



**QUARTERLY STATEMENT**  
**AS OF JUNE 30, 2023**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**McLAREN HEALTH PLAN, INC**

NAIC Group Code 4700 , 4700 NAIC Company Code 95562 Employer's ID Number 38-3252216  
(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[X]  
 Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 09/12/1997 Commenced Business 08/01/1998

Statutory Home Office G-3245 Beecher Rd. , FLINT, MI, US 48532  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office G-3245 Beecher Rd.  
(Street and Number)

FLINT, MI, US 48532 (810)733-9723  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address G-3245 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 G-3245 Beecher Rd.  
(Street and Number)

FLINT, MI, US 48532 (810)733-9723  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site 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
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)

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....				
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	219,305,820		219,305,820	211,448,410
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....	1,865,866		1,865,866	1,955,012
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....192,095,396), cash equivalents (\$.....1,372,648) and short-term investments (\$.....0) .....	193,468,044		193,468,044	188,047,950
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....	7,120,019	6,463,166	656,853	942,889
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	421,759,750	6,463,166	415,296,583	402,394,261
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	110,492		110,492	84,866
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	351,460	80,513	270,947	253,759
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 (\$.....115,067) and contracts subject to redetermination (\$.....0) .....	115,067		115,067	154,636
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	1,780,700		1,780,700	1,739,894
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 .....	913,316	892,960	20,356	
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	20,481	20,481		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	4,029,130		4,029,130	2,845,907
24. Health care (\$.....2,960,763) and other amounts receivable .....	2,974,656		2,974,656	9,482,378
25. Aggregate write-ins for other-than-invested assets .....	17,264,295		17,264,295	17,819,896
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	449,319,347	7,457,120	441,862,227	434,775,597
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	449,319,347	7,457,120	441,862,227	434,775,597
<b>DETAILS OF WRITE-INS</b>				
1101. INVENTORY .....				
1102. DEFERRED CHARGES EQUIP FEES .....	4,303,029	4,303,029		
1103. PREPAID EXPENSES .....	2,141,471	2,141,471		
1198. Summary of remaining write-ins for Line 11 from overflow page .....	675,519	18,666	656,853	942,889
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	7,120,019	6,463,166	656,853	942,889
2501. Insurance Provider Assessment .....	17,264,295		17,264,295	17,819,896
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) .....	17,264,295		17,264,295	17,819,896

