



# ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE  
**McLaren Health Plan Community**

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

Organized under the Laws of Michigan , State of Domicile or Port of Entry MI

Country of Domicile United States of America

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

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

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

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

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

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

Internet Website Address www.mclarenhealthplan.org

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

## OFFICERS

Name	Title
Nancy Jenkins	President
Kathy Kendall	Vice President
Dave Mazurkiewicz	Treasurer
Deidra Wilson	Secretary
Rachel Hairston	Assistant Treasurer / VP, Finance
Dennis Perry, MD	Chief Medical Officer
Cheryl Diehl	Assistant Secretary
Brian Brown	Chairman #
Jane Heilig	Assistant Treasurer

## OTHERS

Dennis LaForest, Enrollee Representative

## DIRECTORS OR TRUSTEES

Nancy Jenkins	Kevin Tompkins
Dave Mazurkiewicz	Deidra Wilson
Patrick Hayes	

State of Michigan  
County of Genesee ss

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

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

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024

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

Yes[X] No[ ]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....	191,227	80,806	41,545	118,345	118,345	313,579
<b>Group subscribers:</b>						
Chocola Cleaning Materials .....	25,465					25,465
State of Michigan .....	265,576					265,576
Evolve Tele-Services Inc .....	15,937					15,937
0299997 Group subscriber subtotal .....	306,978					306,978
0299998 Premiums due and unpaid not individually listed .....	15,519					15,519
0299999 TOTAL Group .....	322,497					322,497
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	513,725	80,806	41,545	118,345	118,345	636,076

### 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
<b>Pharmaceutical Rebate Receivables</b>						
MedImpact .....	600,000		1,080,940			1,680,940
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	600,000		1,080,940			1,680,940
0799999 Gross Health Care receivables .....	600,000		1,080,940			1,680,940

### 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 .....	1,801,113	2,179,640		1,680,940	1,801,113	849,097
2. Claim overpayment receivables .....						
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....						
7. TOTALS (Lines 1 through 6) .....	1,801,113	2,179,640		1,680,940	1,801,113	849,097

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
<b>Claims Unpaid (Reported)</b>						
McLaren Flint Hospital .....		12,074				12,074
University of Michigan .....	24,960					24,960
EW Sparrow Hospital .....	52,357					52,357
McLaren Greater Lansing Hospital .....	10,671					10,671
Metro Infectious Disease Consultant .....	18,250					18,250
0199999 Individually Listed Claims Unpaid .....	106,239	12,074				118,313
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	1,759,747	15,800	20,362	2,649	40,103	1,838,661
0499999 Subtotals .....	1,865,985	27,874	20,362	2,649	40,103	1,956,974
0599999 Unreported claims and other claim reserves .....						5,041,834
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						6,998,808
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						302,291

## 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
<b>Individually listed receivables</b>							
McLaren Health Plan .....	130,405					130,405	
Health Advantage .....	29,517					29,517	
0199999 Individually listed receivables .....	159,922					159,922	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	159,922					159,922	

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
Health Advantage .....	Professional Services .....	626	626	
McLaren Health Plan .....	Professional Services .....	354,641	354,641	
McLaren Health Management Group .....	Professional Services .....	14,718	14,718	
0199999 Individually Listed Payables .....	X X X .....	369,985	369,985	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	369,985	369,985	

### EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....						
4. TOTAL Capitation Payments .....						
<b>Other Payments:</b>						
5. Fee-for-service .....	1,680,262	1.825	X X X	X X X		1,680,262
6. Contractual fee payments .....	90,370,134	98.175	X X X	X X X	90,370,134	
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 .....	92,050,396	100.000	X X X	X X X	90,370,134	1,680,262
13. TOTAL (Line 4 plus Line 12) .....	92,050,396	100.000	X X X	X X X	90,370,134	1,680,262

### EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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



## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....						
2. Medical furniture, equipment and fixtures .....	<b>NONE</b>					
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. TOTAL .....						



