



ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2022

OF THE CONDITION AND AFFAIRS OF THE

McLaren Health Plan Community

NAIC Group Code 4700 , 4700 NAIC Company Code 14217 Employer's ID Number 27-2204037
(Current Period) (Prior Period)

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[] Property/Casualty[] Hospital, Medical & Dental Service or Indemnity[]
 Dental Service Corporation[] Vision Service Corporation[] Health Maintenance Organization[]
 Other[] Is HMO Federally Qualified? Yes[] No[] N/A[X]

Incorporated/Organized 12/23/2009 Commenced Business 02/16/2012

Statutory Home Office G3245 Beecher Rd. , Flint, MI, US 48532
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office G3245 Beecher Rd.
(Street and Number) Flint, MI, US 48532 (888)327-0671
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address G3245 Beecher Rd. , Flint, MI, US 48532
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records G3245 Beecher Rd.
(Street and Number) Flint, MI, US 48532 (888)327-0671
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.mclarenhealthplan.org

Statutory Statement Contact Rachel L. Hairston (810)733-9678
(Name) (Area Code)(Telephone Number)(Extension)
rachel.hairston@mclaren.org (810)600-7947
(E-Mail Address) (Fax Number)

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
Jane Heilig	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.

(Signature)
 Nancy Jenkins
(Printed Name)
 1.
 President
(Title)

(Signature)
 Cheryl Diehl
(Printed Name)
 2.
 Assistant Secretary
(Title)

(Signature)
 Rachel Hairston
(Printed Name)
 3.
 Assistant Treasurer / VP, Finance
(Title)

Subscribed and sworn to before me this _____ day of _____, 2023

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

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals	116,579	64,634	53,726	132,288	132,288	234,939
Group subscribers:						
Chocola Cleaning Materials	24,527					24,527
Lapeer Plating and Plastics	48,141	396	1,091			49,628
State of Michigan	251,338					251,338
Evolve Tele-Services Inc.	16,677					16,677
RL Morgan Co.	61,036					61,036
Reliable Aftermarket Parts Inc.	14,798					14,798
Ahmed A Arif MD PC	11,086					11,086
0299997 Group subscriber subtotal	427,603	396	1,091			429,089
0299998 Premiums due and unpaid not individually listed	28,518					28,518
0299999 TOTAL Group	456,121	396	1,091			457,607
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	572,700	65,029	54,817	132,288	132,288	692,546

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	849,097					849,097
0199999 Subtotal - Pharmaceutical Rebate Receivables	849,097					849,097
0799999 Gross Health Care receivables	849,097					849,097

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables				849,097		747,179
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)				849,097		747,179

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Complete Infusion Services LLC		11,063	11,063			22,125
EW Sparrow-Rehab Unit		25,514				25,514
Memorial Hospital and Healthcare	49,656					49,656
Precision Surgery Center	27,000					27,000
University of Michigan	111,338					111,338
0199999 Individually Listed Claims Unpaid	187,994	36,577	11,063			235,634
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,715,001	79,866	16,364	14,922	103,321	1,929,473
0499999 Subtotals	1,902,995	116,443	27,427	14,922	103,321	2,165,107
0599999 Unreported claims and other claim reserves						6,684,731
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						8,849,837
0899999 Accrued Medical Incentive Pool and Bonus Amounts						282,894

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
McLaren Health Plan	741,464					741,464	
Health Advantage	80,653					80,653	
McLaren Flint	329					329	
0199999 Individually listed receivables	822,446					822,446	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	822,446					822,446	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
McLaren Intergrated HMO Group	Professional Services	10,810	10,810	
McLaren Health Management Group	Professional Services	6,776	6,776	
McLaren Health Plan	Professional Services	659,868	659,868	
0199999 Individually Listed Payables	X X X	677,454	677,454	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	677,454	677,454	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. TOTAL Capitation Payments						
Other Payments:						
5. Fee-for-service	3,072,414	3.051	X X X	X X X		3,072,414
6. Contractual fee payments	97,636,619	96.949	X X X	X X X	97,636,619	
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. TOTAL Other Payments	100,709,033	100.000	X X X	X X X	97,636,619	3,072,414
13. TOTAL (Line 4 plus Line 12)	100,709,033	100.000	X X X	X X X	97,636,619	3,072,414

