



ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2021

OF THE CONDITION AND AFFAIRS OF THE

McLaren Health Plan Community

NAIC Group Code	4700 <small>(Current Period)</small>	4700 <small>(Prior Period)</small>	NAIC Company Code	14217	Employer's ID Number	27-2204037
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]			
Incorporated/Organized	12/23/2009		Commenced Business	02/16/2012		
Statutory Home Office	G3245 Beecher Rd. <small>(Street and Number)</small>		Flint, MI, US 48532 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	G3245 Beecher Rd. <small>(Street and Number)</small>		Flint, MI, US 48532 <small>(City or Town, State, Country and Zip Code)</small>		(888)327-0671 <small>(Area Code) (Telephone Number)</small>	
Mail Address	G3245 Beecher Rd. <small>(Street and Number or P.O. Box)</small>		Flint, MI, US 48532 <small>(City or Town, State, Country and Zip Code)</small>		(888)327-0671 <small>(Area Code) (Telephone Number)</small>	
Primary Location of Books and Records	G3245 Beecher Rd. <small>(Street and Number)</small>		Flint, MI, US 48532 <small>(City or Town, State, Country and Zip Code)</small>		(888)327-0671 <small>(Area Code) (Telephone Number)</small>	
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	Rachel L. Hairston <small>(Name)</small>		rachel.hairston@mclaren.org <small>(E-Mail Address)</small>		(810)733-9678 <small>(Area Code)(Telephone Number)(Extension)</small> (810)600-7947 <small>(Fax Number)</small>	

OFFICERS

Name	Title
Nancy Jenkins	President
Kathy Kendall	Vice President
Dave Mazurkiewicz	Treasurer
Deidra Wilson	Secretary
Rachel Hairston	Assistant Treasurer / VP, Finance
Dennis Perry, MD	Chief Medical Officer
Cheryl Diehl	Assistant Secretary
Kevin Tompkins	Chairman
Rick Buxton	Assistant Treasurer #

OTHERS

Dennis LaForest, Enrollee Representative

DIRECTORS OR TRUSTEES

Nancy Jenkins	Kevin Tompkins
Dave Mazurkiewicz	Deidra Wilson
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 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.

_____ <small>(Signature)</small> Nancy Jenkins <small>(Printed Name)</small> 1. President <small>(Title)</small>	_____ <small>(Signature)</small> Cheryl Diehl <small>(Printed Name)</small> 2. Assistant Secretary <small>(Title)</small>	_____ <small>(Signature)</small> Rachel Hairston <small>(Printed Name)</small> 3. Assistant Treasurer / VP, Finance <small>(Title)</small>
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Subscribed and sworn to before me this _____ day of _____, 2022

- 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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	1,094,830		1,094,830	1,104,185
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks	5,768,416		5,768,416	5,516,335
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....40,348,569, Schedule E Part 1), cash equivalents (\$.....90, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	40,348,659		40,348,659	25,572,958
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	47,211,906		47,211,906	32,193,477
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	7,117		7,117	6,873
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	751,854	78,283	673,570	1,069,470
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				179,754
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	238,883		238,883	115,376
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	225,910	63	225,847	188,400
24. Health care (\$.....0) and other amounts receivable	747,179		747,179	786,904
25. Aggregate write-ins for other than invested assets	3,678	3,678		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	49,186,527	82,024	49,104,503	34,540,254
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	49,186,527	82,024	49,104,503	34,540,254
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Pre-Paid Expenses	3,678	3,678		
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,678	3,678		

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	10,859,668		10,859,668	10,116,533
2. Accrued medical incentive pool and bonus amounts	300,000		300,000	475,617
3. Unpaid claims adjustment expenses	387,378		387,378	383,087
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	6,356,393		6,356,393	4,890,423
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	1,517,939		1,517,939	1,720,864
9. General expenses due or accrued	754,209		754,209	376,201
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
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	389,123		389,123	551,561
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	20,564,709		20,564,709	18,514,286
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	40,000,000	18,000,000
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other than special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(11,460,206)	(1,974,032)
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.20 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	28,539,794	16,025,968
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	49,104,503	34,540,254
DETAILS OF WRITE-INS				
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)				
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	221,701	232,651
2. Net premium income (including \$.....0 non-health premium income)	X X X	98,065,522	99,944,653
3. Change in unearned premium reserves and reserve 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		
7. Aggregate write-ins for other non-health revenues	X X X		
8. TOTAL Revenues (Lines 2 to 7)	X X X	98,065,522	99,944,653
Hospital and Medical:			
9. Hospital/medical benefits		71,106,892	64,845,362
10. Other professional services		1,191,309	1,210,859
11. Outside referrals			
12. Emergency room and out-of-area		2,768,276	2,535,114
13. Prescription drugs		23,079,121	21,350,350
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts		(48,475)	196,500
16. Subtotal (Lines 9 to 15)		98,097,122	90,138,186
Less:			
17. Net reinsurance recoveries		683,899	1,075,862
18. TOTAL Hospital and Medical (Lines 16 minus 17)		97,413,223	89,062,323
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....280,494 cost containment expenses		1,476,282	1,451,130
21. General administrative expenses		7,149,391	8,310,808
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		1,864,315	1,944,532
23. TOTAL Underwriting Deductions (Lines 18 through 22)		107,903,211	100,768,793
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(9,837,688)	(824,140)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,581	120,754
26. Net realized capital gains (losses) less capital gains tax of \$.....0		106,979	31,300
27. Net investment gains (losses) (Lines 25 plus 26)		108,561	152,054
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	(9,729,127)	(672,087)
31. Federal and foreign income taxes incurred	X X X		
32. Net income (loss) (Lines 30 minus 31)	X X X	(9,729,127)	(672,087)
DETAILS OF WRITE-INS			
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
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 (Line 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 (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	16,025,968	16,533,726
34. Net income or (loss) from Line 32	(9,729,127)	(672,087)
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	66,360	238,524
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	176,594	(74,196)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in	22,000,000	
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus		
48. Net change in capital and surplus (Lines 34 to 47)	12,513,826	(507,758)
49. Capital and surplus end of reporting year (Line 33 plus 48)	28,539,794	16,025,968
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	100,081,374	104,942,964
2. Net investment income	3,232	148,261
3. Miscellaneous income	39,725	(786,904)
4. TOTAL (Lines 1 through 3)	100,124,330	104,304,320
5. Benefit and loss related payments	98,834,023	88,893,654
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	8,243,374	9,696,992
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)	107,077,397	98,590,647
11. Net cash from operations (Line 4 minus Line 10)	(6,953,067)	5,713,674
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,103,068	1,008,090
12.2 Stocks	2,499,254	4,110,203
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		0
12.8 TOTAL Investment proceeds (Lines 12.1 to 12.7)	3,602,322	5,118,293
13. Cost of investments acquired (long-term only):		
13.1 Bonds	1,095,599	1,098,316
13.2 Stocks	2,577,205	4,217,543
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications	801	0
13.7 TOTAL Investments acquired (Lines 13.1 to 13.6)	3,673,604	5,315,859
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(71,282)	(197,566)
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	22,000,000	
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)	(199,950)	(234,005)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	21,800,050	(234,005)
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)	14,775,701	5,282,103
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	25,572,958	20,290,855
19.2 End of year (Line 18 plus Line 19.1)	40,348,659	25,572,958

