ins for other than invested assets				
25. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 11 to 24)	116,190,159	648,520	115,541,639	110,284,769
26. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
27. Total (Lines 25 and 26)	116,190,159	648,520	115,541,639	110,284,769
DETAILS OF WRITE-INS				
1001. INVENTORY	20,974	20,974	0	
1002. DEFERRED CHARGES EQUIP FEES	10,961	10,961	0	
1003. PREPAID EXPENSES	161,845	161,845	0	
1098. Summary of remaining write-ins for Line 10 from overflow page	164,145	43,571	120,574	85,964
1099. TOTALS (Lines 1001 through 1003 plus 1098) (Line 10 above)	357,925	237,351	120,574	85,964
2401.				
2402.				
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page				
2499. TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	40,609,919		40,609,919	32,640,159
2.	Accrued medical incentive pool and bonus amounts	2,652,953		2,652,953	3,700,223
3.	Unpaid claims adjustment expenses	579,796		579,796	579,796
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	449,709		449,709	196,236
9.	General expenses due or accrued	2,411,776		2,411,776	1,972,668
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	142,098		142,098	49,737
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,173,184		1,173,184	910,354
16.	Derivatives				
17.	Payable for securities				
18.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers and $.....0 unauthorized reinsurers)				
19.	Reinsurance in unauthorized companies				
20.	Net adjustments in assets and liabilities due to foreign exchange rates				
21.	Liability for amounts held under uninsured plans				
22.	Aggregate write-ins for other liabilities (including $.....0 current)	413,043		413,043	413,043
23.	Total liabilities (Lines 1 to 22)	48,432,479		48,432,479	40,462,217
24.	Aggregate write-ins for special surplus funds	XXX	XXX		
25.	Common capital stock	XXX	XXX		
26.	Preferred capital stock	XXX	XXX		
27.	Gross paid in and contributed surplus	XXX	XXX	1,140,000	1,140,000
28.	Surplus notes	XXX	XXX		
29.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
30.	Unassigned funds (surplus)	XXX	XXX	65,969,161	68,682,552
31.	Less treasury stock, at cost:				
	31.1 .....0 shares common (value included in Line 25 $.....0)	XXX	XXX		
	31.2 .....0 shares preferred (value included in Line 26 $.....0)	XXX	XXX		
32.	Total capital and surplus (Lines 24 to 30 minus Line 31)	XXX	XXX	67,109,161	69,822,552
33.	Total Liabilities, capital and surplus (Lines 23 and 32)	XXX	XXX	115,541,639	110,284,769
DETAILS OF WRITE-INS					
2201.	PAYABLE FOR QAAP	55,485		55,485	55,485
2202.	ACCRUED PENSION	357,558		357,558	357,558
2203.					
2298.	Summary of remaining write-ins for Line 22 from overflow page				
2299.	TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above)	413,043		413,043	413,043
2401.		XXX	XXX		
2402.		XXX	XXX		
2403.		XXX	XXX		
2498.	Summary of remaining write-ins for Line 24 from overflow page	XXX	XXX		
2499.	TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)	XXX	XXX		
2901.		XXX	XXX		
2902.		XXX	XXX		
2903.		XXX	XXX		
2998.	Summary of remaining write-ins for Line 29 from overflow page	XXX	XXX		
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 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	799,457	694,304	949,132
2.	Net premium income (including $.....0 non-health premium income)	XXX	223,203,591	197,144,498	270,892,395
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	(944,655)	(4,087,538)	(4,125,406)
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	222,258,936	193,056,960	266,766,990
Hospital and Medical:					
9.	Hospital/medical benefits		157,154,514	136,685,817	186,605,978
10.	Other professional services		1,840,397	1,965,412	2,722,350
11.	Outside referrals				
12.	Emergency room and out-of-area		10,413,773	9,383,858	13,509,831
13.	Prescription drugs		22,393,540	20,513,403	27,208,906
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		1,748,561	2,586,292	3,605,311
16.	Subtotal (Lines 9 to 15)		193,550,785	171,134,782	233,652,377
Less:					
17.	Net reinsurance recoveries		446,238	374,173	708,136
18.	Total hospital and medical (Lines 16 minus 17)		193,104,547	170,760,609	232,944,241
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....320,511 cost containment expenses		1,885,358	3,712,469	2,206,229
21.	General administrative expenses		19,712,182	11,756,151	19,880,364
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)		214,702,087	186,229,229	255,030,834
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	7,556,849	6,827,732	11,736,156
25.	Net investment income earned		(244,982)	(53,128)	(8,238)
26.	Net realized capital gains (losses) less capital gains tax of $.....0		(855)	(156,586)	(157,593)
27.	Net investment gains or (losses) (Lines 25 plus 26)		(245,837)	(209,714)	(165,831)
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	7,311,012	6,618,018	11,570,325
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	7,311,012	6,618,018	11,570,325
DETAILS OF WRITE-INS					
0601.	OTHER HEALTH CARE RELATED REVENUE	XXX	13,861	10,568	14,692
0602.	QAAP TAX	XXX		(3,346,668)	(3,072,907)
0603.	MPCA	XXX	(958,516)	(751,438)	(1,067,190)
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	(944,655)	(4,087,538)	(4,125,406)
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	69,822,552	56,953,641	56,953,641
34.	Net income or (loss) from Line 32	7,311,012	6,618,018	11,570,325
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	682,005	937,907	957,356
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	293,593	498,105	413,060
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	(11,000,000)		
47.	Aggregate write-ins for gains or (losses) in surplus		(53,282)	(71,830)
48.	Net change in capital and surplus (Lines 34 to 47)	(2,713,391)	8,000,748	12,868,911
49.	Capital and surplus end of reporting period (Line 33 plus 48)	67,109,161	64,954,389	69,822,552
DETAILS OF WRITE-INS				
4701.	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST		(53,282)	(71,830)
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)	(71,830)

