



## 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 .....	52,267	38,593	34,895	84,732	84,732	125,754
0299997 Group subscriber subtotal .....						
0299998 Premiums due and unpaid not individually listed .....						
0299999 TOTAL Group .....						
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) ..	52,267	38,593	34,895	84,732	84,732	125,754

### 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 .....	350,000	643,164		716,099	716,099	993,164
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	350,000	643,164		716,099	716,099	993,164
<b>Other Health Care Receivables</b>						
Maternity Case Rate Receivables .....	1,156,604	51,667	23,661	178,157		1,410,089
Accounts Receivable - MSA Premium .....	6,769,515					6,769,515
0699998 Other Health Care Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Health Care Receivables .....	7,926,118	51,667	23,661	178,157		8,179,603
0799999 Gross Health Care receivables .....	8,276,118	694,831	23,661	894,256	716,099	9,172,767

### 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 .....	1,958,836	1,007,811		1,709,263	1,958,836	
2. Claim overpayment receivables .....						
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....						
6. Other health care receivables .....	9,361,416	23,646,220	76,367	8,103,236	9,437,783	9,437,783
7. TOTALS (Lines 1 through 6) .....	11,320,252	24,654,031	76,367	9,812,499	11,396,619	9,437,783

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>						
Allegiance Health	49,194	13,912	46,749			109,854
Alliance Surgery Center	20,250					20,250
Ambulatory Infusion Care	16,178					16,178
Ascension Borgess Hospital	70,526	24,795	120,627			215,948
Ascension Borgess Hospital-Pipp Hospital	68,115					68,115
Ascension Macomb Oakland Hosp - War	36,484	41,250				77,734
Ascension Providence Hospital	19,991	20,144	74,564			114,699
Ascension Providence Rochester Hosp	25,916		10,673			36,589
Ascension St. John Hospital	85,261	173,791	197,368			456,419
Barbara Ann Karmanos Cancer Hospital	15,861			81,197		97,058
Bronson Methodist Hospital - Kalama	241,972	22,406	426,762	38,881		730,020
Charter Endoscopy Center LLC	23,220					23,220
Chelsea Community Hospital - Rehab		13,046				13,046
CORAM Specialty Infusion Services	15,611					15,611
Corewell Health Lakeland Hospitals		14,377				14,377
Covenant Medical Center - Hospital	74,289	16,788	237,376			328,453
Davita Lansing Home Hemodialysis	11,491					11,491
DMC Detroit Receiving Hospital	21,234	176,294	11,057			208,585
DMC Harper-Hutzel Womens Hospital		22,088				22,088
EW Sparrow Hospital	421,112	413,259	388,998		11,003	1,234,372
Fresenius Medical Care Lansing West			10,089		10,089	20,178
Fresenius RCG East Lansing	10,089					10,089
Genesys Regional Med Ctr	11,256		30,734			41,990
Henry Ford Hospital - Detroit	342,105	395,943	11,812			749,859
Henry Ford Macomb Hospital	13,600					13,600
Hurley Medical Center	270,798	477,517	129,757			878,072
Infusion Associates PC	17,107					17,107
Infusion Health PLC	15,208					15,208
Insight Surgical Hospital	44,051					44,051
Josip Petani MD					11,861	11,861
Kabafusion MI LLC	17,622					17,622
Lake Huron Medical Center	12,378					12,378
Mary Free Bed Rehabilitation Hospit		14,121				14,121
McLaren Bay Region Hospital	64,536					64,536
McLaren Flint Hospital	96,126	73,141	152,582			321,849
McLaren Flint- Inpatient Psych	32,441					32,441
McLaren Greater Lansing Hospital	74,695					74,695
McLaren Home Infusion	25,109					25,109
McLaren Lapeer Hospital	23,684					23,684
McLaren Northern Michigan Hospital	11,933					11,933
McLaren Oakland	10,582					10,582
McLaren Port Huron		10,699				10,699
Memorial Hospital	285,321					285,321
Mercy St Vincent Medical Center	12,082					12,082
MidMichigan Medical Center	40,861		65,906			106,767
MidMichigan Medical Center-Gratiot	21,151					21,151
MidMichigan Medical Ctr - Gladwin	16,503					16,503