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	78,871,391		78,871,391	87,110,977
2. Accrued medical incentive pool and bonus amounts .....	4,158,813		4,158,813	2,778,114
3. Unpaid claims adjustment expenses .....	2,758,976		2,758,976	2,933,180
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	27,762,543		27,762,543	29,433,067
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	4,802,738		4,802,738	2,330,493
9. General expenses due or accrued .....	23,157,991		23,157,991	30,846,692
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....				369,232
13. Remittances and items not allocated .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	1,597,506		1,597,506	5,264,343
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) .....	143,109,957		143,109,957	161,066,096
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	1,140,000	1,140,000
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	297,612,270	272,569,501
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2 .....0 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	298,752,270	273,709,501
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	441,862,227	434,775,597
<b>DETAILS OF WRITE-INS</b>				
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 To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	X X X	1,621,086	1,549,976	3,151,517
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	603,600,300	544,596,497	1,128,058,362
3. Change in unearned premium reserves and reserve for rate credits .....	X X X	(1,938,829)		
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	(1,456,959)	(1,432,630)	(2,897,572)
7. Aggregate write-ins for other non-health revenues .....	X X X			
8. Total revenues (Lines 2 to 7) .....	X X X	600,204,512	543,163,867	1,125,160,790
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		322,068,803	301,997,972	596,210,927
10. Other professional services .....		7,727,767	7,313,668	15,050,479
11. Outside referrals .....				
12. Emergency room and out-of-area .....		28,925,795	26,410,217	55,547,174
13. Prescription drugs .....		171,330,767	137,152,950	288,532,471
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....		1,761,286	948,824	42,288
16. Subtotal (Lines 9 to 15) .....		531,814,419	473,823,631	955,383,339
<b>Less:</b>				
17. Net reinsurance recoveries .....		1,716,288	1,632,913	3,629,135
18. Total hospital and medical (Lines 16 minus 17) .....		530,098,131	472,190,718	951,754,204
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....1,122,390 cost containment expenses .....		5,733,112	4,988,039	9,903,863
21. General administrative expenses .....		56,024,595	51,698,029	107,540,317
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....		(3,609,353)	(1,846,889)	2,083,569
23. Total underwriting deductions (Lines 18 through 22) .....		588,246,485	527,029,897	1,071,281,953
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	11,958,027	16,133,970	53,878,836
25. Net investment income earned .....		6,847,845	798,187	5,123,921
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		6,847,845	798,187	5,123,921
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	18,805,872	16,932,157	59,002,758
31. Federal and foreign income taxes incurred .....	X X X			
32. Net income (loss) (Lines 30 minus 31) .....	X X X	18,805,872	16,932,157	59,002,758
<b>DETAILS OF WRITE-INS</b>				
0601. MPCA .....	X X X	(1,456,959)	(1,432,630)	(2,897,572)
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	(1,456,959)	(1,432,630)	(2,897,572)
0701. ....	X X X			
0702. ....	X X X			
0703. ....	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X			
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901. ....				
2902. LOSS ON SALE OF EQUIPMENT .....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	273,709,501	237,362,392	237,362,392
34. Net income or (loss) from Line 32 .....	18,805,872	16,932,157	59,002,758
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 .....	5,226,942	(14,240,998)	(22,787,910)
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	1,009,955	225,288	132,262
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 .....			
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) .....	25,042,770	2,916,447	36,347,109
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	298,752,270	240,278,839	273,709,501
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. PENSION RELATED COSTS OTHER THAN NET PERIODIC PENSION COSTS .....			
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 To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	602,484,568	545,431,186	1,127,564,225
2. Net investment income .....	6,822,219	784,114	5,040,762
3. Miscellaneous income .....	(1,438,363)	(1,456,195)	(2,906,090)
4. TOTAL (Lines 1 to 3) .....	607,868,424	544,759,105	1,129,698,898
5. Benefit and loss related payments .....	526,896,062	434,069,966	966,765,694
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	69,620,612	56,739,462	112,895,585
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) .....	596,516,674	490,809,428	1,079,661,280
11. Net cash from operations (Line 4 minus Line 10) .....	11,351,749	53,949,677	50,037,618
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....			
12.2 Stocks .....			
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 .....	234,971	262,226	
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	234,971	262,226	
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....			
13.2 Stocks .....	2,630,468	101,003,364	102,980,654
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			21,786,887
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	2,630,468	101,003,364	124,767,542
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(2,395,497)	(100,741,138)	(124,767,542)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	(3,536,159)	(57,545,065)	(38,082,847)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(3,536,159)	(57,545,065)	(38,082,847)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	5,420,094	(104,336,526)	(112,812,771)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	188,047,950	300,860,721	300,860,721
19.2 End of period (Line 18 plus Line 19.1) .....	193,468,044	196,524,195	188,047,950

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

20.0001	Dividend Payable to Parent .....		
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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

Q7

	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 .....	269,359							494	268,865					
2. First Quarter .....	269,004							1,082	267,922					
3. Second Quarter .....	272,335							1,115	271,220					
4. Third Quarter .....														
5. Current Year .....														
6. Current Year Member Months .....	1,621,086							6,492	1,614,594					
Total Member Ambulatory Encounters for Period:														
7. Physician .....	1,060,594							4,247	1,056,347					
8. Non-Physician .....	222,248							890	221,358					
9. Total .....	1,282,842							5,137	1,277,705					
10. Hospital Patient Days Incurred .....	52,121							710	51,411					
11. Number of Inpatient Admissions .....	9,999							100	9,899					
12. Health Premiums Written (a) .....	604,183,059							5,696,673	598,486,386					
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	602,244,229							5,724,754	596,519,476					
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	538,337,717	(5,769)						5,527,876	532,815,610					
18. Amount Incurred for Provision of Health Care Services .....	531,814,419	(5,769)						6,919,979	524,900,209					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....5,696,673.

