



**QUARTERLY STATEMENT**  
**AS OF MARCH 31, 2024**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**McLAREN HEALTH PLAN, INC**

NAIC Group Code 4700 , 4700 NAIC Company Code 95562 Employer's ID Number 38-3252216  
(Current Period) (Prior Period)

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

Country of Domicile United States of America

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

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

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

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

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

Mail Address G-3245 Beecher Rd. , FLINT, MI, US 48532  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records G-3245 Beecher Rd.  
(Street and Number)

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

Internet Web Site Address www.mclarenhealthplan.org

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

**OFFICERS**

Name	Title
NANCY JENKINS	President
KATHY KENDALL	Vice President
PATRICK HAYES	Secretary
DAVE MAZURKIEWICZ	Treasurer
RACHEL HAIRSTON	Assistant Treasurer/VP, Finance
BRIAN BROWN	Chairman
CHERYL DIEHL	Assistant Secretary
DENNIS PERRY MD	Chief Medical Officer
JANE HEILIG	Assistant Treasurer

**OTHERS**

LAKISHA ATKINS, Enrollee Representative

MELISSA JENKINS, Enrollee Representative

**DIRECTORS OR TRUSTEES**

NANCY JENKINS  
 PATRICK HAYES

BRIAN BROWN  
 DAVE MAZURKIEWICZ

State of Michigan  
 County of Genesee ss

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

\_\_\_\_\_  
(Signature)  
 NANCY JENKINS  
(Printed Name)  
 1.  
 President  
(Title)

\_\_\_\_\_  
(Signature)  
 CHERYL DIEHL  
(Printed Name)  
 2.  
 Assistant Secretary  
(Title)

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

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

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

Yes[X] No[ ]

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

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....				
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	235,633,289	7,411,758	228,221,531	222,928,807
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....	1,732,242		1,732,242	1,762,744
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....16,283,357), cash equivalents (\$.....155,603,146) and short-term investments (\$.....0) .....	171,886,503		171,886,503	178,279,552
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....	7,888,166	7,106,424	781,742	740,099
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	417,140,200	14,518,182	402,622,018	403,711,202
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	123,950		123,950	122,860
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	97,595	83,176	14,420	125,754
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 (\$.....367,029) and contracts subject to redetermination (\$.....0) .....	367,029		367,029	366,413
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	1,291,065		1,291,065	1,291,065
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 .....	2,318,764	2,318,764		17,448
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	8,859	8,859		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	1,287,293		1,287,293	2,625,533
24. Health care (\$.....12,904,813) and other amounts receivable .....	19,071,922	716,099	18,355,824	9,188,427
25. Aggregate write-ins for other-than-invested assets .....	16,986,494		16,986,494	16,986,494
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	458,693,171	17,645,080	441,048,092	434,435,197
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	458,693,171	17,645,080	441,048,092	434,435,197
<b>DETAILS OF WRITE-INS</b>				
1101. INVENTORY .....				
1102. DEFERRED CHARGES EQUIP FEES .....	3,620,450	3,620,450		
1103. PREPAID EXPENSES .....	3,467,307	3,467,307		
1198. Summary of remaining write-ins for Line 11 from overflow page .....	800,408	18,666	781,742	740,099
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	7,888,166	7,106,424	781,742	740,099
2501. Insurance Provider Assessment .....	16,986,494		16,986,494	16,986,494
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) .....	16,986,494		16,986,494	16,986,494