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	223,518,938	196,254,303	269,748,002
2.	Net investment income	(254,645)	15,140	93,998
3.	Miscellaneous income	(936,995)	(4,074,027)	(4,127,253)
4.	Total (Lines 1 to 3)	222,327,298	192,195,416	265,714,748
5.	Benefit and loss related payments	185,505,960	161,998,494	224,547,758
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	20,745,388	15,153,510	21,495,404
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)			20,733
10.	Total (Lines 5 through 9)	206,251,348	177,152,003	246,063,894
11.	Net cash from operations (Line 4 minus Line 10)	16,075,950	15,043,413	19,650,853
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			
	12.2 Stocks	6,000	631,552	633,551
	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			
	12.7 Miscellaneous proceeds	256,246	685,799	783,357
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	262,246	1,317,351	1,416,908
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds			
	13.2 Stocks	8,809,894	778,987	838,564
	13.3 Mortgage loans			
	13.4 Real estate	18,066	566,193	699,439
	13.5 Other invested assets			
	13.6 Miscellaneous applications			685
	13.7 Total investments acquired (Lines 13.1 to 13.6)	8,827,960	1,345,180	1,538,687
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)	(8,565,714)	(27,829)	(121,779)
	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	11,000,000		
	16.6 Other cash provided (applied)	247,860	(783,289)	(733,206)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(10,752,140)	(783,289)	(733,206)
	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)	(3,241,904)	14,232,295	18,795,868
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	93,335,132	74,539,264	74,539,264
	19.2 End of period (Line 18 plus Line 19.1)	90,093,228	88,771,559	93,335,132

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	86,878	27	10,533						76,318	
2. First Quarter	88,106	25	10,904						77,177	
3. Second Quarter	89,709	23	11,234						78,452	
4. Third Quarter	89,958	25	11,399						78,534	
5. Current Year										
6. Current Year Member Months	799,457	204	99,923						699,330	
Total Member Ambulatory Encounters for Period:										
7. Physician	515,923	119	58,268						457,536	
8. Non-Physician	105,865	20	9,968						95,877	
9. Total	621,788	139	68,236						553,413	
10. Hospital Patient Days Incurred	1,294,228		13,283						1,280,945	
11. Number of Inpatient Admissions	96,893		4,233						92,660	
12. Health Premiums Written (a)	224,100,508	87,981	30,465,952						193,546,575	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	224,100,508	87,981	30,465,952						193,546,575	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	185,134,789	86,162	26,858,075						158,190,552	
18. Amount Incurred for Provision of Health Care Services	193,104,547	83,819	27,855,974						165,164,754	