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

20.0001
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	98,065,522	97,441,943	623,579							
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$.....0 medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. TOTAL Revenues (Lines 1 to 6)	98,065,522	97,441,943	623,579							
8. Hospital/medical benefits	71,106,892	70,509,009	597,883							XXX
9. Other professional services	1,191,309	1,177,069	14,240							XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area	2,768,276	2,753,523	14,752							XXX
12. Prescription drugs	23,079,121	23,079,121								XXX
13. Aggregate write-ins for other hospital and medical										XXX
14. Incentive pool, withhold adjustments and bonus amounts	(48,475)	(48,474)	0							XXX
15. Subtotal (Lines 8 to 14)	98,097,122	97,470,248	626,874							XXX
16. Net reinsurance recoveries	683,899	683,899								XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16)	97,413,223	96,786,349	626,874							XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....280,494 cost containment expenses	1,476,282	1,454,896	21,385							
20. General administrative expenses	7,149,391	7,014,279	135,111							
21. Increase in reserves for accident and health contracts	1,864,315	1,864,315								XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. TOTAL Underwriting Deductions (Lines 17 to 22)	107,903,211	107,119,840	783,371							
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(9,837,688)	(9,677,897)	(159,791)							
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT PART 1 - PREMIUMS

		1	2	3	4 Net Premium Income (Columns 1 + 2 - 3)
	Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	
1.	Comprehensive (hospital and medical)	98,912,867		1,470,924	97,441,943
2.	Medicare Supplement	623,579			623,579
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII - Medicare				
7.	Title XIX - Medicaid				
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	99,536,447		1,470,924	98,065,522
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	99,536,447		1,470,924	98,065,522

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	97,402,463	96,782,631	619,833							
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	683,899	683,899								
1.4 Net	96,718,564	96,098,732	619,833							
2. Paid medical incentive pools and bonuses	127,142	127,142								
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	10,859,668	10,730,080	129,588							
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	10,859,668	10,730,080	129,588							
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	300,000	300,000								
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year	238,883	238,883								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	10,116,533	9,993,988	122,546							
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	10,116,533	9,993,988	122,546							
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year	475,617	475,617								
11. Amounts recoverable from reinsurers December 31, prior year	115,376	115,376								
12. Incurred benefits:										
12.1 Direct	98,145,597	97,518,723	626,875							
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	807,406	807,406								
12.4 Net	97,338,191	96,711,317	626,875							
13. Incurred medical incentive pools and bonuses	(48,475)	(48,475)								

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	7,601,767	7,511,056	90,711							
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	7,601,767	7,511,056	90,711							
2. Incurred but Unreported:										
2.1 Direct	3,257,900	3,219,024	38,876							
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	3,257,900	3,219,024	38,876							
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	10,859,668	10,730,080	129,588							
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	10,859,668	10,730,080	129,588							

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1.	Comprehensive (hospital and medical)	8,872,175	87,226,556	74,936	10,655,144	8,947,111	9,993,988
2.	Medicare Supplement	109,706	510,127	11,054	118,533	120,760	122,546
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	8,981,881	87,736,683	85,991	10,773,677	9,067,872	10,116,533
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pool and bonus amounts	127,142			300,000	127,142	475,617
13.	TOTALS (Lines 9 - 10 + 11 + 12)	9,109,023	87,736,683	85,991	11,073,677	9,195,014	10,592,150

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	12,905	12,914	12,906	12,905	12,900
2. 2017	75,254	89,642	89,672	89,643	89,606
3. 2018	X X X	108,139	127,205	127,057	127,021
4. 2019	X X X	X X X	89,344	98,525	98,674
5. 2020	X X X	X X X	X X X	80,363	89,402
6. 2021	X X X	X X X	X X X	X X X	89,093

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	12,928	12,914	12,906	12,905	12,900
2. 2017	90,304	89,716	89,672	89,643	89,606
3. 2018	X X X	125,507	127,259	127,057	127,021
4. 2019	X X X	X X X	99,399	98,541	98,676
5. 2020	X X X	X X X	X X X	90,941	89,486
6. 2021	X X X	X X X	X X X	X X X	100,166

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2017	119,445	89,606	1,702	1.900	91,308	76.443			91,308	76.443
2. 2018	143,773	127,021	1,870	1.472	128,891	89.649			128,891	89.649
3. 2019	109,459	98,674	1,397	1.415	100,071	91.423	1	0	100,072	91.425
4. 2020	99,945	89,402	1,174	1.313	90,576	90.626	85	3	90,664	90.714
5. 2021	98,066	89,093	1,032	1.158	90,124	91.902	11,074	384	101,582	103.586

12 Grand Total

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Hospital and Medical
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	12,905	12,914	12,906	12,905	12,900
2. 2017	75,254	89,642	89,672	89,643	89,606
3. 2018	X X X	108,005	126,997	126,849	126,813
4. 2019	X X X	X X X	88,888	97,943	98,069
5. 2020	X X X	X X X	X X X	79,923	88,875
6. 2021	X X X	X X X	X X X	X X X	88,579

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	12,928	12,914	12,906	12,905	12,900
2. 2017	90,304	89,716	89,672	89,643	89,606
3. 2018	X X X	125,280	127,049	126,849	126,813
4. 2019	X X X	X X X	98,794	97,958	98,070
5. 2020	X X X	X X X	X X X	90,379	88,949
6. 2021	X X X	X X X	X X X	X X X	99,535

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2017	119,445	89,606	1,702	1.899	91,307	76.443			91,307	76.443
2. 2018	143,521	126,813	1,864	1.470	128,678	89.657			128,678	89.657
3. 2019	108,947	98,069	1,379	1.406	99,448	91.281	1	0	99,449	91.282
4. 2020	99,346	88,875	1,159	1.304	90,034	90.627	74	3	90,111	90.704
5. 2021	97,442	88,579	1,017	1.148	89,597	91.949	10,955	379	100,931	103.581

12 Hospital and Medical

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Medicare Supplement
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	X X X	134	208	208	208
4. 2019	X X X	X X X	456	582	605
5. 2020	X X X	X X X	X X X	440	527
6. 2021	X X X	X X X	X X X	X X X	513

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	X X X	227	209	208	208
4. 2019	X X X	X X X	605	583	606
5. 2020	X X X	X X X	X X X	562	537
6. 2021	X X X	X X X	X X X	X X X	632

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2017			0		0				0	
2. 2018	252	208	6	2.783	214	84.835			214	84.835
3. 2019	512	605	18	2.928	623	121.604	1		623	121.705
4. 2020	599	527	15	2.920	542	90.490	11	0	553	92.322
5. 2021	624	513	14	2.800	528	84.603	119	5	651	104.371

12 Medicare Supplement

- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE
- 12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE
- 12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE
- 12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)									
5. Aggregate write-ins for other policy reserves	6,356,393	6,190,697	165,696						
6. TOTALS (Gross)	6,356,393	6,190,697	165,696						
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)	6,356,393	6,190,697	165,696						
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. TOTALS (Gross)									
13. Reinsurance ceded									
14. TOTALS (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501. Premium Deficiency Reserves	3,932,172	3,766,476	165,696						
0502. Risk Adjustment Payable	2,424,221	2,424,221							
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page ...									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	6,356,393	6,190,697	165,696						
1101. 0									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page ..									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) ..									