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	66,330,895		66,330,895	68,334,507
2. Accrued medical incentive pool and bonus amounts .....	4,519,002		4,519,002	3,645,570
3. Unpaid claims adjustment expenses .....	1,737,647		1,737,647	1,787,350
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	7,779,327		7,779,327	10,130,720
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	1,114,757		1,114,757	3,472,742
9. General expenses due or accrued .....	34,421,794		34,421,794	31,768,630
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 .....	(11,097)		(11,097)	
13. Remittances and items not allocated .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	1,092,476		1,092,476	2,049,587
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) .....	116,984,800		116,984,800	121,189,106
25. Aggregate write-ins for special surplus funds .....	X X X	X X X		
26. Common capital stock .....	X X X	X X X		
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	1,140,000	1,140,000
29. Surplus notes .....	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31. Unassigned funds (surplus) .....	X X X	X X X	322,923,292	312,106,091
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	324,063,292	313,246,091
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	441,048,092	434,435,197
<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	712,549	807,878	3,183,148
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	292,668,350	298,507,389	1,199,550,414
3. Change in unearned premium reserves and reserve for rate credits .....	X X X		(3,313,298)	
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	(842,580)	(733,986)	(3,071,741)
7. Aggregate write-ins for other non-health revenues .....	X X X			
8. Total revenues (Lines 2 to 7) .....	X X X	291,825,770	294,460,104	1,196,478,672
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		158,429,287	154,107,797	638,233,697
10. Other professional services .....		3,748,206	3,865,109	15,652,643
11. Outside referrals .....				
12. Emergency room and out-of-area .....		14,439,967	14,077,971	57,572,169
13. Prescription drugs .....		82,440,850	83,628,696	344,968,528
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....		880,914	660,214	3,306,343
16. Subtotal (Lines 9 to 15) .....		259,939,224	256,339,786	1,059,733,381
<b>Less:</b>				
17. Net reinsurance recoveries .....		1,053,071	140,804	5,050,846
18. Total hospital and medical (Lines 16 minus 17) .....		258,886,153	256,198,982	1,054,682,534
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....598,756 cost containment expenses .....		3,101,646	2,951,924	10,745,535
21. General administrative expenses .....		27,872,087	28,632,472	112,446,242
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....		(1,351,393)	(898,724)	(1,859,731)
23. Total underwriting deductions (Lines 18 through 22) .....		288,508,494	286,884,655	1,176,014,580
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	3,317,277	7,575,450	20,464,092
25. Net investment income earned .....		3,751,140	3,061,537	15,522,929
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				(40,200)
27. Net investment gains (losses) (Lines 25 plus 26) .....		3,751,140	3,061,537	15,482,729
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	7,068,416	10,636,987	35,946,821
31. Federal and foreign income taxes incurred .....	X X X			
32. Net income (loss) (Lines 30 minus 31) .....	X X X	7,068,416	10,636,987	35,946,821
<b>DETAILS OF WRITE-INS</b>				
0601. MPCA .....	X X X	(842,580)	(733,986)	(3,071,741)
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	(842,580)	(733,986)	(3,071,741)
0701. ....	X X X			
0702. ....	X X X			
0703. ....	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X			
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901. ....				
2902. LOSS ON SALE OF EQUIPMENT .....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	313,246,091	273,709,501	273,709,501
34. Net income or (loss) from Line 32 .....	7,068,416	10,636,987	35,946,821
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	4,086,070	2,561,430	12,430,489
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	(337,285)	(192,885)	(8,840,720)
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) .....	10,817,201	13,005,532	39,536,590
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	324,063,292	286,715,032	313,246,091
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. PENSION RELATED COSTS OTHER THAN NET PERIODIC PENSION COSTS .....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	288,071,246	299,183,295	1,181,301,321
2. Net investment income .....	3,750,050	3,044,446	15,484,935
3. Miscellaneous income .....	(6,277,931)	(734,474)	(3,054,912)
4. TOTAL (Lines 1 to 3) .....	285,543,365	301,493,267	1,193,731,344
5. Benefit and loss related payments .....	262,396,986	252,671,547	1,069,885,280
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	28,370,272	39,932,594	123,415,669
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) .....	290,767,258	292,604,141	1,193,300,949
11. Net cash from operations (Line 4 minus Line 10) .....	(5,223,893)	8,889,126	430,395
<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 .....	440,975		
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	440,975		
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....			
13.2 Stocks .....	1,676,580	1,218,583	5,946,193
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....		237,293	926,275
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	1,676,580	1,455,876	6,872,468
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) .....	(1,235,605)	(1,455,876)	(6,872,468)
<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) .....	66,449	(771,261)	(3,326,326)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	66,449	(771,261)	(3,326,326)
<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) .....	(6,393,049)	6,661,989	(9,768,399)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	178,279,552	188,047,950	188,047,950
19.2 End of period (Line 18 plus Line 19.1) .....	171,886,503	194,709,939	178,279,552