(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						
JOINT VENTURE HOSPITAL	10,102					10,102
SPARROW HLTH SYSTEMS	10,680					10,680
EMERGENCY MEDICAL	11,522					11,522
EMERGENCY MEDICAL	11,810					11,810
MCLAREN MEDICAL MGMT	12,158					12,158
HURLEY MEDICAL CENTER	13,280					13,280
CHARLOTTE MED CTR URGENT	13,694					13,694
HURLEY MEDICAL CENTER	14,440					14,440
SPARROW HOSPITAL	17,021					17,021
FMC LANSING CENTRAL	18,620					18,620
INGHAM REGIONAL MEDICAL	23,430					23,430
MCLAREN REGIONAL MED	24,201					24,201
KARMANOS CANCER HOSPITAL	25,405					25,405
EMERGENCY MEDICAL	30,422					30,422
SHERIDAN COMMUNITY HOS	30,585					30,585
HURLEY MEDICAL CENTER	31,333					31,333
CHARLOTTE MED CTR URGENT	43,277					43,277
SWILLEY, BRYAN	66,240					66,240
MERCY HOSPITAL	74,814					74,814
0199999 Individually Listed Claims Unpaid	483,034					483,034
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	10,467,098	4,502	1,242		2,096	10,474,938
0499999 Subtotals	10,950,132	4,502	1,242		2,096	10,957,972
0599999 Unreported claims and other claim reserves						29,651,947
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						40,609,919
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,652,953

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)	3,599,165	23,220,153		6,839,438	3,599,165	5,843,881
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid	22,198,090	133,633,246		33,770,481	22,198,090	26,796,279
8. Other health						
9. Health subtotal (Lines 1 to 8)	25,797,255	156,853,399		40,609,919	25,797,255	32,640,160
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts	3,531,405		168,818	2,484,135	3,700,223	3,700,223
13. Totals	29,328,660	156,853,399	168,818	43,094,054	29,497,478	36,340,383

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

Notes to Financial Statement

McLaren Health Plan, Inc
Sept 30, 2010

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. Investment in McLaren Health Plan Insurance Company.

    B. McLaren Health Plan made an investment of $8,700,000 (60,000 share of common stock at $1.00 par value, the remaining amount was Additional Paid in Capital) into McLaren Health Plan Insurance Company, which is a wholly owed subsidiary of MHP. This took place in May of 2010.

    C. The amount of the transaction was $8,700,000.

    D. Due from Affiliates: $515,023: amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.
    Due to Affiliates: $1,173,184: 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: $922,326 Jan-Sept 2010

Notes to Financial Statement

2) McLaren Health Plan and MRMC: MRMC agrees to provide certain accounting / resource services to McLaren Health Plan: $5,254 Jan-Sept 2010

3) McLaren Health Plan and PHNS: PHNS agrees to provide certain information technology and telephony services to McLaren Health Plan: $132,025 Jan-Sept 2010

4) McLaren Health Plan and HAI: McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HAI: $3,157,129 Jan-Sept 2010

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

Notes to Financial Statement

No Change

23. Retrospectively Rated Contracts & Contracts Subject to Redetermination
No Change

24. Change in Incurred Claims and Claim Adjustment Expenses
No Change

25. Intercompany Pooling Arrangements
No Change

26. Structured Settlements
No Change

27. Health Care Receivables
A. Pharmaceutical Rebate Receivables

Quarter	Estimated Rebate	Confirmed	90days	91-180 days	>180 days	total received
3/31/2010				$14,781.45		$ 14,781.45
12/31/2009				$90,150.21	$ 17,888.95	$ 108,039.16
9/30/2009					$139,040.44	$ 139,040.44
6/30/2009	$ -			$77,088.53	$ 58,211.04	$ 135,299.57
3/31/2009	$ -				$130,651.72	$ 130,651.72
12/31/2008	$ 18,011.00	$ 18,011.00		$22,833.02	$ 91,475.11	$ 114,308.13
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	$ -		$ -	$ -	$ 84,400.59	$ 84,400.59
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

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]	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: $ 38,755

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[ ]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

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	724,185	9,951,843
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)	724,185	9,951,843
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. 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[X] 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[X]
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[X] No[ ]
17.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
   1.1 A&H loss percent 94%
   1.2 A&H cost containment percent 17%
   1.3 A&H expense percent excluding cost containment expenses 93%

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 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	01/01/2010	ACE AMER INS CO	PHILADELPHIA	SSL/L/I	Yes[ ] No[X]

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	30,553,933		193,546,575				224,100,508	
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	30,553,933		193,546,575				224,100,508	
60.	Reporting entity contributions for Employee Benefit Plans	XXX								
61.	Total (Direct Business)	(a) 1	30,553,933		193,546,575				224,100,508	
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								