(a) Includes \$.....3,932,172 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)					
2. Salaries, wages and other benefits	103,431	440,943	1,549,374		2,093,749
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			1,853,371		1,853,371
4. Legal fees and expenses			399		399
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services			54,448		54,448
7. Traveling expenses	105	448	1,574		2,127
8. Marketing and advertising			13,699		13,699
9. Postage, express and telephone	2,576	10,980	38,581		52,137
10. Printing and office supplies	8,630	36,790	129,271		174,690
11. Occupancy, depreciation and amortization			385,762		385,762
12. Equipment	481	2,053	7,213		9,747
13. Cost or depreciation of EDP equipment and software	633	2,698	9,479		12,810
14. Outsourced services including EDP, claims, and other services	124,082	528,979	1,858,711		2,511,772
15. Boards, bureaus and association fees	353	1,505	5,288		7,146
16. Insurance, except on real estate			5,730		5,730
17. Collection and bank service charges					
18. Group service and administration fees					
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses			4,297		4,297
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			629,960		629,960
23.2 State premium taxes					
23.3 Regulatory authority licenses and fees					
23.4 Payroll taxes	6,102	26,013	91,404		123,519
23.5 Other (excluding federal income and real estate taxes)	31,500	134,288	471,857		637,645
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses	2,602	11,091	38,973		52,666
26. TOTAL Expenses Incurred (Lines 1 to 25)	280,494	1,195,788	7,149,391		(a) 8,625,672
27. Less expenses unpaid December 31, current year			754,209		754,209
28. Add expenses unpaid December 31, prior year			376,201		376,201
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	280,494	1,195,788	6,771,383		8,247,665
DETAILS OF WRITE-INS					
2501. Business Development	11	48	170		230
2502. Community Support	500	2,133	7,495		10,128
2503. Miscellaneous	217	927	3,256		4,400
2598. Summary of remaining write-ins for Line 25 from overflow page	1,873	7,983	28,051		37,907
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,602	11,091	38,973		52,666

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) (4,928)	5,656
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 82,829	55,391
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. TOTAL gross investment income	77,901	61,047
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h) 59,466
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. TOTAL Deductions (Lines 11 through 15)		59,466
17. Net Investment income (Line 10 minus Line 16)		1,581

DETAILS OF WRITE-INS

0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)		

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)	42,468		42,468		
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)	64,512		64,512	67,161	
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. TOTAL Capital gains (losses)	106,979		106,979	67,161	

DETAILS OF WRITE-INS

0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	78,283	255,436	177,152
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates	63		(63)
24. Health care and other amounts receivable			
25. Aggregate write-ins for other than invested assets	3,678	3,182	(496)
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	82,024	258,618	176,594
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	82,024	258,618	176,594
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Pre-Paid Expenses	3,678	3,182	(496)
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,678	3,182	(496)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	4,180	5,306	5,378	5,519	5,430	64,868
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service	14,167	13,432	13,083	12,715	12,514	156,833
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL	18,347	18,738	18,461	18,234	17,944	221,701
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statements

McLaren Health Plan Community
December 31, 2021

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of McLaren Health Plan Community have been prepared in accordance with NAIC Accounting Practices and Procedures manual and statutory accounting principles as prescribed by the Michigan Department of Insurance and Financial Services. There are no significant differences between statutory accounting principles prescribed by the NAIC and the State of Michigan accounting requirements that are applicable to the Plan, except for the prescribed practice for SSAP 84, Certain Health Care Receivables and Receivables under Government Insured Plans. There is no impact on statutory surplus of the differences in accounting principles prescribed by the NAIC and the State of Michigan, due to the prescribed practice referenced above.

Description	SSAP	F/S Page	F/S Line #	State of Domicile	2021	2020
Net Income						
1 State Basis	XXX	XXX	XXX	MI	(9,729,127)	(672,087)
2 State Prescribed Practices that increase/(decrease) NAIC SAP					-	-
3 State Permitted Practices that increase/(decrease) NAIC SAP					-	-
4 NAIC SAP	XXX	XXX	XXX	MI	(9,729,127)	(672,087)
Surplus						
5 State Basis	XXX	XXX	XXX	MI	28,539,794	16,025,968
6 State Prescribed Practices that increase/(decrease) NAIC SAP					-	-
7 State Permitted Practices that increase/(decrease) NAIC SAP					-	-
8 NAIC SAP	XXX	XXX	XXX	MI	28,539,794	16,025,968

B. Use of Estimates in the Preparation of the Financial Statements

Preparation of financial statements in conformity with the Annual Statement Instructions and Accounting Practices and Procedures Manual requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates. Significant estimates exist relating to accrued health care costs. These estimates are actuarially determined and represent the Plan's best estimate of the level of claims to be paid applicable to 2021 or prior periods. Any future adjustments to these amounts will affect the reported results in the future periods.

C. Accounting Policy

- (1) Short-Term investments: None.
- (2) Bonds are stated at amortized cost using the interest method.
- (3) Common Stock: Unaffiliated common stocks are stated at fair market value, as prescribed by NAIC Securities Valuation Office.
- (4) Preferred Stock: None
- (5) Mortgage Loans: None
- (6) Loaned-Backed Securities: None
- (7) Investments in Subsidiaries Controlled and Affiliated Companies: None
- (8) Investments in Joint Ventures, Partnerships, and Limited Liability Co: None
- (9) Derivatives: None

Notes to Financial Statements

- (10) Anticipated investment income is not a factor in the premium deficiency calculation.
- (11) Policy and methodologies for estimating liabilities for losses and loss/claim adjustment expenses: Estimates of liabilities for losses and loss/claim adjustment expenses are made by our independent actuary and are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principals, are based on actuarial assumptions relevant to contract provisions, and include appropriate provision for all actuarial terms that ought to be established.
- Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss/lag reports, based on past experience, for losses incurred but not reported. The methods for making such estimates and for establishing the resulting liability, are continually reviewed and any adjustments are reflected in the period determined
- (12) Capitalization policy and the resultant predefined thresholds did not change from the prior period.
- (13) Pharmaceutical Rebate Receivables: Pharmaceutical rebates receivables are derived from actual confirmed receipts from the PBM.