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

N O N E



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code 4700

NAIC Company Code 14217

	1 Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
	2	3												
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
TOTAL Members at end of:														
1. Prior Year	17,944	3,952	13,688	304										
2. First Quarter	18,279	4,401	13,605	273										
3. Second Quarter	17,971	4,244	13,454	273										
4. Third Quarter	18,003	4,248	13,477	278										
5. Current Year	17,683	4,110	13,291	282										
6. Current Year Member Months	216,292	51,482	161,484	3,326										
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	126,126	30,021	94,166	1,939										
8. Non-Physician	21,577	5,136	16,109	332										
9. TOTAL	147,703	35,157	110,275	2,271										
10. Hospital Patient Days Incurred	4,816	1,403	2,929	484										
11. Number of Inpatient Admissions	954	277	641	36										
12. Health Premiums Written (b)	97,144,901	22,564,889	73,993,100	586,912										
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	97,144,901	22,564,889	73,993,100	586,912										
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	100,708,589	29,103,717	71,043,185	561,686										
18. Amount Incurred for Provision of Health Care Services	99,655,398	29,358,974	69,779,401	517,022										

30 Michigan

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4700

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

NAIC Company Code 14217

30 Grand Total

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
TOTAL Members at end of:														
1. Prior Year	17,944	3,952	13,688	304										
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18. Amount Incurred for Provision of Health Care Services	99,655,398	29,358,974	69,779,401	517,022										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <h1 style="margin: 0;">N O N E</h1> </div>												
9999999 Total (Sum of 0799999 and 1099999)												

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
11835 ...	04-1590940 ...	01/01/2022	PARTNERRE AMER INS CO	DE	919,878	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					919,878	
2199999 Total - Accident and Health - Non-Affiliates					919,878	
2299999 Total - Accident and Health					919,878	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					919,878	
9999999 Total (Sum of 1199999 and 2299999)					919,878	

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2022	PARTNERRE AMER INS CO	DE	SSL/I	SLEL	2,147,646						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,147,646						
1099999 Total - General Account - Authorized - Non-Affiliates							2,147,646						
1199999 Total - General Account - Authorized							2,147,646						
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							2,147,646						
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							2,147,646						
9999999 Total (Sum of 4599999 and 9099999)							2,147,646						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums	2,148	1,471	1,762	1,817	2,062
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	920	239	115	464	1,007
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	53,406,364		53,406,364
2. Accident and health premiums due and unpaid (Line 15)	1,233,633		1,233,633
3. Amounts recoverable from reinsurers (Line 16.1)	919,878		919,878
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,760,204		1,760,204
6. TOTAL Assets (Line 28)	57,320,079		57,320,079
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	8,849,837		8,849,837
8. Accrued medical incentive pool and bonus payments (Line 2)	282,894		282,894
9. Premiums received in advance (Line 8)	1,506,182		1,506,182
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	7,390,840		7,390,840
15. TOTAL Liabilities (Line 24)	18,029,754		18,029,754
16. TOTAL Capital and Surplus (Line 33)	39,290,326	X X X	39,290,326
17. TOTAL Liabilities, Capital and Surplus (Line 34)	57,320,079		57,320,079
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

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

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	38-2397643				McLaren HealthCare Corp	MI	UDP					No	
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2156534				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1976271				Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3161753				Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1420304				Central Michigan Community Hospital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hospital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2445611				McLaren Northern MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2643070				Hospital Health Care	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3136458				McLaren Physician Partners	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	45-5567669				McLaren Hospitality House	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2689033				Lapeer Regional Medical Center DBA McLaren Lapeer Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2689603				McLaren Lapeer Foundation	MI	NIA	Lapeer Regional Medical Center DBA McLaren Lapeer Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2777750				McLaren Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2683251				Marwood Manor Nursing	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	38-2467310				Parkview Property Management	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2491659				Willow Enterprises	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2988086				McLaren Medical Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3267121				Mid-Michigan Physicians	MI	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3491714				Visiting Nurse Services of Michigan DBA McLaren Health Management Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	46-3643089				Hospice and Homecare Foundation	MI	NIA	Visiting Nurse Services of Michigan DBA McLaren Health Management Group	Ownership	100.0	McLaren Health Care Corporation	No	
4700	McLaren Health Plan	95562	38-3252216				McLaren Health Plan	MI	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	No	
4700	McLaren Health Plan	14217	27-2204037				McLaren Health Plan Community	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	No	
4700	McLaren Health Plan	00000	91-2141720				Health Advantage Inc.	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000					McLaren Insurance Company LTD.	CYM	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
4700	MDWise	95807	35-1931354				MDWise	IN	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	47-3192307				MDWise Medicaid Network	IN	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	82-4449304				McLaren Integrated HMO Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3426063				McLaren Caro Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2422995				Caro Community Hospital McLaren Caro Region Foundation	MI	NIA	McLaren Caro Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	81-3487385				CCH Holdings Inc.	MI	NIA	McLaren Caro Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1474929				McLaren Thumb Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	34-4428232				McLaren St. Luke's Hospital	OH	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	61-1528443				Wellcare Physician Group	OH	NIA	McLaren St. Luke's Hospital	Ownership	100.0	McLaren Health Care Corporation	No	