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

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

Q7

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year .....	246,779							1,289	245,490					
2. First Quarter .....	233,260							1,773	231,487					
3. Second Quarter .....														
4. Third Quarter .....														
5. Current Year .....														
6. Current Year Member Months .....	712,549							5,279	707,270					
Total Member Ambulatory Encounters for Period:														
7. Physician .....	152,610							1,160	151,450					
8. Non-Physician .....	31,979							243	31,736					
9. Total .....	184,589							1,403	183,186					
10. Hospital Patient Days Incurred .....	20,080							718	19,362					
11. Number of Inpatient Admissions .....	4,044							78	3,966					
12. Health Premiums Written (a) .....	293,933,278							5,548,536	288,384,742					
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	312,375,893							5,576,617	306,799,277					
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	260,889,766							5,484,212	255,405,554					
18. Amount Incurred for Provision of Health Care Services .....	259,939,224							6,183,958	253,755,266					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....5,548,536.

**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	100,532	30,407				130,939
Ambulatory Infusion Care	16,474		17,318			33,792
Ambulatory Infusion Care North	25,550					25,550
Ascension Macomb Oakland Hosp - War	11,657					11,657
Ascension Providence Hospital	49,114			30,895		80,010
Ascension St. John Hospital	110,168					110,168
Barbara Ann Karmanos Cancer Hospita	10,356		15,861			26,217
Botsford General Hospital	26,895					26,895
Bronson Methodist Hospital - Kalama	91,057	15,507			54,949	161,512
Carolinas Medical Center					59,895	59,895
Charter Endoscopy Center LLC			23,220			23,220
Childrens Hosp Med Ctr					1,588,736	1,588,736
Clarkston Surgery Center	11,340					11,340
Complete Infusion Services LLC	171,086		11,128			182,214
Covenant Medical Center - Hospital	76,823					76,823
DMC Detroit Receiving Hospital	72,134					72,134
DMC Harper-Hutzel Womens Hospital	10,273					10,273
DMC Huron Valley - Sinai Hospital	14,811					14,811
DR Jawad A Shah MD PC	11,610					11,610
EW Sparrow - Rehab Unit	11,323					11,323
EW Sparrow Hospital	1,430,437					1,430,437
Fresenius Medical Care Lansing West	21,186					21,186
Glendale Neurological Assoc PC	17,010		24,138			41,148
Healthsource Saginaw Inc			10,454			10,454
Henry Ford Hospital - Detroit	604,200					604,200
Henry Ford Wyandotte Hospital	14,583					14,583
Hillsdale Community Health Center	12,839					12,839
Hurley Medical Center	126,055	13,900		175,225		315,179
Infusion Associates PC	22,866		17,107			39,973
Infusion Health PLC			15,969			15,969
Insight Surgical Hospital					23,233	23,233
Jagannathan Neurosurgical Institute			14,081			14,081
Josip Petani MD					11,861	11,861
Kabafusion MI LLC	70,489					70,489
Mary Free Bed Rehabilitation Hospit	24,006				14,121	38,127
McLaren Bay Region Hospital	105,994					105,994
McLaren Bay Special Care Center	34,535					34,535
McLaren Central Michigan Hospital			17,024			17,024
McLaren Flint Hospital	124,345		93,437			217,783
McLaren Greater Lansing Hospital	154,184		26,143			180,328
McLaren Home Infusion			13,182			13,182
McLaren Lapeer Hospital					13,992	13,992
McLaren Macomb Hospital			16,911			16,911
McLaren Oakland	53,259					53,259
Memorial Hospital and Healthcare Ce	81,090				10,312	91,402
Mercy Health Partners - Hackley Cam	37,326					37,326
Metro Infectious Disease Consultant			19,162			19,162
MidMichigan Medical Center	31,034					31,034
MidMichigan Medical Center Alpena	30,809					30,809
Munson Medical Center	157,046				12,822	169,868