D. Going Concern

Management has evaluated McLaren Health Plan Community's ability to continue as a going concern and has no substantial doubt as to the going concern of McLaren Health Plan Community.

Note 2 - Accounting Changes and Corrections of Errors: None

Note 3 - Business Combinations and Goodwill

- A. Statutory Purchase Method: None
- B. Statutory Merger: None
- C. Assumption Reinsurance: None
- D. Impairment Loss: None

Note 4 - Discontinued Operations:

- A. Discontinued Operation Disposed of or Classified as Held for Sale: None
- B. Change in Plan of Sale of discontinued Operation: None
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal: None
- D. Equity Interest Retained in the Discontinued Operation After Disposal: None

Note 5 – Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans: None
- B. Debt Restructuring: None
- C. Reverse Mortgages: None
- D. Loan-Backed Securities: None

Notes to Financial Statements

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None
- F. Repurchase Agreements Transactions Accounted for as Secured borrowing: None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None
- H. Repurchase Agreements Transactions Accounted for as a Sale: None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None
- J. Real Estate: None
- K. Low-Income Housing Tax Credits (LIHTC): None
- L. Restricted Assets:

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted	Percent Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale							
i. FHLB capital stock							
j. On deposit with states	1,094,830	1,104,185	-9,354	-	1,094,830	2.226	2.230
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	1,094,830	1,104,185	-9,354	-	1,094,830	2.226	2.230

- M. Working Capital Finance Investments: None
- N. Offsetting and Netting of Assets and Liabilities: None
- O. 5GI Securities: None
- P. Short Sale: None
- Q. Prepayment Penalty and Acceleration Fees: None

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies: None

- A. The Company has no investment in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships or Limited Liability Companies during the statement periods.

Note 7 - Investment Income:

- A. Due and accrued income was excluded from surplus on the following basis:
All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.
- B. The total amount excluded was \$0.

Notes to Financial Statements

Note 8 - Derivative Investments: None

Note 9 - Income Taxes

- A. Components of Net Deferred Income Tax Asset: N/A
- B. Extent That DTL's Are Not Recognized: N/A
- C. Disclosure of Significant Components of Income Taxes Incurred: N/A
- D. Sum of Reporting Entity's Income Tax Incurred: N/A
- E. Reporting Entity Additional Disclosure: N/A
- F. Consolidated Federal Income Tax: N/A
- G. As of May 5, 2016, McLaren Health Plan Community is exempt from Federal income tax under Internal Revenue Code Section 501(c)(4).
- H. Repatriation Transition Tax (RTT): N/A
- I. Alternative Minimum Tax (AMT) Credit: N/A

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the relationship:

McLaren Health Care Corporation (MHCC), a Michigan nonprofit corporation and holding company of various health care entities is the ultimate parent of McLaren Health Plan, Inc. McLaren Health Plan Inc., a Michigan non-profit corporation, is the sole parent of McLaren Health Plan Community. The parent company initially invested into McLaren Health Plan Community gross paid in capital of \$3,000,000 in 2011 and additional contributed surplus of \$15,000,000 in 2016 and \$22,000,000 in 2021. On March 15, 2018 the Board of Directors of McLaren Health Care Corporation (MHCC) adopted a resolution to establish a Michigan nonprofit corporation McLaren Integrated HMO Group as to which MHCC would be the sole Member. Further, the Board of Directors of McLaren Health Care Corporation adopted a resolution to transfer its Membership in McLaren Health Plan Inc. and MDwise Inc. to the McLaren Integrated HMO Group (MIG).

B. Description of transactions: None

C. Transactions with related parties not reported on Schedule Y: None

D. Due from Affiliates: At December 31, 2021, McLaren Health Plan Community reported \$225,847 as amounts due from affiliates for administrative services and information system operations support. The terms of the settlement require that these amounts be settled within 30 days.

Due to Affiliates: At December 31, 2021, McLaren Health Plan Community reported \$389,123 as amounts due to affiliates per contract for various administrative support, including personnel and information system operations support. The terms of the settlement require that these amounts be settled within 30 days.

E. Management or Service Contracts and Cost-Sharing Arrangements: McLaren Health Plan agrees to provide certain operational services and other resources to McLaren Health Plan Community. Amount for 2021 was \$4,408,391.

F. Guarantees or undertakings: None

Notes to Financial Statements

- G. Nature of Control Relationship: N/A
- H. Upstream/downstream activity: None
- I. Investment in SCA: None
- J. Investments in impaired SCA: None
- K. Investment in foreign insurance subsidiary: None
- L. Investment in downstream noninsurance holding company: None
- M. All SCA Investments: None
- N. Investment in Insurance SCAs: None
- O. SCA and SSAP No. 48 Entity Loss Tracking: None

Note 11 – Debt: None

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

- A. Defined Benefit Plan: None
- B. Narrative Description of Policies and Strategies: N/A
- C. Fair Value of Assets: N/A
- D. Narrative Description of Basis: N/A
- E. Defined Contribution Plans: None
- F. Multiemployer Plans: None
- G. Consolidated/Holding Company Plans: McLaren Health Plan (parent company) is a wholly owned subsidiary of McLaren Health Care Corporation which sponsors a defined benefit pension plan covering substantially all of McLaren Health Plan employees whose employment began prior to Oct 1, 2004. The benefits under the plan are based on years of service and the employee's termination of employment. McLaren Health Plan along with McLaren Health Plan Community has no legal obligation for benefits under this plan. The funding policy is to contribute annually an amount in accordance with the standards of the Employee Retirement Income Security Act of 1974. Contributions are intended to provide not only the benefits attributed to services to date, but also those expected to be earned in the future. As of Oct 1, 2012, the pension plan has been frozen.

McLaren Health Plan (parent company) employees hired on or after October 1, 2004 are covered by a qualified defined contribution plan which is a part of the master trust agreement for MHCC. Vesting period for contribution matching by McLaren Health Plan is 1 year (previous to 2014, was a 2 year vesting period). McLaren Health Plan Community has no legal obligation for benefits under this plan.
- H. Post-employment Benefits and Compensated Absences: They are accrued.
- I. The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) was signed into law in December of 2003. The Act includes the following two

Notes to Financial Statements

new features to Medicare Part D that could affect the measurement of the accumulated postretirement benefit obligation (APBO) and net periodic postretirement cost for the Plan:

- a. A federal subsidy (based on 28% of an individual beneficiary's annual prescription drug costs between \$250 and \$5,000), which is not taxable, to sponsors of retiree health care benefit plans that provide a prescription drug benefit that is at least actuarially equivalent to Medicare Part D; and
- b. The opportunity for a retiree to obtain a prescription drug benefit under Medicare.

