



**QUARTERLY STATEMENT**  
**AS OF MARCH 31, 2024**  
**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 \_\_\_\_\_, State of Domicile or Port of Entry MI

Country of Domicile United States

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[ ]

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 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**

<u>Name</u>	<u>Title</u>
Nancy Jenkins	President
Kathy Kendall	Vice President
Dave Mazurkiewicz	Treasurer
Deidra Wilson	Secretary

**OTHERS**

Dennis LaForest, Enrollee Representative

**DIRECTORS OR TRUSTEES**

Nancy Jenkins	Brian Brown
Dave Mazurkiewicz	Deidra Wilson
Patrick Hayes	

State of \_\_\_\_\_  
County of \_\_\_\_\_ 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[] No[ ]

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

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

## ASSETS

	Current Statement Date			4
	1	2	3	December 31 Prior Year Net Admitted Assets
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	1,090,577		1,090,577	1,091,047
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	6,023,159		6,023,159	5,875,344
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) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....27,908,304), cash equivalents (\$.....12,879,468) and short-term investments (\$.....0) .....	40,787,771		40,787,771	43,426,587
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 .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	47,901,507		47,901,507	50,392,978
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	124,357		124,357	130,753
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	842,151	395,610	446,541	636,076
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 (\$.....0) and contracts subject to redetermination (\$.....0) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	62,181		62,181	62,181
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 .....				
21. Furniture and equipment, including health care delivery assets (\$.....0) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	249,748		249,748	159,922
24. Health care (\$.....800,000) and other amounts receivable .....	800,000		800,000	1,680,940
25. Aggregate write-ins for other-than-invested assets .....	6,222	6,222		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	49,986,166	401,832	49,584,334	53,062,851
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	49,986,166	401,832	49,584,334	53,062,851
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501. Pre-Paid Expenses .....	6,222	6,222		
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) .....	6,222	6,222		

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	3,745,606		3,745,606	6,998,808
2. Accrued medical incentive pool and bonus amounts .....	339,941		339,941	302,291
3. Unpaid claims adjustment expenses .....	103,871		103,871	185,813
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	1,921,379		1,921,379	1,916,979
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	836,512		836,512	771,402
9. General expenses due or accrued .....	452,781		452,781	1,091,162
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 .....				
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 .....	260,694		260,694	369,985
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) .....	7,660,784		7,660,784	11,636,440
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	62,500,000	62,500,000
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	(20,576,451)	(21,073,589)
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	41,923,550	41,426,411
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	49,584,334	53,062,851
<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	16,107	50,974	192,691
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	8,650,505	24,660,164	94,286,417
3. Change in unearned premium reserves and reserve for rate credits .....	X X X			
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			
7. Aggregate write-ins for other non-health revenues .....	X X X			
8. Total revenues (Lines 2 to 7) .....	X X X	8,650,505	24,660,164	94,286,417
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		4,019,773	16,812,489	60,695,549
10. Other professional services .....		97,906	260,671	1,080,366
11. Outside referrals .....				
12. Emergency room and out-of-area .....		288,946	626,309	2,687,698
13. Prescription drugs .....		2,671,164	6,907,973	26,100,494
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....		37,500	51,833	128,676
16. Subtotal (Lines 9 to 15) .....		7,115,289	24,659,275	90,692,783
<b>Less:</b>				
17. Net reinsurance recoveries .....		192,742	287,917	493,416
18. Total hospital and medical (Lines 16 minus 17) .....		6,922,547	24,371,358	90,199,367
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....57,372 cost containment expenses .....		301,960	455,626	1,153,249
21. General administrative expenses .....		1,289,320	1,993,696	6,999,210
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....		(18,176)	(809,136)	(3,557,228)
23. Total underwriting deductions (Lines 18 through 22) .....		8,495,650	26,011,544	94,794,598
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	154,855	(1,351,380)	(508,181)
25. Net investment income earned .....		525,728	522,921	2,353,834
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains (losses) (Lines 25 plus 26) .....		525,728	522,921	2,353,834
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	680,583	(828,459)	1,845,653
31. Federal and foreign income taxes incurred .....	X X X			
32. Net income (loss) (Lines 30 minus 31) .....	X X X	680,583	(828,459)	1,845,653
<b>DETAILS OF WRITE-INS</b>				
0601. ....	X X X			
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			
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. ....				
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 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	41,426,411	39,290,326	39,290,326
34. Net income or (loss) from Line 32 .....	680,583	(828,459)	1,845,653
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	93,370	101,812	282,970
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	(276,815)	(56,959)	7,462
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) .....	497,138	(783,606)	2,136,085
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	41,923,549	38,506,720	41,426,411
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
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 .....	8,632,284	23,464,788	90,836,824
2. Net investment income .....	532,594	510,405	2,313,638
3. Miscellaneous income .....	880,940	849,097	(831,843)
4. TOTAL (Lines 1 to 3) .....	10,045,818	24,824,290	92,318,619
5. Benefit and loss related payments .....	10,119,923	20,855,023	87,616,074
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	2,311,602	2,830,533	8,345,579
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) .....	12,431,524	23,685,556	95,961,653
11. Net cash from operations (Line 4 minus Line 10) .....	(2,385,706)	1,138,734	(3,643,034)
<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 .....			
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....			
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....			
13.2 Stocks .....	54,445	39,595	192,432
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			9
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	54,445	39,595	192,441
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) .....	(54,445)	(39,595)	(192,441)
<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) .....	(198,665)	549,697	348,574
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(198,665)	549,697	348,574
<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) .....	(2,638,816)	1,648,836	(3,486,901)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	43,426,587	46,913,488	46,913,488
19.2 End of period (Line 18 plus Line 19.1) .....	40,787,771	48,562,324	43,426,587