**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
<b>Claims unpaid (Reported)</b>						
Allegiance Health		107,729				107,729
Ambulatory Infusion Care	13,952					13,952
Ascension Providence Hospital	87,484					87,484
Ascension Providence Rochester Hosp	11,577					11,577
Ascension St. John Hospital	307,313					307,313
Barbara Ann Karmanos Cancer Hospita	109,133					109,133
Botsford General Hospital					11,954	11,954
Bronson Methodist Hospital - Kalama	49,134	11,278	14,256			74,668
Carol R Rapson MD PC				40,093		40,093
CORAM Specialty Infusion Services	15,611					15,611
Covenant Medical Center - Hospital	14,776					14,776
DMC Detroit Receiving Hospital	967,974	11,789				979,763
DMC Harper-Hutzel Womens Hospital	111,999					111,999
DMC Huron Valley - Sinai Hospital	13,713	38,016				51,729
EW Sparrow - Rehab Unit					12,430	12,430
EW Sparrow Hospital	80,990	57,186			10,014	148,190
Fresenius Kidney Care Novi Dialysis	10,089					10,089
Fresenius Med Care Lansing Central	20,178					20,178
Fresenius Medical Care Sturgis	10,089					10,089
Fresenius RCG East Lansing	10,089					10,089
Fresenius RRC Mt Morris	10,089					10,089
Genesys Regional Med Ctr	10,550					10,550
Glendale Neurological Assoc PC	24,138					24,138
Henry Ford Hospital - Detroit	31,089	16,403				47,492
Hurley Medical Center	575,255					575,255
Insight Surgical Hospital	23,536					23,536
Josip Petani MD					11,861	11,861
Lakeland Hospitals at St Joseph & N	139,559					139,559
Mary Free Bed Orthotics and Prosthe	11,527					11,527
McLaren Bay Region Hospital	67,810					67,810
McLaren Flint Hospital	68,766	30,456			108,804	208,025
McLaren Flint- Inpatient Psych	13,727					13,727
McLaren Greater Lansing Hospital	110,223					110,223
McLaren Macomb Hospital	16,777					16,777
McLaren Northern Michigan - Rehab U	13,496					13,496
McLaren Northern Michigan Hospital	51,392	45,777				97,169
McLaren Oakland	64,731					64,731
Med Trans Corp Flight Care	23,842					23,842
Memorial Hospital and Healthcare Ce	13,509					13,509
Mercy Health Partners - Hackley Cam	66,567					66,567
Munson Medical Center	41,580					41,580
Sinai Grace Hospital	29,949	552,416				582,366
Sparrow Ionia Hospital	12,692					12,692
Sparrow Specialty Hospital	15,222					15,222
Spectrum Health Hospitals Blodgett/	193,665	50,884		46,637		291,186
St Catherine Hospital					82,422	82,422
St Marys of Michigan - Saginaw	11,097					11,097
Surgery Center at Health Park	33,706					33,706
U MN Med Ctr Fairview					86,161	86,161
University of Michigan	857,806	152,535		122,461	59,294	1,192,097



**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
VHS/Childrens Hospital of Michigan .....	543,518	104,174	416,742		519,576	1,584,010
William Beaumont Hospital Royal Oak .....	61,202					61,202
0199999 Individually Listed Claims Unpaid .....	4,971,119	1,178,642	430,998	209,191	902,516	7,692,466
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	31,504,357	1,705,736	670,793	551,650	1,929,529	36,362,065
0499999 Subtotals .....	36,475,476	2,884,378	1,101,791	760,841	2,832,045	44,054,531
0599999 Unreported claims and other claim reserves .....						34,816,860
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						78,871,391
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						4,158,813

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
		1.	Comprehensive (hospital & medical) Individual .....	(5,769)			
2.	Comprehensive (hospital & medical) Group .....						
3.	Medicare Supplement .....						
4.	Dental only .....						
5.	Vision only .....						
6.	Federal Employees Health Benefits Plan .....						
7.	Title XVIII - Medicare .....	1,044,224	4,483,652	414,953	3,030,476	1,459,178	2,053,327
8.	Title XIX - Medicaid .....	63,408,807	467,645,517	13,784,492	61,641,469	77,193,299	85,057,649
9.	Credit A&H .....						
10.	Disability Income .....						
11.	Long-Term Care .....						
12.	Other health .....						
13.	Health subtotal (Lines 1 to 12) .....	64,447,262	472,129,168	14,199,445	64,671,945	78,646,708	87,110,977
14.	Healthcare receivables (a) .....						
15.	Other non-health .....						
16.	Medical incentive pools and bonus amounts .....	377,490	3,097	2,402,372	1,756,441	2,779,862	2,778,114
17.	Totals (Lines 13 - 14 + 15 + 16) .....	64,824,752	472,132,265	16,601,817	66,428,386	81,426,569	89,889,090

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

**Notes to Financial Statements**

McLaren Health Plan, Inc.  
June 30, 2023

Note 1 - Summary of Significant Accounting Policies**A. Accounting Practices**

The accompanying statutory financial statements of McLaren Health Plan, Inc. (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”).