McLaren Health Plan Community is unable to conclude whether the benefits provided by the Plan are actuarially equivalent to Medicare Part D under the Act. As a result, the effects of the Act on accumulated postretirement benefit obligation are not reflected in the financial statements of the accompanying notes.

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- A. Capital stock: None
- B. Dividend rate: None
- C. Dividend restrictions: Without prior approval of the Michigan Department of Insurance and Financial Services, dividends to shareholders are limited by the laws of McLaren Health Plan Community's state of incorporation, Michigan, to no greater than annual income or 10% of surplus, an amount that is based on restrictions relating to statutory surplus.
- D. Date and amount of dividends issued: None
- E. Within the limitations of C above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- F. Restrictions placed on surplus: There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. Advances of surplus not paid: None
- H. Amount of stock held for special purposes: None
- I. Special surplus funds: None
- J. Unassigned funds (surplus) represented or reduced: The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$67,161.
- K. Surplus notes: None
- L. Quasi-reorganization: None
- M. Effective Date of Quasi-reorganization: N/A

Note 14 - Liabilities, Contingencies and Assessments

- A. Contingent Commitments: None
- B. Assessments: None
- C. Gain Contingencies: None

Notes to Financial Statements

- D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits: None
- E. Joint and Several Liabilities: None
- F. All Other Contingencies

The Plan is susceptible to various legal actions related to Plan activities. Management is of the opinion that no litigation matters are outstanding or pending that will have a material effect on its financial position or results of operations.

Note 15 - Leases: None

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk: None

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales: None
- B. Transfer and Servicing of Financial Assets: None
- C. Wash Sales: None

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans:

- A. ASO plans – N/A
- B. ASC plans – N/A
- C. Medicare or similarly structured cost based reimbursement contracts – N/A

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: None

Note 20 - Fair Value Measurements:

Accounting standards require certain assets and liabilities be reported or disclosed at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following table presents information about the Plan's assets and liabilities measured at fair value at December 31, 2021, and the valuation techniques used by the Plan to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active market for identical assets or liabilities that the Plan has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

Notes to Financial Statements

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

A. Fair Value Measurements:

1. Fair Value Measurements at Reporting Date

	Assets measured or disclosed at Fair Value at December 31, 2021				Total
	Level 1	Level 2	Level 3	Net Asset Value (NAV)	
Cash, Cash Equivalents, and Short-term Investments	\$40,348,659				\$40,348,659
Mutual funds - Industrial and miscellaneous	\$5,768,416				\$5,768,416
Total	\$46,117,076				\$46,117,076
	Assets measured or disclosed at Fair Value at December 31, 2020				Total
	Level 1	Level 2	Level 3	Net Asset Value (NAV)	
Cash, Cash Equivalents, and Short-term Investments	\$25,572,958				\$25,572,958
Mutual funds - Industrial and miscellaneous	\$5,516,335				\$5,516,335
Total	\$31,089,293				\$31,089,293

B. Fair Value information under SSAP No. 100 combined with Fair Value information under other accounting pronouncements: N/A

C. Aggregate Fair Value of Financial Instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$ 1,101,720	\$ 1,094,830		\$ 1,094,830		

D. Not Practicable to Estimate Fair Value: N/A

E. Investments Measured Using NAV: N/A

Note 21 - Other Items

A. Unusual or Infrequent Items: None

B. Troubled Debt Restructuring: Debtors: None

C. Other Disclosures: The following amounts were not represented in the financial statements as of December 31, 2021 as they represent segregated funds held for others:

Assets in the amount of \$1,094,830 (US Treasury Notes) were on deposit (safekeeping account) with the State of Michigan Treasury as required by regulation.

D. Business Interruption Insurance Recoveries: None

E. State Transferable and Non-transferable Tax Credits: None

F. Subprime Mortgage Related Risk Exposure: None

G. Retained Assets: None

H. Insurance-Linked Securities (ILS) Contracts: None

Notes to Financial Statements

- I. Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy:
None

Note 22 - Events Subsequent: None.

Note 23 - Reinsurance

A. Ceded Reinsurance Report

Section 1-General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? No.
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? No.

Section 2 - Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit? No.
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? No.

Section 3 - Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business in making this estimate.

The Plan cedes reinsurance under a specific excess loss reinsurance agreement. During 2021 the Plan's specific deductible per covered person is \$475,000 for commercial, up to a maximum per covered person of \$2,000,000.

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? No.

B. Uncollectible Reinsurance: None

C. Commutation of Ceded Reinsurance: None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: None

Notes to Financial Statements

E. Reinsurance Credit: None

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination A-D. N/A

F. Risk Sharing Provisions of the Affordable Care Act (ACA)

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions. Yes

(2)

IMPACT OF RISK-SHARING PROVISIONS OF THE ACA			AMOUNT
Permanent ACA Risk Adjustment Program			
Assets			
1.	Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$	-
Liabilities			
2.	Risk adjustment user fees payable for ACA Risk Adjustment	\$	8,572
3.	Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool payments)	\$	1,475,445
Operations (Revenue & Expense)			
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	(1,475,445)
5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	8,572
Transitional ACA Reinsurance Program			
Assets			
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$	-
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$	-
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$	-
Liabilities			
4.	Liabilities for contribution payable due to ACA Reinsurance - not reported as ceded premium	\$	-
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	\$	-
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	-
Operations (Revenue & Expense)			
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$	-
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$	-
9.	ACA Reinsurance contributions - not reported as ceded premium	\$	-
Temporary ACA Risk Corridors Program			
Assets			
1.	Accrued retrospective premium due to ACA Risk Corridors	\$	-
Liabilities			
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	-
Operations (Revenue & Expense)			
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	\$	-
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$	-

(3)

Notes to Financial Statements

ROLL-FORWARD OF PRIOR YEAR ACA RISK-SHARING PROVISIONS

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)		9 Receivable	10 (Payable)
Permanent ACA Risk Adjustment Program											
Premium adjustments receivable (including high-risk pool payments)	\$ 179,754	\$ -	\$ 1,473,785		\$ (1,294,031)	\$ -	\$ 1,294,031		A	\$ -	\$ -
Premium adjustments (payable) (including high-risk pool payments)	\$ -	\$ (2,822,566)	\$ -	\$ (224,753)	\$ -	\$ (2,597,813)		\$ 375,043	B	\$ -	\$ (2,222,770)
Subtotal ACA Permanent Risk Adjustment Program	\$ 179,754	\$ (2,822,566)	\$ 1,473,785	\$ (224,753)	\$ (1,294,031)	\$ (2,597,813)	\$ 1,294,031	\$ 375,043		\$ -	\$ (2,222,770)
Transitional ACA Reinsurance Program											
Amounts recoverable for claims paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C	\$ -	\$ -
Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -
Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium		\$ -		\$ -	\$ -	\$ -			F	\$ -	\$ -
Ceded reinsurance premiums payable		\$ -		\$ -	\$ -	\$ -		\$ -	G	\$ -	\$ -
Liability for amounts held under uninsured plans					\$ -	\$ -			H	\$ -	\$ -
Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Temporary ACA Risk Corridors Program											
Accrued retrospective premium	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
Reserve for rate credit or policy experience rating refunds					\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -
Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Total for ACA Risk Sharing Provisions	\$ 179,754	\$ (2,822,566)	\$ 1,473,785	\$ (224,753)	\$ (1,294,031)	\$ (2,597,813)	\$ 1,294,031	\$ 375,043		\$ -	\$ (2,222,770)