## 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 14217

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											
<b>TOTAL Members at end of:</b>														
1. Prior Year .....	17,683	4,110	13,291	282										
2. First Quarter .....	16,862	4,552	12,046	264										
3. Second Quarter .....	16,054	4,362	11,427	265										
4. Third Quarter .....	15,442	4,317	10,851	274										
5. Current Year .....	15,121	4,298	10,548	275										
6. Current Year Member Months .....	192,691	52,881	136,577	3,233										
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician .....	112,364	30,837	79,642	1,885										
8. Non-Physician .....	19,223	5,275	13,625	323										
9. TOTAL .....	131,587	36,112	93,267	2,208										
10. Hospital Patient Days Incurred .....	4,575	1,384	3,006	185										
11. Number of Inpatient Admissions .....	809	232	537	40										
12. Health Premiums Written (b) .....	96,310,158	27,995,256	67,721,783	593,119										
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	96,541,073	27,706,114	68,241,839	593,119										
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	92,050,396	26,572,184	64,923,183	555,028										
18. Amount Incurred for Provision of Health Care Services .....	90,692,783	26,966,334	63,150,613	575,836										

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



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 4700

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

NAIC Company Code 14217

30 Grand Total

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>TOTAL Members at end of:</b>														
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17. Amount Paid for Provision of Health Care Services	92,050,396	26,572,184	64,923,183	555,028										
18. Amount Incurred for Provision of Health Care Services	90,692,783	26,966,334	63,150,613	575,836										

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

## SCHEDULE S - PART 1 - SECTION 2

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

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

## SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
11835 ...	04-1590940 ...	01/01/2023	PARTNERRE AMER INS CO .....	DE .....	62,181	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					62,181	
2199999 Total - Accident and Health - Non-Affiliates .....					62,181	
2299999 Total - Accident and Health .....					62,181	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					62,181	
9999999 Total (Sum of 1199999 and 2299999) .....					62,181	

## 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		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
11835	04-1590940	01/01/2023	PARTNERRE AMER INS CO	DE	SSL/I	SLEL	2,023,741						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,023,741						
1099999 Total - General Account - Authorized - Non-Affiliates							2,023,741						
1199999 Total - General Account - Authorized							2,023,741						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							2,023,741						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							2,023,741						
9999999 Total (Sum of 4599999 and 9099999)							2,023,741						

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**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 2023	2 2022	3 2021	4 2020	5 2019
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	2,024	2,148	1,471	1,762	1,817
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	62	920	239	115	464
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 .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	50,392,978		50,392,978
2. Accident and health premiums due and unpaid (Line 15) .....	636,076		636,076
3. Amounts recoverable from reinsurers (Line 16.1) .....	62,181		62,181
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	1,971,616		1,971,616
6. TOTAL Assets (Line 28) .....	53,062,851		53,062,851
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	6,998,808		6,998,808
8. Accrued medical incentive pool and bonus payments (Line 2) .....	302,291		302,291
9. Premiums received in advance (Line 8) .....	771,402		771,402
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) .....	3,563,938		3,563,938
15. TOTAL Liabilities (Line 24) .....	11,636,440		11,636,440
16. TOTAL Capital and Surplus (Line 33) .....	41,426,411	X X X	41,426,411
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	53,062,851		53,062,851
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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	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 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 Northern MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2643070				Hospital Health Care	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3136458				McLaren Physician Partners	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	45-5567669				McLaren Hospitality House	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2689033				Lapeer Regional Medical Center DBA McLaren Lapeer Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2689603				McLaren Lapeer Foundation	MI	NIA	Lapeer Regional Medical Center DBA McLaren Lapeer Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2777750				McLaren Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2683251				Marwood Manor Nursing	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	

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# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