DIFS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by DIFS for the periods ending June 30, 2023 and December 31, 2022 is as follows:

	Description	SSAP #	F/S Page	F/S Line #	State of Domicile	2023	2022
<b>Net Income</b>							
	1 State Basis	XXX	XXX	XXX	MI	18,805,872	59,002,758
	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	18,805,872	59,002,758
<b>Surplus</b>							
	5 State Basis	XXX	XXX	XXX	MI	298,752,270	273,709,501
	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	298,752,270	273,709,501

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

No change

**C. Accounting Policy**

No change

**D. Going Concern**

Management has evaluated McLaren Health Plan’s ability to continue as a going concern and has no substantial doubt about McLaren Health Plan’s ability to continue.

Note 2 - Accounting Changes and Corrections of Errors:

No change

Note 3 - Business Combinations and Goodwill

No change

Note 4 - Discontinued Operations

No change

Note 5 – Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans: None

B. Debt Restructuring: None

C. Reverse Mortgage: None

D. Loan Backed Securities: None

E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None

## Notes to Financial Statements

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:

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							
k. On deposit with other regulatory bodies	1,324,203	1,295,669	28,534	0.00	1,324,203	0.2947%	0.2997%
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	1,324,203	1,295,669	28,534	0.00	1,324,203	0.2947%	0.2997%

M. Working Capital Finance Investments: None

N. Offsetting and Netting of Assets and Liabilities: None

O. 5GI Securities: None

P. Short Sales: None

Q. Prepayment Penalty and Acceleration Fees: None

R. The financial statements shall disclose the reporting entity's share of the cash pool by asset type (cash, cash equivalent, or short-term investments)

	Asset Type	Percent Share
(1)	Cash	0.365%
(2)	Cash Equivalents	33.155%
(3)	Short-term Investments	0.000%
(4)	Total	33.520%

### Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No change

### Note 7 - Investment Income

No Change

### Note 8 - Derivative Instruments

No change

### Note 9 - Income Taxes

No change

**Notes to Financial Statements**Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. Nature of the relationship: No change
- B. Description of transactions: No change
- C. Transactions with related party who are not reported on Schedule Y: No change
- D. Due from Affiliates: \$4,029,130 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.  
Due to Affiliates: \$1,597,506 amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.
- E. Management & Service Agreements:

Agreement	Description
McLaren Health Care Corporation Management Agreement	MHCC agrees to provide certain operational service and other resource to MHP.
McLaren Health Care Corporation Service Agreement	MHCC agrees to provide a Leased Employee to perform certain operational, personnel services, and other resources to MHP.
McLaren Regional Medical Center, DBA McLaren Flint Agreement	MRMC agrees to provide certain accounting/resource services to MHP.
McLaren Health Advantage Agreement	MHP agrees to provide certain operational, personnel services, and other resources to Health Advantage.
McLaren Health Plan Community Agreement	MHP agrees to provide certain operational, personnel services, and other resources to MHPC.
McLaren Integrated HMO Group Agreement	MIG agrees to provide MHP administrative services and leased personnel. MIG may purchase certain administrative services from MHP.
McLaren Health Care Corporation Cash and Investment Agreement	MHCC agrees to provide MHP with certain cash and investment management services.

Affiliate	Description	Current Year
McLaren Health Care Corporation	Management services received	\$4,845,666
McLaren Regional Medical Center, DBA McLaren Flint	Management services received	\$7,106
McLaren Health Advantage	Management services provided	\$5,298,551
McLaren Health Plan Community	Management services provided	\$2,293,655
McLaren Integrated HMO Group	Management services received	\$6,808,967

- F. Guarantees or Undertakings: No change
- G. Nature of Control Relationship: No change
- H. Upstream/downstream activity: No change
- I. Investment in SCA: No change
- J. Investments in impaired SCA: No change
- K. Investment in foreign insurance subsidiary: No change
- L. Investment in downstream noninsurance holding company: No change
- M. All SCA Investments:

**(1) Balance Sheet Value:**

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
b. SSAP No. 97 8b(ii) Entities				
Health Advantage	100%	\$ 5,872,154	\$ 5,872,154	\$ -

## Notes to Financial Statements

(2) NAIC Filing Response Information: No change

- N. Investment in Insurance SCAs: No change
- O. SCA or SSAP 48 Entity Loss Tracking: No change