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year: None

(5) ACA Risk Corridors Receivable as of Reporting Date: None

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

An enrolled actuary has determined the estimated reserve for claims incurred but not reported. Although management believes that the provision for unpaid claims is adequate, no assurance can be given that the ultimate settlement of these liabilities may not be greater or less than such estimates. Any future adjustments to these amounts will affect the reported results of future periods.

Note 26 - Intercompany Pooling Arrangements: None

Note 27 - Structured Settlements: N/A

Note 28 - Health Care Receivables

A. Pharmaceutical Rebates Receivable

*Section ID	Quarter	Estimated pharmacy rebates reported	Pharmacy rebates as billed or otherwise confirmed	Actual rebates received <= 90 days	Actual rebates received 91 - 180 days	Actual rebates received > 180 days	Total Received
01	12/31/21	-	-	-	-	-	-
01	09/30/21	747,179	-	-	-	-	-
01	06/30/21	-	-	752,152	-	-	752,152
01	03/31/21	-	-	-	703,415	-	703,415
01	12/31/20	-	-	-	-	829,816	829,816
01	09/30/20	-	-	-	-	801,552	801,552
01	06/30/20	786,904	786,904	-	-	786,904	786,904
01	03/31/20	-	-	-	-	765,397	765,397
01	12/31/19	400,000	400,000	-	-	732,760	732,760
01	09/30/19	839,315	839,315	-	-	822,877	822,877
01	06/30/19	-	-	-	-	970,267	970,267
01	03/31/19	-	-	-	-	971,822	971,822

B. Risk-Sharing Receivables: None

Note 29 - Participating Policies: None

Notes to Financial Statements

Note 30 - Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$3,932,172
2. Date of the most recent evaluation of this liability: December 31, 2021
3. Was anticipated investment income utilized in the calculation? No

Note 31 - Anticipated Salvage and Subrogation: None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3. Yes[X] No[]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[] N/A[]
- 1.3 State Regulating? Michigan
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2019.....
- 3.2 State as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2019.....
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).06/15/2021.....
- 3.4 By what department or departments?
Michigan Department of Insurance and Financial Services
- 3.5 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]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes[] No[X]
- 4.12 renewals? Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes[] No[X]
- 4.22 renewals? Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC. Yes[] No[X]
- 5.2 If yes, provide the name of the 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
.....

- 6.1 Has the 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]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[] No[X]
- 7.2 If yes,0.000%
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC), or a DIHC itself, regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the DIHC.
- 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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity such company? Yes[] No[X]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes[] No[X] N/A[]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Plante Moran, PLLC, 16060 Collections Center Dr., Chicago IL 60693
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[] No[X]
- 10.2 If response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[] No[X]
- 10.4 If response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[] N/A[]
- 10.6 If the response to 10.5 is no or n/a please explain:

GENERAL INTERROGATORIES (Continued)

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
John Vataha, ASA MAAA, Actuary Consultant, 96 Willowbrook Drive, Doylestown, PA 18901
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes No
 12.11 Name of real estate holding company 0
 12.12 Number of parcels involved \$ 0
 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes No N/A
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes No N/A
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes No N/A
- 14.1 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 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.
- 14.11 If the response to 14.1 is no, please explain:
 14.2 Has the code of ethics for senior managers been amended? Yes No
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes No
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes No
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes No
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes No

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes No
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 20.11 To directors or other officers \$ 0
 20.12 To stockholders not officers \$ 0
 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
 20.21 To directors or other officers \$ 0
 20.22 To stockholders not officers \$ 0
 20.23 Trustees, supreme or grand (Fraternal only) \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes No
 21.2 If yes, state the amount thereof at December 31 of the current year:
 21.21 Rented from others \$ 0
 21.22 Borrowed from others \$ 0
 21.23 Leased from others \$ 0
 21.24 Other \$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes No
 22.2 If answer is yes:
 22.21 Amount paid as losses or risk adjustment \$ 0
 22.22 Amount paid as expenses \$ 0
 22.23 Other amounts paid \$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 107,980
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes No
 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

GENERAL INTERROGATORIES (Continued)

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
	???

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes[X] No[]
- 25.02 If no, give full and complete information, relating thereto
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ 0
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes[] No[] N/A[X]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes[] No[] N/A[X]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes[] No[] N/A[X]
- 25.09 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
- 25.093 Total payable for securities lending reported on the liability page. \$ 0
- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03). Yes[X] No[]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements \$ 0
- 26.22 Subject to reverse repurchase agreements \$ 0
- 26.23 Subject to dollar repurchase agreements \$ 0
- 26.24 Subject to reverse dollar repurchase agreements \$ 0
- 26.25 Placed under option agreements \$ 0
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0
- 26.27 FHLB Capital Stock \$ 0
- 26.28 On deposit with states \$ 1,094,830
- 26.29 On deposit with other regulatory bodies \$ 0
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0
- 26.32 Other \$ 0
- 26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes[] No[X]
- 27.2 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.
- LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:
- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes[] No[X]
- 27.4 If the response to 27.3 is yes, does the reporting entity utilize:
- 27.41 Special Accounting Provision of SSAP No. 108 Yes[] No[X]
- 27.42 Permitted Accounting Practice Yes[] No[X]
- 27.43 Other Accounting Guidance Yes[] No[X]
- 27.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following: Yes[] No[X]
- The reporting entity has obtained explicit approval from the domiciliary state.
 - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
 - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
 - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes[] No[X]
- 28.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

29. 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 I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[]
- 29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JPMORGAN CHASE BANK, NA	1111 Polaris Parkway, Columbus OH 43240

- 29.02 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)

- 29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? Yes[] No[X]
- 29.04 If yes, give full and complete information relating thereto:

GENERAL INTERROGATORIES (Continued)

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

29.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Rachel Hairston, Assistant Treasurer/VP, Finance	I

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [] No[X]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No[X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes [] No[X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 Total		

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	1,094,830	1,101,720	6,889
31.2 Preferred stocks			
31.3 Totals	1,094,830	1,101,720	6,889

