



ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2022

OF THE CONDITION AND AFFAIRS OF THE

McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 <small>(Current Period)</small>	4700 <small>(Prior Period)</small>	NAIC Company Code	95562	Employer's ID Number	38-3252216
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[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. <small>(Street and Number)</small>		FLINT, MI, US 48532 <small>(City or Town, State, Country and Zip Code)</small>			
Main Administrative Office	FLINT, MI, US 48532 <small>(City or Town, State, Country and Zip Code)</small>		G-3245 Beecher Rd. <small>(Street and Number)</small>		(810)733-9723 <small>(Area Code) (Telephone Number)</small>	
Mail Address	G-3245 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>			
Primary Location of Books and Records	FLINT, MI, US 48532 <small>(City or Town, State, Country and Zip Code)</small>		G-3245 Beecher Rd. <small>(Street and Number)</small>		(810)733-9723 <small>(Area Code) (Telephone Number)</small>	
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	Rachel L. Hairston <small>(Name)</small>		(810)733-9678 <small>(Area Code)(Telephone Number)(Extension)</small>			
	rachel.hairston@mclaren.org <small>(E-Mail Address)</small>		(810)600-7947 <small>(Fax Number)</small>			

OFFICERS

Name	Title
NANCY JENKINS	President
KATHY KENDALL	Vice President
PATRICK HAYES	Secretary
DAVE MAZURKIEWICZ	Treasurer
RACHEL HAIRSTON	Assistant Treasurer/VP, Finance
KEVIN TOMPKINS	Chairman
CHERYL DIEHL	Assistant Secretary
DENNIS PERRY MD	Chief Medical Officer
Jane Heilig	Assistant Treasurer #

OTHERS

LAKISHA ATKINS, Enrollee Representative

MELISSA JENKINS, Enrollee Representative

DIRECTORS OR TRUSTEES

NANCY JENKINS
PATRICK HAYES

KEVIN TOMPKINS
DAVE MAZURKIEWICZ

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
N O N E						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)

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
Other Health Care Receivables						
Maternity Case Rate Receivables	1,675,395	201,768	5,790	1,606,512		3,489,466
Accounts Receivable - MSA Premium	5,644,296	41,337	48,695	213,990		5,948,318
Accounts Receivable - MA Premium	12,106			3,282	3,282	12,106
0699998 Other Health Care Receivables - Not Individually Listed						
0699999 Subtotal - Other Health Care Receivables	7,331,797	243,105	54,485	1,823,784	3,282	9,449,889
0799999 Gross Health Care receivables	7,331,797	243,105	54,485	1,823,784	3,282	9,449,889

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						
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	32,049,638	29,371,146	21,633	9,431,538	32,071,270	32,092,903
7. TOTALS (Lines 1 through 6)	32,049,638	29,371,146	21,633	9,431,538	32,071,270	32,092,903

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)						
Allegiance Health	19,279					19,279
Ascension Borgess Hospital	12,348					12,348
Ascension Providence Hospital	68,088					68,088
Ascension St. John Hospital	72,644	15,065				87,709
Botsford General Hospital	13,968					13,968
Bronson Methodist Hospital - Kalama	234,745					234,745
Childrens Hospital					13,425	13,425
Covenant Medical Center - Hospital	93,797	151,813				245,611
DMC Detroit Receiving Hospital	59,512				868,195	927,707
DMC Harper-Hutzel Womens Hospital	21,311			138,798		160,109
EW Sparrow Hospital	358,926	519,708	14,020			892,654
Genesys Regional Med Ctr	14,175					14,175
Henry Ford Hospital - Detroit	20,208				350,781	370,988
Hurley Medical Center	543,792	20,655			155,781	720,228
Josip Petani MD					11,861	11,861
Lakeland Hospitals at St Joseph & N	11,247					11,247
McLaren Bay Region Hospital	130,809	41,843				172,651
McLaren Bay Special Care Center	17,318					17,318
McLaren Central Michigan Hospital		12,414				12,414
McLaren Flint Hospital	180,939				15,113	196,053
McLaren Greater Lansing Hospital	88,308					88,308
McLaren Lapeer Hospital	14,582					14,582
McLaren Northern Michigan Hospital		11,176				11,176
McLaren Oakland	13,839					13,839
McLaren Port Huron	39,304					39,304
Memorial Hospital and Healthcare Ce	12,980	10,303	38,441		18,446	80,170
Mercy Health Partners - Hackley Cam	28,831					28,831
Metro Infectious Disease Consultant	17,298					17,298
MidMichigan Medical Center	40,894					40,894
MidMichigan Medical Center Alpena	50,720					50,720
MidMichigan Medical Ctr - Gladwin	37,569					37,569
MidMichigan Medical Ctr - Gratiot	10,156					10,156
Munson Medical Center	84,961	11,870			37,755	134,586
Oakwood Hospital and Medical Ctr -					101,618	101,618
Sinai Grace Hospital	138,080					138,080
Spectrum Health Hospitals Blodgett/	597,594		17,036	26,145	2,526,011	3,166,787
St Joseph Mercy Oakland	36,771					36,771
St Marys Health Services	16,893					16,893
St Marys of Michigan - Saginaw	57,607	23,155	38,456			119,217
Sunita Tummala MD	26,325					26,325
The University Of Chicago Medical C	33,626					33,626
U MN Med Ctr Fairview					86,161	86,161
University of Michigan	1,683,515			46,177	1,342,011	3,071,702
VHS/Childrens Hospital of Michigan	411,480		29,087			440,567
William Beaumont Hospital Royal Oak	226,225	24,513				250,739
William Beaumont Hospital Troy	69,769					69,769
0199999 Individually Listed Claims Unpaid	5,610,434	842,515	137,041	211,119	5,527,159	12,328,268