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

20.0001			
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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 .....	15,121	4,298	10,548	275										
2. First Quarter .....	5,198	2,770	2,160	268										
3. Second Quarter .....														
4. Third Quarter .....														
5. Current Year .....														
6. Current Year Member Months .....	16,107	8,691	6,622	794										
Total Member Ambulatory Encounters for Period:														
7. Physician .....	9,392	5,068	3,861	463										
8. Non-Physician .....	1,607	867	661	79										
9. Total .....	10,999	5,935	4,522	542										
10. Hospital Patient Days Incurred .....	189	83	67	39										
11. Number of Inpatient Admissions .....	41	19	17	5										
12. Health Premiums Written (a) .....	8,821,508	5,100,794	3,573,992	146,722										
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	8,844,084	5,113,139	3,584,224	146,722										
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	10,175,749	4,826,111	5,210,411	139,226										
18. Amount Incurred for Provision of Health Care Services .....	7,115,289	4,838,899	2,138,690	137,700										

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.

**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>						
Complete Infusion Services LLC .....	40,587					40,587
Henry Ford Hospital-Detroit .....	42,522					42,522
McLaren Bay Region, Psychiatric Unit .....	42,931					42,931
McLaren Greater Lansing Hospital .....	34,413					34,413
Munson Medical Center Inpatient Rehab .....					23,229	23,229
University of Michigan .....	12,548	35,955		12,446		60,949
0199999 Individually Listed Claims Unpaid .....	173,002	35,955		12,446	23,229	244,632
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	1,182,874	73,758	20,297	18,429	95,125	1,390,484
0499999 Subtotals .....	1,355,876	109,713	20,297	30,876	118,354	1,635,116
0599999 Unreported claims and other claim reserves .....						2,110,491
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						3,745,606
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						339,941