31.4 Describe the sources or methods utilized in determining the fair values:
The fair value is obtained from Estate Valuation and Pricing Services, a pricing software

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No[X]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No [] N/A[X]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
The fair value is obtained from Estate Valuation and Pricing Services, a pricing software

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No []

33.2 If no, list exceptions:

34. By self-designation 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
 Has the reporting-entity self-designated 5GI securities? Yes [] No[X]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
 a. The security was purchased prior to January 1, 2018.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security

GENERAL INTERROGATORIES (Continued)

- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate then the reporting entity has complete robust reunderwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a-37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes[X] No[] N/A[]

OTHER

38.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$ 0

38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid

39.1 Amount of payments for legal expenses, if any?

\$ 399

39.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$ 0

40.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes[X] No[]
- 1.2 If yes, indicate premium earned on U.S. business only: \$ 623,579
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0
 - 1.31 Reason for excluding:
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ 0
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ 626,875
- 1.6 Individual policies - Most current three years:
 - 1.61 TOTAL Premium earned \$ 623,579
 - 1.62 TOTAL Incurred claims \$ 626,875
 - 1.63 Number of covered lives 341
 All years prior to most current three years:
 - 1.64 TOTAL Premium earned \$ 0
 - 1.65 TOTAL Incurred claims \$ 0
 - 1.66 Number of covered lives 0
- 1.7 Group policies - Most current three years:
 - 1.71 TOTAL Premium earned \$ 0
 - 1.72 TOTAL Incurred claims \$ 0
 - 1.73 Number of covered lives 0
 All years prior to most current three years:
 - 1.74 TOTAL Premium earned \$ 0
 - 1.75 TOTAL Incurred claims \$ 0
 - 1.76 Number of covered lives 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	98,065,522	99,944,653
2.2 Premium Denominator	98,065,522	99,944,653
2.3 Premium Ratio (2.1 / 2.2)	100.000	100.000
2.4 Reserve Numerator	17,516,060	15,482,573
2.5 Reserve Denominator	17,516,060	15,482,573
2.6 Reserve Ratio (2.4 / 2.5)	100.000	100.000

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes[] No[X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes[X] No[]
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes[] No[] N/A[X]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes[X] No[]
- 5.2 If no, explain:
- 5.3 Maximum retained risk (see instructions):
 - 5.31 Comprehensive Medical \$ 527,500
 - 5.32 Medical Only \$ 0
 - 5.33 Medicare Supplement \$ 0
 - 5.34 Dental & Vision \$ 0
 - 5.35 Other Limited Benefit Plan \$ 0
 - 5.36 Other \$ 0
- 6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
ALL ABOVE TOPICS ARE INCLUDED IN ALL PROVIDER CONTRACTS WITH LANGUAGE APPROVED BY DIFS
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes[X] No[]
- 7.2 If no, give details:
- 8. Provide the following information regarding participating providers:
 - 8.1 Number of providers at start of reporting year 36,060
 - 8.2 Number of providers at end of reporting year 38,072
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes[] No[X]
- 9.2 If yes, direct premium earned:
 - 9.21 Business with rate guarantees between 15-36 months 0
 - 9.22 Business with rate guarantees over 36 months 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes[X] No[]
- 10.2 If yes:
 - 10.21 Maximum amount payable bonuses \$ 300,000
 - 10.22 Amount actually paid for year bonuses \$ 127,142
 - 10.23 Maximum amount payable withholds \$ 0
 - 10.24 Amount actually paid for year withholds \$ 0
- 11.1 Is the reporting entity organized as:
 - 11.12 A Medical Group/Staff Model, Yes[] No[X]
 - 11.13 An Individual Practice Association (IPA), or, Yes[] No[X]
 - 11.14 A Mixed Model (combination of above)? Yes[] No[X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes[X] No[]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus.
Michigan
- 11.4 If yes, show the amount required. \$ 9,161,722
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes[] No[X]
- 11.6 If the amount is calculated, show the calculation.
200% of Authorized Control Level

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Alcona County
Allegan County
Alpena County
Antrim County
Arenac County
Barry County
Bay County
Benzie County
Branch County
Cass County
Charlevoix County

GENERAL INTERROGATORIES (Continued)

1 Name of Service Area
Cheboygan County
Clare County
Clinton County
Crawford County
Eaton County
Emmet County
Genesee County
Gladwin County
Grand Traverse County
Gratiot County
Hillsdale County
Huron County
Ingham County
Ionia County
Iosco County
Isabella County
Kalamazoo County
Kalkaska County
Kent County
Lake County
Lapeer County
Leelanau County
Lenawee County
Livingston County
Macomb County
Manistee County
Mason County
Mecosta County
Midland County
Missaukee County
Monroe County
Montcalm County
Montmorency County
Newaygo County
Oakland County
Oceana County
Ogemaw County
Osceola County
Oscoda County
Otsego County
Ottawa County
Presque Isle County
Roscommon County
Saginaw County
St. Clair County
St. Joseph County
Sanilac County
Shiawassee County
Tuscola County
Van Buren County
Washtenaw County
Wayne County
Wexford County

- 13.1 Do you act as a custodian for health savings accounts? Yes No
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date: \$ 0
 13.3 Do you act as an administrator for health savings accounts? Yes No
 13.4 If yes, please provide the balance of the funds administered as of the reporting date: \$ 0
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers? Yes No N/A
 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)
- 15.1 Direct Premium Written \$ 0
 15.2 Total incurred claims \$ 0
 15.2 Number of covered lives 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes No
 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes No

FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	49,104,503	34,540,254	30,347,163	40,166,939	35,656,977
2. TOTAL Liabilities (Page 3, Line 24)	20,564,709	18,514,286	13,813,436	21,240,386	21,104,656
3. Statutory minimum capital and surplus requirement	9,161,722	8,323,412	9,338,628	11,002,744	9,713,940
4. TOTAL Capital and Surplus (Page 3, Line 33)	28,539,794	16,025,968	16,533,726	18,926,552	14,552,320
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	98,065,522	99,944,653	109,458,978	143,773,241	119,444,597
6. TOTAL Medical and Hospital Expenses (Line 18)	97,413,223	89,062,323	101,099,659	124,904,608	110,095,247
7. Claims adjustment expenses (Line 20)	1,476,282	1,451,130	1,829,524	2,342,999	1,757,261
8. TOTAL Administrative Expenses (Line 21)	7,149,391	8,310,808	9,911,864	12,360,832	10,161,165
9. Net underwriting gain (loss) (Line 24)	(9,837,688)	(824,140)	(3,293,971)	3,953,378	(2,367,161)
10. Net investment gain (loss) (Line 27)	108,561	152,054	668,404	624,644	132,016
11. TOTAL Other Income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(9,729,127)	(672,087)	(2,625,567)	4,578,022	(2,235,145)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(6,953,067)	5,713,674	(9,651,134)	5,224,664	1,301,101
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	28,539,794	16,025,968	16,533,726	18,926,552	14,552,320
15. Authorized control level risk-based capital	4,580,861	4,161,706	4,669,314	5,501,372	4,856,970
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	17,944	18,347	19,699	28,536	28,075
17. TOTAL Members Months (Column 6, Line 7)	221,701	232,651	268,613	354,914	339,253
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	99.3	89.1	92.4	86.9	92.2
20. Cost containment expenses	0.3	0.3	0.3	0.3	0.3
21. Other claims adjustment expenses	1.2	1.2	1.4	1.3	1.2
22. TOTAL Underwriting Deductions (Line 23)	110.0	100.8	103.0	97.3	102.0
23. TOTAL Underwriting Gain (Loss) (Line 24)	(10.0)	(0.8)	(3.0)	2.7	(2.0)
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	9,195,014	9,016,449	19,142,342	14,471,265	13,735,661
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	10,592,150	10,108,325	17,441,374	15,073,258	14,541,597
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