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	24,964,785	1,493,516	575,930	491,346	10,926,249	38,451,827
0499999 Subtotals	30,575,219	2,336,032	712,971	702,465	16,453,408	50,780,095
0599999 Unreported claims and other claim reserves						36,330,882
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						87,110,977
0899999 Accrued Medical Incentive Pool and Bonus Amounts						2,778,114

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							
MDWise	846,441					846,441	
McLaren Health Plan Community	659,868					659,868	
McLaren Health Care Corporation				1,050,102	1,050,102		
Health Advantage	1,324,023					1,324,023	
McLaren Flint	1,869					1,869	
McLaren Integrated HMO Group	13,706					13,706	
0199999 Individually listed receivables	2,845,907			1,050,102	1,050,102	2,845,907	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	2,845,907			1,050,102	1,050,102	2,845,907	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
MDWise	Professional Services	113,234	113,234	
McLaren Integrated HMO Group	Professional Services	2,922,282	2,922,282	
McLaren Flint	Professional Services	756	756	
McLaren Health Plan Community	Professional Services	741,464	741,464	
McLaren Medical Group	Professional Services	16,000	16,000	
Health Advantage	Professional Services	972,312	972,312	
McLaren Homecare Group	Professional Services	13,388	13,388	
McLaren Health Care Corporation	Professional Services	474,537	474,537	
McLaren Thumb Region	Professional Services	10,370	10,370	
0199999 Individually Listed Payables	X X X	5,264,343	5,264,343	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	5,264,343	5,264,343	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	1,770,643	0.183				1,770,643
2. Intermediaries						
3. All other providers	7,505,833	0.777				7,505,833
4. TOTAL Capitation Payments	9,276,475	0.961				9,276,475
Other Payments:						
5. Fee-for-service	57,208,556	5.926	X X X	X X X		57,208,556
6. Contractual fee payments	898,937,160	93.113	X X X	X X X	898,937,160	
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	956,145,716	99.039	X X X	X X X	898,937,160	57,208,556
13. TOTAL (Line 4 plus Line 12)	965,422,192	100.000	X X X	X X X	898,937,160	66,485,032

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EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	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	1,062,663	.....	1,029,117	.....	33,546	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	1,062,663	.....	1,029,117	.....	33,546	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4700

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

NAIC Company Code 95562

30 Michigan

	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	255,085								255,085					
2. First Quarter	257,669							342	257,327					
3. Second Quarter	262,260							403	261,857					
4. Third Quarter	266,574							451	266,123					
5. Current Year	269,359							494	268,865					
6. Current Year Member Months	3,151,517							4,869	3,146,648					
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	2,061,879							3,186	2,058,693					
8. Non-Physician	432,068							668	431,400					
9. TOTAL	2,493,947							3,854	2,490,093					
10. Hospital Patient Days Incurred	120,164							637	119,527					
11. Number of Inpatient Admissions	21,762							90	21,672					
12. Health Premiums Written (b)	1,132,124,174	173,474						6,607,832	1,125,342,869					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	1,132,124,174	173,474						6,607,832	1,125,342,869					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	965,422,192	(1,992)						5,165,941	960,258,243					
18. Amount Incurred for Provision of Health Care Services	955,383,339	(1,992)						7,219,268	948,166,063					