## 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	2 On	3 On	4 On		
		Claims Incurred Prior to January 1 of Current Year	Claims Incurred During the Year	Claims Unpaid Dec 31 of Prior Year	Claims Incurred During the Year		
1.	Comprehensive (hospital & medical) Individual .....	1,602,104	3,211,721	421,809	1,777,540	2,023,912	2,186,560
2.	Comprehensive (hospital & medical) Group .....	3,196,258	1,988,939	862,802	579,261	4,059,060	4,706,527
3.	Medicare Supplement .....	51,674	87,552	10,294	93,901	61,968	105,722
4.	Vision only .....						
5.	Dental only .....						
6.	Federal Employees Health Benefits Plan .....						
7.	Title XVIII - Medicare .....						
8.	Title XIX - Medicaid .....						
9.	Credit A&H .....						
10.	Disability Income .....						
11.	Long-Term Care .....						
12.	Other health .....						
13.	Health subtotal (Lines 1 to 12) .....	4,850,036	5,288,213	1,294,904	2,450,702	6,144,941	6,998,808
14.	Healthcare receivables (a) .....						
15.	Other non-health .....						
16.	Medical incentive pools and bonus amounts .....	(150)		302,441	37,500	302,291	302,291
17.	Totals (Lines 13 - 14 + 15 + 16) .....	4,849,886	5,288,213	1,597,345	2,488,202	6,447,232	7,301,099

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

**Notes to Financial Statements**

McLaren Health Plan Community  
March 31, 2024

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

The financial statements of McLaren Health Plan Community have been prepared in accordance with NAIC Accounting Practices and Procedures manual and statutory accounting principles as prescribed by the Michigan Department of Insurance and Financial Services. There are no significant differences between statutory accounting principles prescribed by the NAIC and the State of Michigan accounting requirements that are applicable to the Plan, except for the prescribed practice for SSAP 84, Certain Health Care Receivables and Receivables under Government Insured Plans. There is no impact on statutory surplus of the differences in accounting principles prescribed by the NAIC and the State of Michigan, due to the prescribed practice referenced above.

	Description	SSAP #	F/S Page	F/S Line #	2024	2023
Net Income						
1	McLaren Health Plan Community State Basis (Page 4, Line 32, Columns 2 & 3)	N/A	N/A	N/A	680,583	1,845,653
2	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
3	State Permitted Practices that are an increase/(decrease) from NAIC SAP:				-	-
4	NAIC SAP (1-2-3=4)	N/A	N/A	N/A	680,583	1,845,653
Surplus						
5	McLaren Health Plan Community State Basis (Page 3, Line 33, Columns 3 & 4)	N/A	N/A	N/A	41,923,550	41,426,411
6	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				-	-
7	State Permitted Practices that are an increase/(decrease) from NAIC SAP:				-	-
8	NAIC SAP (5-6-7=8)	N/A	N/A	N/A	41,923,550	41,426,411

**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 Community's ability to continue as a going concern and has no substantial doubt about McLaren Health Plan Community's ability to continue.Note 2 - Accounting Changes and Corrections of Errors  
No changeNote 3 - Business Combinations and Goodwill  
No changeNote 4 - Discontinued Operations  
No changeNote 5 – Investments

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

B. Debt Restructuring: None

C. Reverse Mortgages: None

D. Loan-Backed Securities: None

## Notes to Financial Statements

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

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 (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
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 - excluding FHLB capital stock							
i. FHLB capital stock							
j. On deposit with states							
k. On deposit with other regulatory bodies	1,090,577	1,091,047	(470)	0.00	1,090,577	2.182%	2.199%
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
<b>o. Total Restricted Assets (Sum of a through n)</b>	<b>1,090,577</b>	<b>1,091,047</b>	<b>(470)</b>	<b>0.00</b>	<b>1,090,577</b>	<b>2.182%</b>	<b>2.199%</b>

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

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	3.739%
(2) Cash Equivalents	96.261%
(3) Short-term Investments	0.000%
(4) Total <u>(Must equal 100%)</u>	<u>100.000%</u>

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

No change

**Notes to Financial Statements**Note 7 - Investment Income

- A. Due and accrued income excluded from surplus: No change
- B. The total amount excluded was \$0.
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued:

<u>Interest Income Due and Accrued</u>		<u>Amount</u>
1.	Gross	\$ 124,357
2.	Nonadmitted	\$ -
3.	Admitted	\$ 124,357