1	State, Etc.	Active Status (a)	Direct Business Only								
			2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 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	99,536,447							99,536,447	
24.	Minnesota (MN)	N									
25.	Mississippi (MS)	N									
26.	Missouri (MO)	N									
27.	Montana (MT)	N									
28.	Nebraska (NE)	N									
29.	Nevada (NV)	N									
30.	New Hampshire (NH)	N									
31.	New Jersey (NJ)	N									
32.	New Mexico (NM)	N									
33.	New York (NY)	N									
34.	North Carolina (NC)	N									
35.	North Dakota (ND)	N									
36.	Ohio (OH)	N									
37.	Oklahoma (OK)	N									
38.	Oregon (OR)	N									
39.	Pennsylvania (PA)	N									
40.	Rhode Island (RI)	N									
41.	South Carolina (SC)	N									
42.	South Dakota (SD)	N									
43.	Tennessee (TN)	N									
44.	Texas (TX)	N									
45.	Utah (UT)	N									
46.	Vermont (VT)	N									
47.	Virginia (VA)	N									
48.	Washington (WA)	N									
49.	West Virginia (WV)	N									
50.	Wisconsin (WI)	N									
51.	Wyoming (WY)	N									
52.	American Samoa (AS)	N									
53.	Guam (GU)	N									
54.	Puerto Rico (PR)	N									
55.	U.S. Virgin Islands (VI)	N									
56.	Northern Mariana Islands (MP)	N									
57.	Canada (CAN)	N									
58.	Aggregate other alien (OT)	X X X									
59.	Subtotal	X X X	99,536,447							99,536,447	
60.	Reporting entity contributions for Employee Benefit Plans	X X X									
61.	TOTAL (Direct Business)	X X X	99,536,447							99,536,447	

DETAILS OF WRITE-INS

58001	X X X										
58002	X X X										
58003	X X X										
58998	Summary of remaining write-ins for Line 58 from overflow page	X X X									
58999	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X									

(a) Active Status Counts:

- L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- 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

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- R - Registered - Non-domiciled RRGs
- Q - Qualified - Qualified or accredited reinsurer

(b) Explanation of basis of allocation by state, premiums by state, etc.:

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

McLaren Health Care Corporation



McLaren Health Care 38-2397643 [MI] 100%	McLaren Greater Lansing 38-1434090 [MI] 100%	McLaren Northern Michigan 38-2146751 [MI] 100%	McLaren Bay Region 38-1976271 [MI] 100%	McLaren Central Michigan 38-1420304 [MI] 100%	McLaren Macomb 38-1218516 [MI] 100%	McLaren Oakland 38-1428164 [MI] 100%	McLaren Flint 38-2383119 [MI] 100%	McLaren Lapeer 38-2689033 [MI] 100%	Karmanos Cancer Institute 38-1613280 [MI] 100%	McLaren Port Huron 38-1369611 [MI] 100%	McLaren Medical Group 38-2988086 [MI] 100%	McLaren Health Management Group 38-3491714 [MI] 100%	McLaren High Performance Network 81-2692784 [MI] 100%	McLaren Insurance Company LTD [CYM] 100%	McLaren Thumb Region 38-1474929 [MI] 100%	McLaren Integrated HMO Group 82-4449304 [MI] 100%	McLaren Caro Region 38-3426063 [MI] 100%	McLaren St. Luke's Hospital 34-4428232 [OH] 100%
McLaren Healthcare Village 26-2693350 [MI] 100%	McLaren Lansing Foundation 38-2463637 [MI] 100%	McLaren Northern Michigan Foundation 38-2445611 [MI] 100%	McLaren Bay Special Care 38-3161753 [MI] 100%	Meridian Ventures 38-3226022 [MI] 100%	McLaren Macomb Foundation 38-2578873 [MI] 100%	McLaren Riley Foundation 20-0442217 [MI] 100%	McLaren Flint Foundation 38-1358053 [MI] 100%	McLaren Lapeer Foundation 38-2689603 [MI] 100%	Karmanos Cancer Center 20-1649466 [MI] 100%	McLaren Port Huron Foundation 38-2777750 [MI] 100%	Mid-Michigan Physicians 38-3267121 [MI] 100%	Hospice and Homecare Foundation 46-3643089 [MI] 100%	McLaren Health Plan 38-3252216 [MI] 100%	MDWise, Inc 35-1931354 [IN] 100%	MDWise Medicaid Network 47-3192307 [IN] 100%	McLaren Caro Region Foundation 38-2422995 [MI] 100%	Wellcare Physician Group 61-1528443 [OH] 100%	
Great Lakes Cancer Institute 38-3584572 [MI] 100%	VitalCare, Inc 38-2527255 [MI] 100%	McLaren Bay Medical Foundation 38-2156534 [MI] 100%	McLaren Physician Partners 38-3136458 [MI] 100%	McLaren Hospitality House 45-5567669 [MI] 100%	Michigan Cancer Society 38-2823451 [MI] 100%	Marwood Manor Nursing 38-2683251 [MI] 100%	McLaren Health Plan Community 27 2204037 [MI] 100%	CCH Holdings Inc 81-3487385 [MI] 100%	McLaren Health Plan Advantage 91-214720 [MI] 100%									
NMI Medical Management 20-8458840 [MI] 100%	NMI Hematology/Oncology 32-0020293 [MI] 100%	Cardiac Institute 26-2774689 [MI] 100%	Charlevoix Nursing Home 38-3038683 [MI] 100%	Rapin & Rapin Prescription Services Pharmacy 38-3465261 [MI] 100%	Hospital Health Care 38-2643070 [MI] 100%	Delphinus Investments Inc 45-4758176 [MI] 100%	Parkview Property Management 38-2467310 [MI] 100%	Willow Enterprises 38-2491659 [MI] 100%										