## 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
Munson Medical Center .....	25,577	24,714				50,291
NATIONWIDE CHILDREN'S HOSPITAL TOLE .....	16,756					16,756
Oaklawn Hospital .....		27,869	15,863	10,436		54,168
Oakwood Annapolis Hospital .....		24,601				24,601
Oakwood Hospital and Medical Ctr - .....	32,177	44,998				77,176
Prime HC Srv Garden City .....	30,164					30,164
Promedica The Toledo Hospital .....	54,822					54,822
Sinai Grace Hospital .....	25,718	15,392				41,109
Soleo Health Inc .....	74,092					74,092
Sparrow Eaton Hospital .....	10,205					10,205
Sparrow Specialty Hospital .....	18,371					18,371
Spectrum Health Hospitals Blodgett/ .....	1,707,541	10,092			1,050,546	2,768,179
Spring Valley Hosp Med Ct .....	126,070					126,070
SSH Oakland .....	52,477					52,477
St Joseph Mercy Oakland .....	81,570		141,829			223,398
St Marys of Michigan - Saginaw .....	50,767				35,534	86,302
Tampa General Hospital .....		1,247,484				1,247,484
U MN Med Ctr Fairview .....					86,161	86,161
University of Michigan .....	711,054	13,486	1,624,915		587,869	2,937,323
VHS/Childrens Hospital of Michigan .....	1,098,467		381,997			1,480,463
William Beaumont Hospital Royal Oak .....	13,897	43,571	970,702			1,028,170
William Beaumont Hospital Troy .....	62,967					62,967
0199999 Individually Listed Claims Unpaid .....	6,878,633	3,375,775	5,050,361	130,515	1,793,063	17,228,346
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	31,053,361	4,318,290	2,723,994	369,493	1,295,076	39,760,215
0499999 Subtotals .....	37,931,994	7,694,065	7,774,355	500,008	3,088,139	56,988,561
0599999 Unreported claims and other claim reserves .....						11,345,946
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						68,334,507
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						3,645,570

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## 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>							
MDwise .....	1,408,177					1,408,177	
McLaren Integrated HMO Group .....	201,461					201,461	
McLaren Health Plan Community .....	354,641					354,641	
Health Advantage .....	661,254					661,254	
0199999 Individually listed receivables .....	2,625,533					2,625,533	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	2,625,533					2,625,533	

## 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>				
MDwise .....	Professional Services .....	14,539	14,539	
McLaren Integrated HMO Group .....	Professional Services .....	1,243,157	1,243,157	
McLaren Health Care Corporation .....	Professional Services .....	593,337	593,337	
McLaren Health Plan Community .....	Professional Services .....	130,405	130,405	
McLaren Medical Group .....	Professional Services .....	15,000	15,000	
McLaren Health Management Group .....	Professional Services .....	12,409	12,409	
Health Advantage .....	Professional Services .....	40,739	40,739	
0199999 Individually Listed Payables .....	X X X .....	2,049,587	2,049,587	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	2,049,587	2,049,587	



### 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 .....	1,652,183	0.154				1,652,183
2. Intermediaries .....						
3. All other providers .....	7,847,366	0.731				7,847,366
4. TOTAL Capitation Payments .....	9,499,550	0.885				9,499,550
<b>Other Payments:</b>						
5. Fee-for-service .....	43,498,607	4.052	X X X	X X X		43,498,607
6. Contractual fee payments .....	1,020,460,847	95.063	X X X	X X X	1,020,460,847	
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 .....	1,063,959,454	99.115	X X X	X X X	1,020,460,847	43,498,607
13. TOTAL (Line 4 plus Line 12) .....	1,073,459,003	100.000	X X X	X X X	1,020,460,847	52,998,156

### 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 .....	1,062,663		1,051,565		11,098	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. TOTAL .....	1,062,663		1,051,565		11,098	