**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
Novi Surgery Center LLC			18,590			18,590
Oaklawn Hospital	15,975					15,975
Oakwood Annapolis Hospital	19,425					19,425
Oakwood Hospital and Medical Ctr -	20,691					20,691
Option Care Enterprises Inc	10,315					10,315
REACH Air Medical Services LLC	31,158					31,158
Select Specialty Hospital-Corewell					91,279	91,279
Soleo Health Inc	18,523					18,523
Sparrow Specialty Hospital			106,648			106,648
Spectrum Health Hospitals Blodgett/	700,299	56,919				757,218
St Joseph Mercy Hospital - Ann Arbo	15,949					15,949
St Joseph Mercy Oakland	32,176	26,391				58,567
St Joseph Reg Med Cen Sb	30,110					30,110
St Mary Mercy Hospital	12,336					12,336
St Marys Health Services	42,744					42,744
St Marys of Michigan - Saginaw	22,742					22,742
U MN Med Ctr Fairview					86,161	86,161
University of Michigan	1,675,212	127,324	171,632	11,167	800,646	2,785,980
VHS/Childrens Hospital of Michigan	57,576					57,576
William Beaumont Hospital Royal Oak	101,565					101,565
William Beaumont Hospital Troy	11,319					11,319
0199999 Individually Listed Claims Unpaid	6,792,612	270,446	632,006	217,287	2,768,007	10,680,358
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	28,980,223	1,030,269	2,365,788	246,867	1,682,870	34,306,017
0499999 Subtotals	35,772,835	1,300,715	2,997,794	464,154	4,450,877	44,986,375
0599999 Unreported claims and other claim reserves						21,344,520
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						66,330,895
0899999 Accrued Medical Incentive Pool And Bonus Amounts						4,519,002

Q8.1

## UNDERWRITING AND INVESTMENT EXHIBIT

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

	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1+3)	6  Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
Line of Business						
1. Comprehensive (hospital & medical) Individual .....						
2. Comprehensive (hospital & medical) Group .....						
3. Medicare Supplement .....						
4. Vision only .....						
5. Dental only .....						
6. Federal Employees Health Benefits Plan .....						
7. Title XVIII - Medicare .....	1,691,599	3,792,613	950,195	2,737,662	2,641,793	3,080,759
8. Title XIX - Medicaid .....	55,285,135	199,239,505	9,020,614	53,622,424	64,305,749	65,253,749
9. Credit A&H .....						
10. Disability Income .....						
11. Long-Term Care .....						
12. Other health .....						
13. Health subtotal (Lines 1 to 12) .....	56,976,734	203,032,118	9,970,809	56,360,086	66,947,542	68,334,507
14. Healthcare receivables (a) .....						
15. Other non-health .....						
16. Medical incentive pools and bonus amounts .....	7,482		3,638,088	880,914	3,645,570	3,645,570
17. Totals (Lines 13 - 14 + 15 + 16) .....	56,984,216	203,032,118	13,608,896	57,241,000	70,593,112	71,980,077

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

## Notes to Financial Statements

McLaren Health Plan, Inc.  
March 31, 2024

### Note 1 - Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The financial statements of McLaren Health Plan 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. Statutory accounting principles differ from generally accepted accounting principles (“GAAP”) in certain respects and include the following accounting practices:

Certain assets designated as “non-admitted assets” are excluded from the statement of admitted asset, liabilities, and capital and surplus by a direct charge to surplus. Such items include intangible assets, prepaid expenses, and certain receivables and certain depreciable/amortizable assets.

Statutory accounting principles require that the goodwill from a statutory purchase be calculated as the excess of cost of acquiring an entity over its book value, admitted subject to limitation, and amortized over a period not to exceed 10 years. Goodwill is required to be charged or credited immediately to surplus in the event that the investee to which the goodwill relates ceases to exist. GAAP requires that goodwill be recorded as a residual after the fair value of the entity and other identifiable assets have been determined and be subject to an impairment evaluation rather than amortized.

Real estate owned and occupied by the Plan is included in investments, while under GAAP it is reported as an operating asset.

Statutory basis investment income and operating expenses include rent for the Plan's occupancy of those properties, and depreciation expense is reported as investment expense as a component of investment income for statutory financial statement purposes, rather than operating expense under GAAP.

Salvage and subrogation are recognized when received rather than when earned, as required by GAAP.

Comprehensive income and its components are not presented in the statutory basis financial statements.

Subsidiaries are included as common stock carried under the statutory equity method, with changes in the carrying value credited or debited directly to the Plan's surplus for statutory accounting principles. GAAP requires consolidation or, for those entities being accounting for under the equity basis of accounting, that their net income or loss be recognized in the statement of operations.