41.1

Asterisk	Explanation
0000001	

## SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95848	382397643	MCLAREN HEALTH CARE CORPORATION					10,559,393				10,559,393	
	38-3383640	MCLAREN HEALTH PLAN					(359,270)				(359,270)	
	38-2383119	MCLAREN REGIONAL MEDICAL CENTER					9,071				9,071	
14217	91-2141720	HEALTH ADVANTAGE INC.					(9,211,396)				(9,211,396)	
95807	27-2204037	MCLAREN HLTH PLAN COMM					(4,393,797)				(4,393,797)	
	35-1931354	MDWISE INC					4,444,327				4,444,327	
	82-4449304	MCLAREN INTEGRATED HMO GROUP					38,809,003				38,809,003	
	47-3192307	MDWISE MEDICAID NETWORK					(39,857,331)				(39,857,331)	
9999999 Control Totals									XXX			

Schedule Y Part 2 Explanation: 0

## SCHEDULE Y

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

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

**RESPONSES**

**REQUIRED FILINGS**

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

**MARCH FILING**

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

**APRIL FILING**

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

**JUNE FILING**

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

**SUPPLEMENTAL FILINGS**

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

**MARCH FILING**

- |  |     |
|--|-----|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | Yes |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | No  |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | No  |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No  |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | No  |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | No  |
| 16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | No  |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | No  |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?   | No  |
| 19. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit For Year be filed with the applicable jurisdictions and with the NAIC by March 1?  | Yes |

**APRIL FILING**

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

**AUGUST FILING**

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

Explanation:

Bar Code:

Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



Approval for Relief related to Require. for Audit Committees



LTC Supplemental Interrogatories



Health Life Supplement - April



# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LHA Guaranty Association Reconciliation



14217202329000000

2023

Document Code: 290



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

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Professional Development .....	61	258	908		1,227
2505. Bad Debt Expense .....			56,882		56,882
2506. ....					
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	61	258	57,790		58,109



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**For The Year Ended DECEMBER 31, 2023**  
**(To be filed by March 1)**  
**FOR THE STATE OF MICHIGAN**

NAIC Group Code: 4700  
 Address (City, State and Zip Code): Flint, MI 48532  
 Person Completing This Exhibit: Tessa Clardy  
 Title: Financial Analyst

NAIC Company Code: 14217  
 Telephone Number: (810)244-1672

Supp360 Michigan

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020			Policies Issued in 2021, 2022, 2023					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Total Experience on Individual Policies</b>																		
Yes	MCLH-131185330	A	No	3,4,6	10/11/2017		12/11/2018		McLaren Medicare Supplement									
Yes	MCLH-131185330	C	No	3,4,6	10/11/2017		12/11/2018		McLaren Medicare Supplement				453,208	390,093	86.1	222		
Yes	MCLH-131185330	D	No	3,4	12/20/2018		12/10/2018		McLaren Medicare Supplement				87,032	111,295	127.9	51		
Yes	MCLH-131185330	F	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement				13,865	(5,488)	(39.6)	7		
Yes	MCLH-131185330	F	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement - High Deductible									
Yes	MCLH-131185330	G	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement				36,540	75,705	207.2	23		
Yes	MCLH-131185330	G	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement - High Deductible									
Yes	MCLH-131185330	N	No	3,4	10/11/2017		12/11/2018		McLaren Medicare Supplement				2,474	4,221	170.6	1		
0199999 Total Experience on Individual Policies													593,119	575,826	97.1	304		
0299999 Total Experience on Group Policies																		

GENERAL INTERROGATORIES

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



**Market Conduct Annual Statement (MCAS) Premium Exhibit For Year**

For the Year Ended DECEMBER 31, 2023  
 (To Be Filed by March 1)  
 For the State of Michigan

NAIC Group Code 4700

NAIC Company Code 14217

MCAS Line of Business	MCAS Reportable Premium / Considerations (YES/NO)
1. Disability Income .....	NO .....
2. Health .....	YES .....
3. Homeowners .....	NO .....
4. Individual Annuity .....	NO .....
5. Individual Life .....	NO .....
6. Lender-Placed Home and Auto .....	NO .....
7. Long-Term Care .....	NO .....
8. Other Health .....	NO .....
9. Private Flood .....	NO .....
10. Private Passenger Auto .....	NO .....
11. Short-Term Limited Duration Health Plans .....	NO .....
12. Travel .....	NO .....