- D. The aggregate deferred interest: None
- E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance: None

Note 8 - Derivative Investments

No change

Note 9 - Income Taxes

No change

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. Nature of 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 Affiliate: \$249,748 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.
- Due to Affiliate: \$260,694 amounts due to affiliates for various administrative support and information system operations support. The amounts are settled monthly.
- E. Management & Service Agreements:

<u>Agreement</u>	<u>Description</u>
McLaren Health Plan Service Agreement	MHP agrees to provide leased employees to perform certain operational, personnel services and other resources to MHPC.
McLaren Health Care Corporation Cash and Investment Agreement	MHCC agrees to provide MHPC with certain cash and investment management services.

<u>Affiliate</u>	<u>Description</u>	<u>Current Year</u>
McLaren Health Plan	Management services received	\$964,366

- 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

**Notes to Financial Statements**

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

Note 11 - Debt

No change

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 commercial programs is fully reimbursed by MDHHS. The Company recognized \$127,780 of net premium income and \$127,780 as general administrative expenses as of March 31, 2024, related to IPA. The Company has \$127,780 as uncollected premiums and \$127,780 recorded as general expenses due and accrued on the Statutory Statements of Assets, Liabilities and Capital Surplus at March 31, 2024 related to the payments and reimbursements for 2024 assessment.

a.	Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$ 127,780
b.	Decreases current year:	
	Premium tax offset applied	\$ 127,780
c.	Increases current year:	
	Premium tax offset applied	\$ 127,780
d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$ 127,780

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

## Notes to Financial Statements

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans  
No change

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators  
No change

Note 20 - Fair Value Measurements

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 March 31, 2024, 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**

Description for each class of asset or liability	Assets measured or disclosed at Fair Value at March 31, 2024			Net Asset Value (NAV)	Total
	(Level 1)	(Level 2)	(Level 3)		
<b>a. Assets at fair value</b>					
Perpetual Preferred stock					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
<b>Total Perpetual Preferred Stocks</b>					
Bonds					
US Governments	\$1,090,577				\$1,090,577
Industrial and Misc					
Hybrid Securities					
Parent, Subsidiaries and Affiliates					
<b>Total Bonds</b>	\$1,090,577				\$1,090,577
Common Stock					
Industrial and Misc	\$6,023,159				\$6,023,159
Mutual Funds					
<b>Total Common Stocks</b>	\$6,023,159				\$6,023,159
Derivative assets					
Interest rate contracts					
Foreign rate contracts					
Credit contracts					
Commodity futures contracts					
Commodity forward contracts					
<b>Total Derivatives</b>					
Separate account assets					
<b>Total assets at fair value/NAV</b>	\$7,113,736				\$7,113,736
<b>b. Liabilities at fair value</b>					
Derivative liabilities					
<b>Total liabilities at fair value</b>					

B. Fair Value information disclosed under SSAP No. 100R-Fair Value with Fair Value information disclosed under other accounting pronouncements: N/A

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	\$ 1,090,577	\$ 1,090,577	\$ 1,090,577				
Common Stock	\$ 6,023,159	\$ 6,023,159	\$ 6,023,159				

D. Not Practicable to Estimate Fair Value: N/A

E. Investments Measured Using NAV practical expedient: N/A

Note 21 - Other Items

A. Unusual or Infrequent Items: None

B. Troubled Debt Restructuring: Debtors: None

C. Other Disclosures and Unusual Items: Assets in the amount of \$1,090,577 (US Treasury Notes) as of 3/31/24 are on deposit (safekeeping account) with the State of Michigan Treasury as required by regulation.