Note 11 – Debt: None

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans  
No change

Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations  
No change

Note 14 - Liabilities, Contingencies and Assessments

A. Contingent Commitments: No significant change

B. Assessments

Insurance Provider Assessment

Effective October 1, 2018, the Company is required to pay the annual Insurance Provider Assessment (IPA). The assessment for each HMO is based on the amount determined by the Michigan Department of Health and Human Services (MDHHS) and applied to the prior year member months for the Medicaid and commercial lines of business. The portion of the assessment attributable to the Medicaid program is fully reimbursed by MDHHS. The Company recognized \$35,084,191 of net premium income and \$35,084,191 as general administrative expenses as of June 30, 2023, related to IPA. The Company has \$17,264,295 as an aggregate write-in for other than invested assets and \$17,264,295 recorded as general expenses due and accrued on the Statutory Statements of Assets, Liabilities and Capital Surplus at June 30, 2023 related to the payments and reimbursements for 2023 assessment.

C. – F. No significant change

Note 15 – Leases

No change

Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk:

No change

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

No change

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

A. ASO plans

**Notes to Financial Statements**

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured			
	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	0	0	0
b. Total net other income or expenses (including interest paid to or received from plans)	0	0	0
c. Net gain or (loss) from operations	0	0	0
d. Total claim payment volume	168,488,362	0	168,488,362

B. ASC plans – N/A

C. Medicare or similarly structured cost based reimbursed contracts – N/A

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

Note 20 - Fair Value Measurement

A. Fair Value Measurements at Reporting Date

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 June 30, 2023, 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.

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.

## Notes to Financial Statements

	Assets measured or disclosed at Fair Value at June 30, 2023				Total
	Level 1	Level 2	Level 3	Net Asset Value (NAV)	
a. Assets at fair value					
Perpetual Preferred stock					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
Total Perpetual Preferred Stocks					
Bonds					
US Governments					
Industrial and Misc					
Hybrid Securities					
Parent, Subsidiaries and Affiliates					
Total Bonds					
Common Stock					
Industrial and Misc	\$173,519,516				\$173,519,516
Parent, Subsidiaries and Affiliates	\$45,786,304				\$45,786,304
Total Common Stocks	\$219,305,820				\$219,305,820
Derivative assets					
Interest rate contracts					
Foreign rate contracts					
Credit contracts					
Commodity futures contracts					
Commodity forward contracts					
Total Derivatives					
Separate account assets					
Total assets at fair value/NAV	\$219,305,820				\$219,305,820
b. Liabilities at fair value					
Derivative liabilities					
Total liabilities at fair value					

The following summarizes the valuation methodology used in determining fair value measurements of significant classes of the Plan's financial instruments:

### Level 1 Measurements

Cash and Cash Equivalents – the fair value of cash is the Plan's reported cash balances.

Short-term Investments – None.

Common Stocks – the fair value of these stocks and funds is based upon the unadjusted quoted prices for the identical security in active markets that the Plan can access.

B. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy: None

C. Aggregate Fair Value of All Financial Instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds							
Industrial and Misc	\$173,519,516	\$173,519,516	\$173,519,516				
Parent, Subsidiaries and Affiliates	\$45,786,304	\$45,786,304	\$45,786,304				

D. Not Practicable to Estimate Fair Value: None

E. Investments Measured Using NAV: None

### Level 2 Measurements

Bonds – None



## Notes to Financial Statements

### Note 21 - Other Items

- A. Unusual or Infrequent Items: None
- B. Troubled Debt Restructuring: Debtors: None
- C. Other Disclosures and Unusual Items: Cash equivalents in the amount of \$1,324,203 as of June 30, 2023 are on deposit with the State of Michigan Treasury in a safekeeping account 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
- I. The 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:

Type I – Recognized Subsequent Events:

No change

Type II – Nonrecognized Subsequent Events: None

### Note 23 – Reinsurance

No change

### Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Medicare Advantage: The Plan had retrospective premiums based on members risk score adjustments submitted to CMS.
- B. The Plan records accrued retrospective premium as an adjustment to earned premium.
- C. The amount of net premiums written by the Plan at June 30, 2023 that are subject to retrospective rating features was \$5,696,673.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act –The Plan is required to refund premiums to subscribers to the extent medical loss ratios fall short of those specified percentages as directed by the Affordable Care Act. Effective June 30, 2023, the Plan estimated that no amounts will be paid out and no accrual has been recorded as of June 30, 2023.
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
  - Risk adjustment program - Premium adjustments pursuant to the risk adjustment program will be based on the risk scores (health status) of enrollees participating in risk adjustment covered plans, rather than the actual loss experience of the insured. Risk adjustment receivables or payables are estimated based on experience to date and determinations of the Plan's risk score versus the overall market risk score. These amounts represent the estimated amounts receivable or payable for both individual and small group populations and are based on general demographic data

## Notes to Financial Statements

and health status of these populations and data assumptions regarding the general health status of the overall market for which there is limited data. For 2023, the Plan did not write any accident and health insurance premium.