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

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 4700

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

NAIC Company Code 95562

30 Michigan

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>TOTAL Members at end of:</b>														
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 .....	262,869							1,233	261,636					
5. Current Year .....	246,779							1,289	245,490					
6. Current Year Member Months .....	3,183,148							13,873	3,169,275					
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician .....	2,082,572							9,076	2,073,496					
8. Non-Physician .....	436,404							1,902	434,502					
9. TOTAL .....	2,518,976							10,978	2,507,998					
10. Hospital Patient Days Incurred .....	114,763							2,370	112,393					
11. Number of Inpatient Admissions .....	21,650							272	21,378					
12. Health Premiums Written (b) .....	1,216,993,029							13,556,709	1,203,436,321					
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	1,234,435,645							13,584,789	1,220,850,856					
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	1,073,459,003		(5,769)					14,033,594	1,059,431,179					
18. Amount Incurred for Provision of Health Care Services .....	1,059,733,381		(5,769)					15,362,313	1,044,376,836					

(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 \$.....13,556,709



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

REPORT FOR: 1. CORPORATION:      2. LOCATION:

NAIC Group Code 4700

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

NAIC Company Code 95562

30 Grand Total

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
<b>TOTAL Members at end of:</b>														
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 .....	262,869							1,233	261,636					
5. Current Year .....	246,779							1,289	245,490					
6. Current Year Member Months .....	3,183,148							13,873	3,169,275					
<b>TOTAL Member Ambulatory Encounters for Year:</b>														
7. Physician .....	2,082,572							9,076	2,073,496					
8. Non-Physician .....	436,404							1,902	434,502					
9. TOTAL .....	2,518,976							10,978	2,507,998					
10. Hospital Patient Days Incurred .....	114,763							2,370	112,393					
11. Number of Inpatient Admissions .....	21,650							272	21,378					
12. Health Premiums Written (b) .....	1,216,993,029							13,556,709	1,203,436,321					
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	1,234,435,645							13,584,789	1,220,850,856					
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	1,073,459,003		(5,769)					14,033,594	1,059,431,179					
18. Amount Incurred for Provision of Health Care Services .....	1,059,733,381		(5,769)					15,362,313	1,044,376,836					

(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 \$.....13,556,709

## 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	
<b>NONE</b>													
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 .....	1,291,065	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					1,291,065	
2199999 Total - Accident and Health - Non-Affiliates .....					1,291,065	
2299999 Total - Accident and Health .....					1,291,065	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					1,291,065	
9999999 Total (Sum of 1199999 and 2299999) .....					1,291,065	

## 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	4,994,334						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							4,994,334						
1099999 Total - General Account - Authorized - Non-Affiliates							4,994,334						
1199999 Total - General Account - Authorized							4,994,334						
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							4,994,334						
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)							4,994,334						
9999999 Total (Sum of 4599999 and 9099999)							4,994,334						

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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. Title XVIII-Medicare .....	128	37			
3. Title XIX - Medicaid .....	4,866	4,029	3,624	3,025	2,718
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 .....	1,291	1,740	479	472	555
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) .....	403,711,202		403,711,202
2. Accident and health premiums due and unpaid (Line 15) .....	492,168		492,168
3. Amounts recoverable from reinsurers (Line 16.1) .....	1,291,065		1,291,065
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	28,940,763		28,940,763
6. TOTAL Assets (Line 28) .....	434,435,197		434,435,197
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	68,334,507		68,334,507
8. Accrued medical incentive pool and bonus payments (Line 2) .....	3,645,570		3,645,570
9. Premiums received in advance (Line 8) .....	3,472,742		3,472,742
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) .....	45,736,287		45,736,287
15. TOTAL Liabilities (Line 24) .....	121,189,106		121,189,106
16. TOTAL Capital and Surplus (Line 33) .....	313,246,091	X X X	313,246,091
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	434,435,197		434,435,197
<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 DBA								
		00000	38-3584572				McLaren Clarkston	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1613280				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-1649466				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2823451				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	45-4758176				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2156534				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1976271				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	No	
							Bay Regional Medical Center DBA								
		00000	38-3161753				McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
							Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1420304				Central Michigan Community Hosital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hosital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren 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	