D. Business Interruption Insurance Recoveries: None

E. State Transferable and Non-transferable Tax Credits: None

## Notes to Financial Statements

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

No Change

### Note 23 - Reinsurance

No change

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

A-D. N/A

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 and health status of these populations and data assumptions regarding the general health status of the overall market for which there is limited data.
1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions? Yes



**Notes to Financial Statements****2. Impact of Risk-sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year:**

		AMOUNT
a. Permanent ACA Risk Adjustment Program		
Assets		
1.	Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$ -
Liabilities		
2.	Risk adjustment user fees payable for ACA Risk Adjustment	\$ 2,604
3.	Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool payments)	\$ 22,577
Operations (Revenue & Expense)		
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (22,577)
5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 2,604
b. Transitional ACA Reinsurance Program		
Assets		
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
Liabilities		
4.	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
Operations (Revenue & Expense)		
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$ -
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -
9.	ACA Reinsurance contributions - not reported as ceded premium	\$ -
c. Temporary ACA Risk Corridors Program		
Assets		
1.	Accrued retrospective premium due to ACA Risk Corridors	\$ -
Liabilities		
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
Operations (Revenue & Expense)		
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	\$ -
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

## Notes to Financial Statements

### 3. Roll-Forward of Prior Year ACA Risk-Sharing Provisions:

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)	
					5	6	7	8			
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
<b>a. Permanent ACA Risk Adjustment Program</b>											
1. Premium adjustments receivable (including high-risk pool payments)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -
2. Premium adjustments (payable) (including high-risk pool premium)	\$ -	\$ (800,000)			\$ -	\$ (800,000)		\$ (981,771)	B	\$ -	\$ (1,781,771)
3. Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ (800,000)	\$ -	\$ -	\$ -	\$ (800,000)	\$ -	\$ (981,771)		\$ -	\$ (1,781,771)
<b>b. Transitional ACA Reinsurance Program</b>											
1. Amounts recoverable for claims paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C	\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -		\$ -		\$ -	\$ -			F	\$ -	\$ -
5. Ceded reinsurance premiums payable	\$ -		\$ -		\$ -	\$ -		\$ -	G	\$ -	\$ -
6. Liability for amounts held under uninsured plans					\$ -	\$ -			H	\$ -	\$ -
7. Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
<b>c. Temporary ACA Risk Corridors Program</b>											
1. Accrued retrospective premium	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
2. Reserve for rate credit or policy experience rating refunds					\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -
3. Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$ -	\$ (800,000)	\$ -	\$ -	\$ -	\$ (800,000)	\$ -	\$ (981,771)		\$ -	\$ (1,781,771)

Explanation of adjustments:

- A Adjustments based on CMS Report received
- B Adjustments based on CMS Report received

### 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

### Note 28 - Health Care Receivables

#### A. Pharmaceutical rebate receivables:

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
03/31/24					
12/31/23	\$ 800,000				
09/30/23				\$ 1,080,940	
06/30/23				\$ 1,160,773	
03/31/23				\$ 1,018,867	
12/31/22				\$ 952,016	
09/30/22				\$ 849,097	
06/30/22				\$ 823,562	
03/31/22				\$ 853,644	
12/31/21				\$ 806,969	\$ 78,554
09/30/21				\$ 747,179	\$ 95,524
06/30/21				\$ 752,152	\$ 88,896

## Notes to Financial Statements

B. Risk Sharing Receivables – No Change

Note 29 - Participating Policies

No change

Note 30 - Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$117,031
2. Date of the most recent evaluation of this liability: March 31, 2024
3. Was anticipated investment income utilized in the calculation? No

Note 31 - Anticipated Salvage and Subrogation

No change

# 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[ ] N/A[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[ ] No[X]  
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: Yes[ ] No[X]
- 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. Yes[ ] No[X]
  
- 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. ..... 12/31/2022
- 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
.....	.....	.....	.....	.....	.....

- 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: \$ ..... 249,748

### 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:  
Bonds are held by the State of Michigan Treasury in a safekeeping account as required by the Department of Insurance and 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
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[ ] No[X]

# GENERAL INTERROGATORIES (Continued)

## INVESTMENT

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 .....		
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) .....		
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 .....	..... 1 .....

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.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

## GENERAL INTERROGATORIES (Continued)

- 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	..... 82.250%
1.2 A&H cost containment percent	..... 0.660%
1.3 A&H expense percent excluding cost containment expenses	..... 17.550%
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 .....	01/01/2024 .....	PARTNERRE AMER INS CO .....	DE .....	SSL/I .....	XXXL .....	Authorized .....	1 .....	01/01/2024 .....



# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

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

		Direct Business Only								
State, Etc.	1 Active Status (a)	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 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	8,821,508							8,821,508	
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	8,821,508							8,821,508	
60. Reporting entity contributions for Employee Benefit Plans	X X X									
61. Total (Direct Business)	X X X	8,821,508							8,821,508	
<b>DETAILS OF WRITE-INS</b>										
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

McLaren Health Care Corporation



McLaren Health Care Corporation 38-2397643 [MI] 100%																				
McLaren Healthcare Village Foundation 26-2693350 [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 Region 38-2689033 [MI] 100%	Barbara Ann Karmanos Cancer Institute 38-1613280 [MI] 100%	McLaren Port Huron 38-1369611 [MI] 100%	Huron Memorial Hospital 38-277147 [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 [CVM] 100%	McLaren Integrated HMO Group 82-4449304 [MI] 100%	McLaren Caro Region 38-3426063 [MI] 100%	McLaren - Northern Equities Cancer Center Project, LLC 26-3112935 [MI] 85%	Clarkston ASC Partners, LLC 20-3360827 [MI] 55.6%	Clarkston Property Associates 43-2006072 [MI] 50%
McLaren Lansing Foundation 38-2463637 [MI] 100%	McLaren Northern Michigan Foundation 38-2445611 [MI] 100%	NMI Medical Management 20-8458840 [MI] 100%	McLaren Bay Special Care 38-3161753 [MI] 100%	Mount Clemens Regional Healthcare Foundation 38-2578873 [MI] 100%	McLaren Oakland Foundation 20-0442217 [MI] 100%	McLaren Flint Foundation 38-1358053 [MI] 100%	McLaren Lapeer Region Foundation 38-2689603 [MI] 100%	Barbara Ann Karmanos Cancer Hospital 20-1649466 [MI] 100%	Port Huron Hospital Foundation 38-2777750 [MI] 100%	South Van Dyke Medical Complex-A 38-3372174 [MI] 67%	Mid-Michigan Physicians 38-3267121 [MI] 100%	McLaren Hospice and Homecare Foundation 46-3643089 [MI] 100%	McLaren Health Plan, Inc 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%				
Spartan Imaging, Inc 85-3196614 [MI] 100%	VitalCare, Inc 38-2527255 [MI] 100%	NMI Hematology/Oncology 32-0020293 [MI] 100%	McLaren Bay Medical Foundation 38-2156534 [MI] 100%	Mount Clemens Regional Health Building Health Partners 26-2524717 [MI] 66%	McLaren Physician Partners 38-3136458 [MI] 50%			Michigan Cancer Society 38-2823451 [MI] 100%	Marwood Manor Nursing Home 38-2683251 [MI] 100%	Huron Clinic Condominiums Owners 41-2144341 [MI] 62.5%				McLaren Health Plan Community 27-2204037 [MI] 100% Group Code: 4700 NAIC: 14217						
		VitalCare Home Medical Equipment, Inc 38-2662954 [MI] 100%	Cardiac Institute 26-2774689 [MI] 100%	Bay Regional Medical Center Auxiliary 38-6081235 [MI] 100%	Lake Orion Nursing Center 38-2895426 [MI] 100%			Delphinus Investments Inc 45-4758176 [MI] 100%	Huron Memorial Foundation 38-2717147 [MI] 100%				McLaren Health Advantage 91-214720 [MI] 100%							
				Charlevoix Nursing Home 38-3038683 [MI] 100%					North Oakland North Macomb Imaging Inc. 38-2807040 [MI] 100%				Karmanos Cancer Foundation 38-3584572 [MI] 100%							