- Risk corridors - The risk corridors program is effective for benefit years beginning in 2015 through 2016. The purpose of the program is to provide limitations on issuer losses and gains for qualified health plans through additional protection against initial pricing risk. The program creates a mechanism for sharing the risk for allowable costs between the federal government and the qualified health plan issuers. Although the risk corridors program provides protection against extreme bounds of experience, there is a substantial corridor in which all variance in experience directly affects the loss experience of the Plan.
1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions – No
  2. Impact of Risk-sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year: None
  3. Roll-Forward of Prior Year ACA Risk-Sharing Provisions: None
  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:

No change

### Note 27 - Structured Settlements:

No change

**Notes to Financial Statements**Note 28 - Health Care Receivables

## A. Pharmaceutical rebate receivables:

*Section ID	Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
01	06/30/23					
01	03/31/23	686,575	686,575			
01	12/31/22		690,971		690,971	-
01	09/30/22		741,883		741,522	361
01	06/30/22		748,953		748,932	21
01	03/31/22		723,571		723,542	29
01	12/31/21		674,576		672,483	2,094
01	09/30/21		606,650		606,988	(338)
01	06/30/21		629,129		629,129	-
01	03/31/21		661,924		660,669	1,255
01	12/31/20		739,056		738,331	724
01	09/30/20		970,469		976,046	(5,576)

## B. Risk Sharing Receivables –See note 24.

Note 29 - Participating Policies: NoneNote 30- Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$1,014,319
2. Date of the most recent evaluation of this liability: June 30, 2023
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 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[X]
  
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 2.2 If yes, date of change: .....
  
- 3.1 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? Yes[X] No[ ]  
 If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[ ] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
  
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[ ] N/A[X]  
 If yes, attach an explanation.
  
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2019
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2019
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 06/15/2021
- 6.4 By what department or departments?  
 Michigan Department of Insurance and Financial Services
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[X] No[ ] N/A[ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[ ] N/A[ ]
  
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
- 7.2 If yes, give full information
  
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the 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
.....	.....	..... No	..... No	..... No	..... No

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]
  - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ ..... 4,029,130

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[X] No[ ]
- 11.2 If yes, give full and complete information relating thereto:  
 Cash Equivalents include an amount (\$1,324,203.10) held in a safekeeping trust account with the State of Michigan as required by the Department of Insurance & Financial Services.
- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ ..... 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ ..... 0

## GENERAL INTERROGATORIES (Continued)

### INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[X] No[]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....		
14.22 Preferred Stock .....		
14.23 Common Stock .....	44,610,789	45,786,304
14.24 Short-Term Investments .....		
14.25 Mortgages Loans on Real Estate .....		
14.26 All Other .....		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	44,610,789	45,786,304
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ .....	0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ .....	0
16.3 Total payable for securities lending reported on the liability page	\$ .....	0

17. 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 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
JPMORGAN CHASE BANK, NA .....	1111 POLARIS PARKWAY, COLUMBUS OH 43240

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[] No[X]

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

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

17.5 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 .....

17.5097 For those firms/individuals listed in the table for Question 17.5, 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]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[] No[X]

17.6 For those firms or individuals listed in the table for 17.5 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

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

18.2 If no, list exceptions:

19. By self-designating 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]

20. 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.

## **GENERAL INTERROGATORIES (Continued)**

- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a 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]

21. 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]

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:		
1.1 A&H loss percent	.....	88.610%
1.2 A&H cost containment percent	.....	0.190%
1.3 A&H expense percent excluding cost containment expenses	.....	10.100%
2.1 Do you act as a custodian for health savings accounts?		Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$.....	0
2.3 Do you act as an administrator for health savings accounts?		Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$.....	0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?		Yes[ ] No[X]
3.1 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[X]

## SCHEDULE S - CEDED REINSURANCE

### Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Affiliates</b>									
11835 .....	04-1590940 .....	01/01/2023 .....	PARTNERRE AMER INS CO .....	DE .....	SSL/I .....	SLEL .....	Authorized .....	1 .....	01/01/2023 .....



# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

## Current Year to Date - Allocated by States and Territories

		Direct Business Only								
		1	2	3	4	5	6	7	8	9
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	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		5,696,673	598,486,386					604,183,059	
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		5,696,673	598,486,386					604,183,059	
60. Reporting entity contributions for Employee Benefit Plans	X X X									
61. Total (Direct Business)	X X X		5,696,673	598,486,386					604,183,059	

**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:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- 2. R - Registered - Non-domiciled RRGs
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

1

- 4. Q - Qualified - Qualified or accredited reinsurer
- 5. N - None of the above - Not allowed to write business in the state

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# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

## MEMBERS OF A HOLDING COMPANY GROUP

### PART 1 - ORGANIZATIONAL CHART



#### HEALTH CARE

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% Group Code: 4700 NAIC: 95562	MDWise, Inc 35-1931354 [IN] 100% Group Code: 4700 NAIC: 95807	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% Group Code: 4700 NAIC: 14217			CCH Holdings Inc 81-3487385 [MI] 100%	
		NMI Medical Management 20-8458840 [MI] 100%				Hospital Health Care 38-2643070 [MI] 100%			Delphinus Investments Inc 45-4758176 [MI] 100%	Parkview Property Management 38-2467310 [MI] 100%						McLaren Health Advantage 91-214720 [MI] 100%				
		NMI Hematology/Oncology 32-0020293 [MI] 100%				Lake Orion Nursing Center 38-2895426 [MI] 100%				Willow Enterprises 38-2491659 [MI] 100%										
		Cardiac Institute 26-2774689 [MI] 100%																		
		Charlevoix Nursing Home 38-3038683 [MI] 100%																		
		Rapin & Rapin Prescription Services Pharmacy 38-3465261 [MI]																		

# 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)	*
016		00000	38-2397643				McLaren HealthCare Corp	MI	UDP				McLaren Health Care Corporation	No	
		00000	26-2693350				McLaren HealthCare Village DBA McLaren Clarkston	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 Norther 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		

## 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	38-2643070				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	
		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 Homecare 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 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	

Q16.1

## 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	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	
		00000	38-2895426				Lake Orion Nursing Center	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	No	

Asterisk	Explanation
0000001	

Q16.2



**OVERFLOW PAGE FOR WRITE-INS****ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1104. OTHER INVESTMENT DEFERRED COMPENSATION .....				369,232
1105. SELF INS TRUST FUND CTF .....	656,853		656,853	573,657
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) .....	675,519	18,666	656,853	942,889
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....				

**SCHEDULE A - VERIFICATION****Real Estate**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	1,955,012	2,256,498
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other-than-temporary impairment recognized .....		
8. Deduct current year's depreciation .....	89,145	301,487
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) .....	1,865,866	1,955,012
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....	1,865,866	1,955,012

**SCHEDULE B - VERIFICATION****Mortgage Loans**

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

**NONE****SCHEDULE BA - VERIFICATION****Other Long-Term Invested Assets**

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

**NONE****SCHEDULE D - VERIFICATION****Bonds and Stocks**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	211,448,410	108,757,596
2. Cost of bonds and stocks acquired .....	2,630,468	102,980,654
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....	5,226,942	(289,841)
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....		
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....	219,305,820	211,448,410
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	219,305,820	211,448,410



**SI02 Schedule D Part 1B ..... NONE**

**SI03 Schedule DA Part 1 ..... NONE**

**SI03 Schedule DA Verification ..... NONE**

**SI04 Schedule DB - Part A Verification ..... NONE**

**SI04 Schedule DB - Part B Verification ..... NONE**

**SI05 Schedule DB Part C Section 1 ..... NONE**

**SI06 Schedule DB Part C Section 2 ..... NONE**

**SI07 Schedule DB - Verification ..... NONE**

**SCHEDULE E - PART 2 - VERIFICATION****(Cash Equivalents)**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	1,346,552	1,335,427
2.	Cost of cash equivalents acquired .....		
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....	(26,096)	(11,125)
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other-than-temporary impairment recognized .....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	1,372,648	1,346,552
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	1,372,648	1,346,552