41.1

Asterisk	Explanation
0000001	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95848	382397643	MCLAREN HEALTH CARE CORPORATION					12,375,710				12,375,710	
	38-3383640	MCLAREN HEALTH PLAN					1,574,232				1,574,232	
	38-2383119	MCLAREN REGIONAL MEDICAL CENTER					14,212				14,212	
14217	91-2141720	HEALTH ADVANTAGE INC.					(11,375,296)				(11,375,296)	
	27-2204037	MCLAREN HLTH PLAN COMM					(5,103,368)				(5,103,368)	
95807	35-1931354	MDWISE INC					(50,743)				(50,743)	
	82-4449304	MCLAREN INTEGRATED HMO GROUP					31,267,867				31,267,867	
	47-3192307	MDWISE MEDICAID NETWORK					(28,702,614)				(28,702,614)	
9999999 Control Totals							0		XXX		0	

Schedule Y Part 2 Explanation: 0

SCHEDULE Y

Part 3 - Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party's Control

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
McLaren Health Plan	McLaren Integrated HMO Group	100.0%	No	McLaren Health Care Corp	McLaren Integrated HMO Group	100.0%	No
McLaren Health Plan Community	McLaren Health Plan	100.0%	No	McLaren Health Care Corp	McLaren Integrated HMO Group	100.0%	No
Health Advantage Inc	McLaren Health Plan	100.0%	No	McLaren Health Care Corp	McLaren Integrated HMO Group	100.0%	No
MDwise, Inc	McLaren Integrated HMO Group	100.0%	No	McLaren Health Care Corp	McLaren Integrated HMO Group	100.0%	No

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|---|-----|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | Yes |
| 2. Will an actuarial opinion be filed by March 1? | Yes |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | Yes |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | Yes |

APRIL FILING

- | | |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

JUNE FILING

- | | |
|--|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|-----|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | Yes |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | No |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | No |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | No |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | No |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | No |

APRIL FILING

- | | |
|--|-----|
| 19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | No |
| 20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | No |
| 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |
| 23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | No |

AUGUST FILING

- | | |
|--|-----|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | Yes |
|--|-----|

Explanation:

Bar Code:

Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



Health Life Supplement - April



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LHA Guaranty Association Reconciliation



14217202229000000

2022

Document Code: 290

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Professional Development	309	1,319	4,634		6,263
2505. Bad Debt Expense			31,992		31,992
2506.					
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	309	1,319	36,627		38,255

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2022**



**(To be filed by March 1)
FOR THE STATE OF MICHIGAN**

NAIC Group Code: 4700
Address (City, State and Zip Code): Flint, MI 48532
Person Completing This Exhibit: Autumn Dortch

NAIC Company Code: 14217

Title: Financial Analyst Telephone Number: (810)244-1672

Supp360 Michigan

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020, 2021, 2022					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Total Experience on Individual Policies																			
Yes	MCLH-131185330	A	No	3,4,6	10/11/2017		12/11/2018		McLaren Medicare Supplement										
Yes	MCLH-131185330	C	No	3,4,6	10/11/2017		12/11/2018		McLaren Medicare Supplement					84,670	76,282	90.1	26		
Yes	MCLH-131185330	D	No	3,4	12/20/2018		12/10/2018		McLaren Medicare Supplement					54,134	35,792	66.1	22		
Yes	MCLH-131185330	F	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement					208,225	159,155	76.4	105		
Yes	MCLH-131185330	F	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement - High Deductible					764			1		
Yes	MCLH-131185330	G	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement					217,389	225,749	103.8	153		
Yes	MCLH-131185330	G	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement - High Deductible					814			1		
Yes	MCLH-131185330	N	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement					20,916	20,045	95.8	16		
0199999 Total Experience on Individual Policies														586,912	517,022	88.1	324		
0299999 Total Experience on Group Policies																			

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: G-3245 Beecher Road, Flint MI 48532
 - Contact Person and Phone Number: Vicki Laney (810)733-9724
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address: G-3245 Beecher Road, Flint MI 48532
 - Contact Person and Phone Number: Vicki Laney (810)733-9724
- Explain any policies identified above as policy type "O":