(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 \$.....6,607,832



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 95562

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	255,085								255,085					
2. First Quarter	257,669							342	257,327					
3. Second Quarter	262,260							403	261,857					
4. Third Quarter	266,574							451	266,123					
5. Current Year	269,359							494	268,865					
6. Current Year Member Months	3,151,517							4,869	3,146,648					
TOTAL Member Ambulatory Encounters for Year:														
7. Physician	2,061,879							3,186	2,058,693					
8. Non-Physician	432,068							668	431,400					
9. TOTAL	2,493,947							3,854	2,490,093					
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12. Health Premiums Written (b)	1,132,124,174	173,474						6,607,832	1,125,342,869					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	1,132,124,174	173,474						6,607,832	1,125,342,869					
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	965,422,192	(1,992)						5,165,941	960,258,243					
18. Amount Incurred for Provision of Health Care Services	955,383,339	(1,992)						7,219,268	948,166,063					

(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 \$.....6,607,832

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	1,739,894	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					1,739,894	
2199999 Total - Accident and Health - Non-Affiliates					1,739,894	
2299999 Total - Accident and Health					1,739,894	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,739,894	
9999999 Total (Sum of 1199999 and 2299999)					1,739,894	

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	4,065,812						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							4,065,812						
1099999 Total - General Account - Authorized - Non-Affiliates							4,065,812						
1199999 Total - General Account - Authorized							4,065,812						
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							4,065,812						
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							4,065,812						
9999999 Total (Sum of 4599999 and 9099999)							4,065,812						

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. Title XVIII-Medicare	37				
3. Title XIX - Medicaid	4,029	3,624	3,025	2,718	2,112
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	1,740	479	472	555	274
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)	402,394,261		402,394,261
2. Accident and health premiums due and unpaid (Line 15)	408,395		408,395
3. Amounts recoverable from reinsurers (Line 16.1)	1,739,894		1,739,894
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	30,233,047		30,233,047
6. TOTAL Assets (Line 28)	434,775,597		434,775,597
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	87,110,977		87,110,977
8. Accrued medical incentive pool and bonus payments (Line 2)	2,778,114		2,778,114
9. Premiums received in advance (Line 8)	2,330,493		2,330,493
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)	68,846,513		68,846,513
15. TOTAL Liabilities (Line 24)	161,066,096		161,066,096
16. TOTAL Capital and Surplus (Line 33)	273,709,501	X X X	273,709,501
17. TOTAL Liabilities, Capital and Surplus (Line 34)	434,775,597		434,775,597
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						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (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 DBA								
		00000	38-3584572				McLaren Clarkston	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1613280				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-1649466				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2823451				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	45-4758176				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2156534				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1976271				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	No	
							Bay Regional Medical Center DBA								
		00000	38-3161753				McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
							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 Hosital 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 Hosital 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 Norther MI Foundation	MI	NIA	McLaren HealthCare Corp	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 HealthCare Corp	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	

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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	38-2683251				Marwood Manor Nursing	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	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								
		00000	46-3643089				McLaren Homecare Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
							Hospice and Homecare Foundation	MI	NIA	Visiting Nurse Services of Michigan DBA					
							McLaren Homecare 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)
.....	382397643 ..	MCLAREN HEALTH CARE CORPORATION .....	.....	.....	.....	.....	12,375,710	.....	.....	.....	12,375,710	.....
95562 ..	38-3252216 ..	MCLAREN HLTH PLAN INC .....	.....	.....	.....	.....	1,574,232	.....	.....	.....	1,574,232	.....
.....	38-2383119 ..	MCLAREN REGIONAL MEDICAL CENTER .....	.....	.....	.....	.....	14,212	.....	.....	.....	14,212	.....
.....	91-2141720 ..	HEALTH ADVANTAGE INC. ....	.....	.....	.....	.....	(11,375,296)	.....	.....	.....	(11,375,296)	.....
14217 ..	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		X X X		0	

Schedule Y Part 2 Explanation:

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	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? | No |
| 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:

Medicare Supplement Insurance Experience Exhibit



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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Health Life Supplement - April



95562202221100000

2022

Document Code: 211

LHA Guaranty Association Reconciliation



95562202229000000

2022

Document Code: 290

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION	369,232		369,232	405,962
1105. SELF INS TRUST FUND CTF	573,657		573,657	423,171
1106. PREPAID DENTAL EXPENSE				
1107. PREPAID RENT EXPENSE	18,666	18,666		
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	961,555	18,666	942,889	829,133
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

**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	386	1,646	5,785		7,818
2505. Bad Debt Expense					
2506. Pension Related Expense					
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	386	1,646	5,785		7,818

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)
1104. OTHER INVESTMENT DEFERRED COMPENSATION			
1105. SELF INS TRUST FUND CTF			
1106. RISK CORRIDOR RECEIVABLE			
1107. PREPAID RENT EXPENSES	18,666	40,953	22,287
1108. PREPAID DENTAL			
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	18,666	40,953	22,287
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)			