**E01 Schedule A Part 2 ..... NONE**

**E01 Schedule A Part 3 ..... NONE**

**E02 Schedule B Part 2 ..... NONE**

**E02 Schedule B Part 3 ..... NONE**

**E03 Schedule BA Part 2 ..... NONE**

**E03 Schedule BA Part 3 ..... NONE**

**QE01 - QE03**

## SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
2509999998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
2509999999	Subtotal - Bonds				X X X				X X X
4509999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
4509999999	Subtotal - Preferred Stocks				X X X		X X X		X X X
<b>Common Stocks - Industrial and Miscellaneous (Unaffiliated) - Other</b>									
921943809	VANGUARD DEVELOPED MARKETS INDEX FUND		06/16/2023	JPMORGAN	2,912.140	43,828	X X X		
922042304	VANGUARD EMERGING MARKETS		06/16/2023	JPMORGAN	672.730	23,310	X X X		
922908843	VANGUARD MIDCAP INDEX		06/22/2023	JPMORGAN	62.840	16,654	X X X		
922908702	VANGUARD SMALL CAP INDEX		06/22/2023	JPMORGAN	183.830	17,017	X X X		
922908108	VANGUARD S&P 500 INDEX		06/28/2023	JPMORGAN	164.410	66,377	X X X		
5029999999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) - Other				X X X	167,186	X X X		X X X
<b>Common Stocks - Mutual Funds - Designations Not Assigned by the SVO</b>									
258620863	DOUBLELINE LOW DURATION BOND FUND		04/01/2023	JPMORGAN	26,956.190	255,006	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		05/01/2023	JPMORGAN	16,215.810	172,050	X X X		
258620863	DOUBLELINE LOW DURATION BOND FUND		05/01/2023	JPMORGAN	23,878.610	226,131	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		05/26/2023	JPMORGAN	15,171.550	159,301	X X X		
258620863	DOUBLELINE LOW DURATION BOND FUND		06/01/2023	JPMORGAN	27,700.110	261,489	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		06/28/2023	JPMORGAN	16,259.230	170,722	X X X		
5329999999	Subtotal - Common Stocks - Mutual Funds - Designations Not Assigned by the SVO				X X X	1,244,698	X X X		X X X
5989999997	Subtotal - Common Stocks - Part 3				X X X	1,411,884	X X X		X X X
5989999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
5989999999	Subtotal - Common Stocks				X X X	1,411,884	X X X		X X X
5999999999	Subtotal - Preferred and Common Stocks				X X X	1,411,884	X X X		X X X
6009999999	Total - Bonds, Preferred and Common Stocks				X X X	1,411,884	X X X		X X X

QE04

**E05 Schedule D Part 4 ..... NONE**

**E06 Schedule DB Part A Section 1 ..... NONE**

**E07 Schedule DB Part B Section 1 ..... NONE**

**E08 Schedule DB Part D Section 1 ..... NONE**

**E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity ..... NONE**

**E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity ..... NONE**

**E10 Schedule DB Part E ..... NONE**

**E11 Schedule DL - Part 1 - Securities Lending Collateral Assets ..... NONE**

**E12 Schedule DL - Part 2 - Securities Lending Collateral Assets ..... NONE**

# SCHEDULE E - PART 1 - CASH

## Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
<b>Open Depositories</b>										
JPMORGAN, CHASE .....	FLINT, MICHIGAN .....	06/30/2023 .....					198,795,109	181,001,729	166,252,600	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories			X X X	X X X	581,826	104,906	25,636,792	25,736,590	25,842,796	X X X
0199999 Total - Open Depositories .....			X X X	X X X	581,826	104,906	224,431,901	206,738,319	192,095,396	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories .....			X X X	X X X						X X X
0299999 Total - Suspended Depositories .....			X X X	X X X						X X X
0399999 Total Cash On Deposit .....			X X X	X X X	581,826	104,906	224,431,901	206,738,319	192,095,396	X X X
0499999 Cash in Company's Office .....			X X X	X X X	X X X	X X X				X X X
0599999 Total .....			X X X	X X X	581,826	104,906	224,431,901	206,738,319	192,095,396	X X X

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>								
. 4812C2684 .	US Government Money Market Fund .....		06/30/2023 ...	0.000	X X X	1,324,203		
8209999999	Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO .....					1,324,203		
<b>All Other Money Market Mutual Funds</b>								
. 4812A2603 .	JP Morgan Prime Money Market Fund .....		06/30/2023 ...	0.000	X X X	48,445		
8309999999	Subtotal - All Other Money Market Mutual Funds .....					48,445		
8609999999	Total Cash Equivalents .....					1,372,648		

QE14