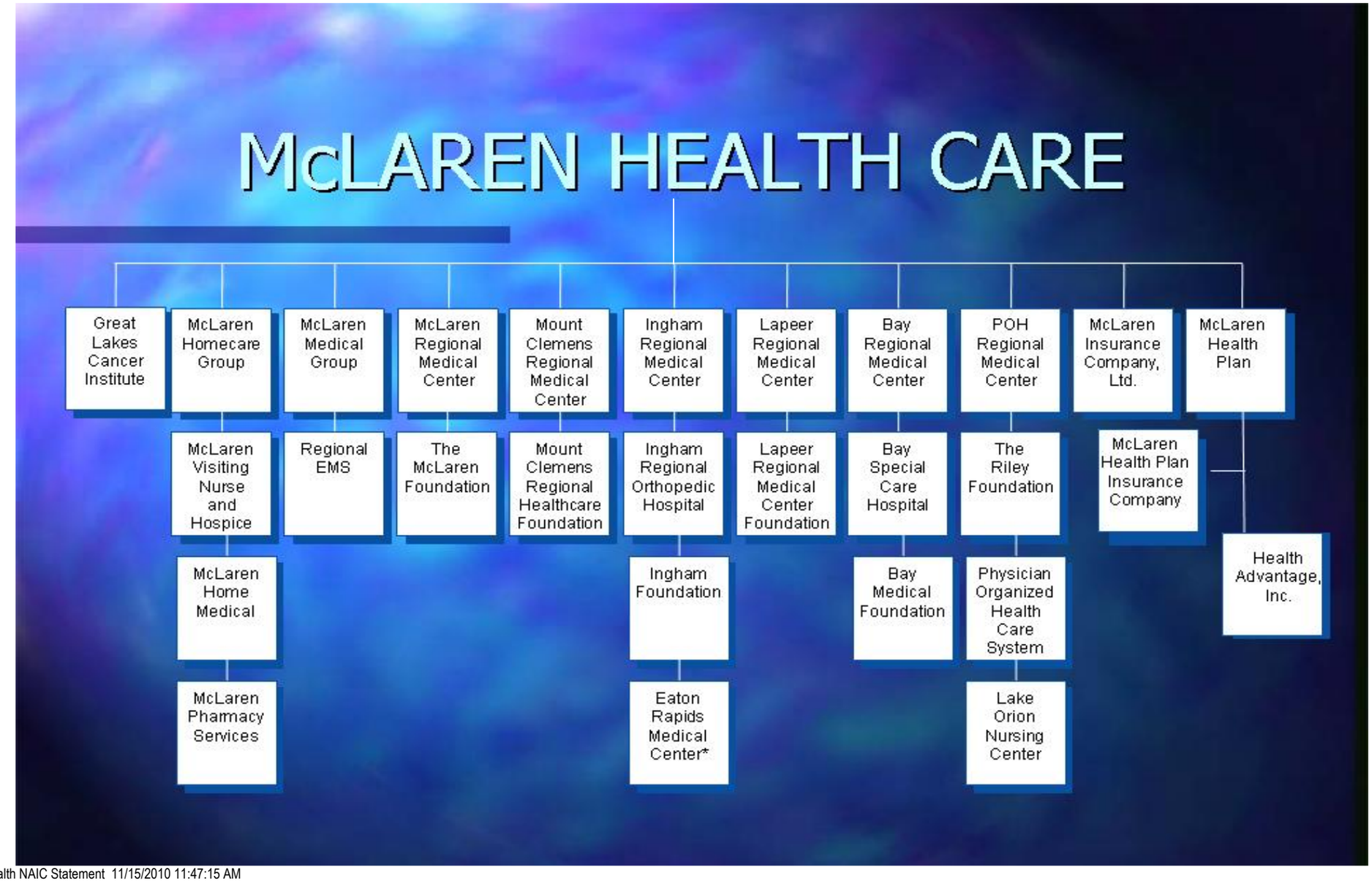
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Q15.