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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 Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	38-2683251				Marwood Manor Nursing .....	MI	NIA	McLaren Port Huron .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
		00000	38-2467310				Parkview Property Management .....	MI	NIA	McLaren Port Huron .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
		00000	38-2491659				Willow Enterprises .....	MI	NIA	McLaren Port Huron .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
		00000	38-2988086				McLaren Medical Group .....	MI	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
		00000	38-3267121				Mid-Michigan Physicians .....	MI	NIA	McLaren Medical Group .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
		00000	38-3491714				Visiting Nurse Services of Michigan DBA .....								
		00000	46-3643089				McLaren Homecare Group .....	MI	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
							Hospice and Homecare Foundation .....	MI	NIA	Visiting Nurse Services of Michigan DBA .....					
							McLaren Homecare Group .....			McLaren Homecare Group .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
4700	McLaren Health Plan .....	95562	38-3252216				McLaren Health Plan .....	MI	NIA	McLaren Integrated HMO Group .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
4700	McLaren Health Plan .....	14217	27-2204037				McLaren Health Plan Community .....	MI	DS	McLaren Health Plan .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
4700	McLaren Health Plan .....	00000	91-2141720				Health Advantage Inc. ....	MI	DS	McLaren Health Plan .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
		00000					McLaren Insurance Company LTD. ....	CYM	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
4700	MDWise .....	95807	35-1931354				MDWise .....	IN	NIA	McLaren Integrated HMO Group .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
		00000	47-3192307				MDWise Medicaid Network .....	IN	NIA	McLaren Integrated HMO Group .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
		00000	82-4449304				McLaren Integrated HMO Group .....	MI	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
		00000	38-3426063				McLaren Caro Region .....	MI	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
		00000	38-2422995				Caro Community Hospital McLaren Caro .....								
							Region Foundation .....	MI	NIA	McLaren Caro Region .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
		00000	81-3487385				CCH Holdings Inc. ....	MI	NIA	McLaren Caro Region .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	
		00000	38-1474929				McLaren Thumb Region .....	MI	NIA	McLaren HealthCare Corp .....	Ownership .....	100.0	McLaren Health Care Corporation .....	No	

41.1

Asterisk	Explanation
0000001	

## SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	382397643 ..	MCLAREN HEALTH CARE CORPORATION .....	.....	.....	.....	.....	10,559,393	.....	.....	.....	10,559,393	.....
95562 ..	38-3252216 ..	MCLAREN HLTH PLAN INC .....	.....	.....	.....	.....	(359,270)	.....	.....	.....	(359,270)	.....
.....	38-2383119 ..	MCLAREN REGIONAL MEDICAL CENTER .....	.....	.....	.....	.....	9,071	.....	.....	.....	9,071	.....
.....	91-2141720 ..	HEALTH ADVANTAGE INC. ....	.....	.....	.....	.....	(9,211,396)	.....	.....	.....	(9,211,396)	.....
14217 ..	27-2204037 ..	MCLAREN HLTH PLAN COMM .....	.....	.....	.....	.....	(4,393,797)	.....	.....	.....	(4,393,797)	.....
95807 ..	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 .....									X X X			

Schedule Y Part 2 Explanation:

## SCHEDULE Y

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

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

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

**RESPONSES**

**REQUIRED FILINGS**

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

**MARCH FILING**

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

**APRIL FILING**

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

**JUNE FILING**

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

**SUPPLEMENTAL FILINGS**

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

**MARCH FILING**

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

**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:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



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



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



Approval for Relief related to Require. for Audit Committees



Market Conduct Annual Statement (MCAS) Premium Exhibit For Year





# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



95562202330600000

2023

Document Code: 306

Health Life Supplement - April



95562202321100000

2023

Document Code: 211

LHA Guaranty Association Reconciliation



95562202329000000

2023

Document Code: 290

OVERFLOW PAGE FOR WRITE-INS

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION .....				369,232
1105. SELF INS TRUST FUND CTF .....	740,099		740,099	573,657
1106. PREPAID RENT EXPENSE .....	18,666	18,666		
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	758,765	18,666	740,099	942,889
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....				

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

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504. Professional Development .....	561	2,393	8,408		11,362
2505. Bad Debt Expense .....			195		195
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	561	2,393	8,603		11,557

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1104. OTHER INVESTMENT DEFERRED COMPENSATION .....			
1105. SELF INS TRUST FUND CTF .....			
1106. PREPAID RENT EXPENSES .....	18,666	18,666	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	18,666	18,666	
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....			