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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	38-2397643				McLaren Health Care Corporation	MI	UIP		Ownership	100.0	McLaren Health Care Corporation	No	
		00000	26-2693350				McLaren Health Care Village Foundation	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1434090				McLaren Greater Lansing	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	85-3196614				Spartan Imaging, Inc	MI	NIA	McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren Health Care Corporation	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	38-2662954				VitalCare Home Medical Equipment, Inc.	MI	NIA	VitalCare, Inc.	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				The Cardiac Institute DBA Michigan Heart & Vascular Specialists	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3038683				Charlevoix Nursing Home Corporation DBA Boulder Park Terrace	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1976271				McLaren Bay Region	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2156534				McLaren Bay Medical Foundation	MI	NIA	McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3161753				McLaren Bay Special Care Hospital	MI	NIA	McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-6081235				Bay Regional Medical Center Auxiliary	MI	NIA	McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1420304				McLaren Central Michigan	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2578873				Mount Clemens Regional Healthcare Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	26-2524717				Mount Clemens Regional Health Building Health Partners	MI	NIA	McLaren Macomb	Ownership	66.0	McLaren Health Care Corporation	No	
		00000	38-1428164				McLaren Oakland	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-0442217				McLaren Oakland Foundation	MI	NIA	McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3136458				McLaren Physician Partners	MI	NIA	McLaren Health Care Corporation	Ownership	50.0	McLaren Health Care Corporation	No	
		00000	38-2895426				Lake Orion Nursing Center	MI	NIA	McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2807040				North Oakland North Macomb Imaging Inc	MI	NIA	McLaren Oakland	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	38-2383119				McLaren Flint	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2689033				McLaren Lapeer Region	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2689603				McLaren Lapeer Region Foundation	MI	NIA	McLaren Lapeer Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1613280				Barbara Ann Karmanos Cancer Institute	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-1649466				Barbara Ann Karmanos Cancer Hospital	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3584572				Karmanos Cancer Foundation	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2777750				Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2683251				Marwood Manor Nursing Home	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2717147				Huron Memorial Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1474929				Huron Memorial Hospital	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3372174				South Van Dyke Medical Complex-A	MI	NIA	Huron Memorial Hospital	Ownership	67.0	McLaren Health Care Corporation	No	
		00000	41-2144341				Huron Clinic Condominiums Owners	MI	NIA	Huron Memorial Hospital	Ownership	62.5	McLaren Health Care Corporation	No	
		00000	38-2988086				McLaren Medical Group	MI	NIA	McLaren Health Care Corporation	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				McLaren Health Management Group	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	46-3643089				McLaren Hospice and Homecare Foundation	MI	NIA	McLaren Health Management Group	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	81-2692784				McLaren High Performance Network	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
4700	McLaren Health Plan	95562	38-3252216				McLaren Health Plan, Inc	MI	UDP	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	No	
4700	McLaren Health Plan	14217	27-2204037				McLaren Health Plan Community	MI	RE	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	91-2141720				Health Advantage Inc.	MI	NIA	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	No	
4700	MDWise	95807	35-1931354				MDWise, Inc	IN	IA	McLaren Integrated HMO Group	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	47-3192307				MDWise Medicaid Network, Inc	IN	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	82-4449304				McLaren Integrated HMO Group	MI	UIP	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3426063				McLaren Caro Region	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2422995				McLaren Caro Region Foundation	MI	NIA	McLaren Caro Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	26-3112935				McLaren - Northern Equities Cancer Center Project, LLC	MI	NIA	McLaren Health Care Corporation	Ownership	85.0	McLaren Health Care Corporation	No	
		00000	20-3360827				Clarkston ASC Partners, LLC	MI	NIA	McLaren Health Care Corporation	Ownership	55.6	McLaren Health Care Corporation	No	
		00000	43-2006072				Clarkston Property Associates	MI	NIA	McLaren Health Care Corporation	Ownership	50.0	McLaren Health Care Corporation	No	

Q16.2

Asterisk	Explanation
0000001	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. 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 is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	<u>RESPONSE</u>
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
AUGUST FILING	
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



14217202436500001

2024

Document Code: 365

**NONE**

STATEMENT AS OF **March 31, 2024** OF THE **McLaren Health Plan Community**  
**SCHEDULE A - VERIFICATION**