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

95848201036500003 2010 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
1004. SELF INS TRUST FUND	71,796		71,796	61,988
1005. OTHER INVESTMENT DEFERRED COMPENSATION	48,778		48,778	23,976
1006. INTANGIBLE ASSET - PHP	43,571	43,571	0	
1097. Summary of remaining write-ins for Line 10 (Lines 1004 through 1096)	164,145	43,571	120,574	85,964

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	3,152,449	2,642,756
2.	Cost of acquired		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition	18,066	699,439
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	163,960	189,746
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	3,006,555	3,152,449
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	3,006,555	3,152,449

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	8,378,427	7,372,967
2.	Cost of bonds and stocks acquired	8,809,894	838,564
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	682,005	957,355
5.	Total gain (loss) on disposals	(855)	(156,908)
6.	Deduct consideration for bonds and stocks disposed of	6,000	633,551
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)	17,863,471	8,378,427
11.	Deduct total nonadmitted amounts	6,808	94,639
12.	Statement value at end of current period (Line 10 minus Line 11)	17,856,663	8,283,788

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)	1,216,567	223			1,216,418	1,216,567	1,216,790	1,216,261
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	1,216,567	223			1,216,418	1,216,567	1,216,790	1,216,261
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	1,216,567	223			1,216,418	1,216,567	1,216,790	1,216,261

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	1,216,789	X X X	1,216,789	529	

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	1,216,261	1,211,192
2.	Cost of short-term investments acquired	529	5,069
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)	1,216,789	1,216,261
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	1,216,789	1,216,261

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

SI08 Schedule E - Verification (Cash Equivalents) . . . . . NONE

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								
BUILDING IMPROVEMENTS - G3245 BEECHER RD - OCCUPIED BY COMPANY	FLINT	MI						7,424
0199999 Subtotal - Acquired by Purchase								7,424
0399999 Totals								7,424

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																			

N O N E

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 FUND SELECT		07/01/2010	JPMORGAN	401.758	9,401	X X X		L
4812C0167	JPMORGAN SHORT DURATION BOND FUND		07/01/2010	JPMORGAN	811.820	8,898	X X X		L
4812C0167	JPMORGAN SHORT DURTAION BOND FUND		08/02/2010	JPMORGAN	857.777	9,436	X X X		L
4812C0167	JPMORGAN SHORT DURATION BOND FUND		09/01/2010	JPMORGAN	809.976	8,926	X X X		L
9299999 Subtotal - Common Stock - Mutual Funds					X X X	36,660	X X X		X X X
9799997 Subtotal - Common Stock - Part 3					X X X	36,660	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	36,660	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	36,660	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	36,660	X X X		X X X

(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	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 Stock - Mutual Funds																					
4812C1553	JPMORGAN MUTUAL EQUITY FUND SELECT		07/15/2010	VARIOUS	26.795	667	XXX	782							782		(116)	(116)		XXX	L
4812C1553	JPMORGAN MUTUAL EQUITY FUND SELECT		08/17/2010	VARIOUS	27.145	667	XXX	793							793		(126)	(126)		XXX	L
4812C1553	JPMORGAN MUTUAL EQUITY FUND SELECT		09/15/2010	VARIOUS	26.083	667	XXX	762							762		(95)	(95)		XXX	L
9299999 Subtotal - Common Stock - Mutual Funds					XXX	2,000	XXX	2,336							2,336		(336)	(336)		XXX	XXX
9799997 Subtotal - Common Stocks - Part 4					XXX	2,000	XXX	2,336							2,336		(336)	(336)		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	2,000	XXX	2,336							2,336		(336)	(336)		XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	2,000	XXX	2,336							2,336		(336)	(336)		XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	2,000	XXX	2,336							2,336		(336)	(336)		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 . . . . . 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	09/30/2010		0.001	26,910	8,940	100,671,180	101,502,195	88,876,439	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	26,910	8,940	100,671,180	101,502,195	88,876,439	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	26,910	8,940	100,671,180	101,502,195	88,876,439	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	26,910	8,940	100,671,180	101,502,195	88,876,439	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
NONE							
8699999 Total - Cash Equivalents							

QE10

95848201036500003 2010 Document Code: 365

MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance

For the Quarter Ended September 30, 2010

NAIC Group Code: 4700 **NAIC Company Code: 95848**

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected		XXX		XXX	
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid		XXX		XXX	
4. Claims Incurred		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)			XXX		
6. Aggregate Policy Reserves - change				XXX	XXX
7. Expenses Paid				XXX	
8. Expenses Incurred		XXX		XXX	XXX
9. Underwriting Gain or Loss		XXX		XXX	XXX
10. Cash Flow Results	XXX	XXX	XXX	XXX	

NONE

(a) Uninsured Receivable/Payable with CMS at End of Quarter: $.....0 due from CMS or $.....0 due to CMS

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