**Real Estate**

	1 Year To Date	2 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. 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		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

**NONE**

**SCHEDULE B - VERIFICATION**

**Mortgage Loans**

	1 Year To Date	2 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 points		
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 Year To Date	2 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 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	6,966,391	6,492,876
2. Cost of bonds and stocks acquired	54,445	192,432
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)	93,370	282,979
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium	470	1,896
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)	7,113,736	6,966,391
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	7,113,736	6,966,391



## SCHEDULE D - PART 1B

**Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	1,091,047			(470)	1,090,577			1,091,047
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	1,091,047			(470)	1,090,577			1,091,047
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	1,091,047			(470)	1,090,577			1,091,047

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

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**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 .....	15,482,775	91
2.	Cost of cash equivalents acquired .....	(2,603,307)	15,482,684
3.	Accrual of discount .....		
4.	Unrealized valuation increase/(decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....		
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) .....	12,879,468	15,482,775
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	12,879,468	15,482,775

**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>									
921943882	VANGUARD DEVELOPED MARKETS INDEX FUND		03/15/2024	JPMORGAN	54.240	862	X X X		
922042841	VANGUARD EMERGING MARKETS		03/15/2024	JPMORGAN	2.990	104	X X X		
922908645	VANGUARD MIDCAP INDEX		03/21/2024	JPMORGAN	1.930	594	X X X		
922908686	VANGUARD SMALL CAP INDEX		03/22/2024	JPMORGAN	4.130	444	X X X		
922908710	VANGUARD S&P 500 INDEX		03/22/2024	JPMORGAN	4.670	2,256	X X X		
5029999999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) - Other				X X X	4,260	X X X		X X X
<b>Common Stocks - Mutual Funds - Designations Assigned by the SVO</b>									
258620863	DOUBLELINE LOW DURATION BOND FUND OPEN-E		01/01/2024	JPMORGAN	992.370	9,497	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN		01/29/2024	JPMORGAN	605.450	6,484	X X X		
258620863	DOUBLELINE LOW DURATION BOND FUND OPEN-E		02/01/2024	JPMORGAN	1,021.200	9,793	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN		02/27/2023	JPMORGAN	667.420	7,108	X X X		
258620863	DOUBLELINE LOW DURATION BOND FUND OPEN-E		03/01/2024	JPMORGAN	1,014.240	9,696	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN		03/26/2024	JPMORGAN	711.520	7,606	X X X		
5319999999	Subtotal - Common Stocks - Mutual Funds - Designations Assigned by the SVO				X X X	50,185	X X X		X X X
5989999997	Subtotal - Common Stocks - Part 3				X X X	54,445	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	54,445	X X X		X X X
5999999999	Subtotal - Preferred and Common Stocks				X X X	54,445	X X X		X X X
6009999999	Totals - Bonds, Preferred and Common Stocks				X X X	54,445	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 .....	03/31/2024 .....					27,299,501	27,463,861	27,908,304	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	352,194	120,600				X X X	
0199999 Total - Open Depositories .....			X X X	X X X	352,194	120,600	27,299,501	27,463,861	27,908,304	X X X	
<b>Suspended Depositories</b>											
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	352,194	120,600	27,299,501	27,463,861	27,908,304	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	352,194	120,600	27,299,501	27,463,861	27,908,304	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>All Other Money Market Mutual Funds</b>								
. 000000000	JP Morgan Prime Money Market Fund .....		03/31/2024	0.000	X X X	118		13
8309999999	Subtotal - All Other Money Market Mutual Funds .....					118		13
<b>Qualified Cash Pools Under SSAP No. 2R</b>								
	JP Morgan 339893 McLaren Health Concentr .....		03/31/2024	0.000	X X X	12,879,350		156,972
8409999999	Subtotal - Qualified Cash Pools Under SSAP No. 2R .....					12,879,350		156,972
8609999999	Total Cash Equivalents .....					12,879,468		156,985

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