The statement of cash flows is prepared in the prescribed statutory format.

The Plan adopted the NAIC's Codification of Statutory Accounting Principles on January 1, 2003 at the direction of 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.

**Notes to Financial Statements**

	Description	SSAP #	F/S Page	F/S Line #	2024	2023
<b>Net Income</b>						
1	McLaren Health Plan State Basis (Page 4, Line 32, Columns 2 & 3)	N/A	N/A	N/A	7,068,416	35,946,821
2	State Prescribed Practices that are an increase/(decrease) NAIC SAP:					
3	State Permitted Practices that are an increase/(decrease) NAIC SAP:					
4	NAIC SAP (1-2-3=4)	N/A	N/A	N/A	7,068,416	35,946,821
<b>Surplus</b>						
5	McLaren Health Plan State Basis (Page 3, Line 33, Columns 3 & 4)	N/A	N/A	N/A	324,063,292	313,246,091
6	State Prescribed Practices that are an increase/(decrease) NAIC SAP:					
7	State Permitted Practices that are an increase/(decrease) NAIC SAP:					
8	NAIC SAP (5-6-7=8)	N/A	N/A	N/A	324,063,292	313,246,091

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

No change

**C. Accounting Policy**

No change

**D. Going Concern**

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

**Note 2 - Accounting Changes and Corrections of Errors:**

No change

**Note 3 - Business Combinations and Goodwill**

No change

**Note 4 - Discontinued Operations**

No change

**Note 5 – Investments**

- A. Mortgage Loans, including Mezzanine Real Estate Loans: None
- B. Debt Restructuring: None
- C. Reverse Mortgage: None
- D. Loan-Backed Securities: None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None
- 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:

**Notes to Financial Statements**

Restricted Asset Category		Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted	Percent Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock							
i.	FHLB capital stock							
j.	On deposit with states							
k.	On deposit with other regulatory bodies	1,376,122	1,358,506	17,615	0.00	1,376,122	0.3000%	0.3120%
l.	Pledged as collateral to FHLB (including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
o.	Total Restricted Assets (Sum of a through n)	1,376,122	1,358,506	17,615	0.00	1,376,122	0.3000%	0.3120%

(a) Column 1 divided by Assets 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	3.732%
(2)	Cash Equivalents	96.268%
(3)	Short-term Investments	0.000%
(4)	Total <u>(Must equal 100%)</u>	100.000%

**Notes to Financial Statements**Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No Change

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	\$ 123,950
2.	Nonadmitted	\$ -
3.	Admitted	\$ 123,950

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 Instruments

No change

Note 9 - Income Taxes

No change

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

A. Nature of the relationship: No change

B. Description of transactions: No change

C. Transactions with related parties not reported on Schedule Y: No change

D. Due from Affiliates: \$1,287,293 as amounts due from affiliates for administrative services and information system operations support. The terms of the settlement require that these amounts be settled within 30 days.

Due to Affiliates: \$1,092,476 as amounts due to affiliates per contract for various administrative support, including personnel and information system operations support. The terms of the settlement require that these amounts be settled within 30 days.

E. Management &amp; Service Contracts and Cost-Sharing Arrangements:

<u>Agreement</u>	<u>Description</u>
McLaren Health Care Corporation Management Agreement	MHCC agrees to provide various administrative support, including personnel and information operations support.
McLaren Health Care Corporation Management Agreement	MHP agrees to provide certain managed care services and other resources to MHCC.
McLaren Health Care Corporation Service Agreement	MHCC agrees to provide a Leased Employee to perform certain operational, personnel services, and other resources to MHP.
McLaren Regional Medical Center, DBA McLaren Flint Agreement	MRMC agrees to provide various administrative support including accounting and resource services to MHP.

**Notes to Financial Statements**

McLaren Health Advantage Agreement	MHP agrees to provide certain operational, personnel services, and other resources to Health Advantage.
McLaren Health Plan Community Agreement	MHP agrees to provide certain operational, personnel services, and other resources to MHPC.
McLaren Integrated HMO Group Agreement	MIG agrees to provide MHP administrative services and leased personnel. MIG may purchase certain administrative services from MHP.
McLaren Health Care Corporation Cash and Investment Agreement	MHCC agrees to provide MHP with certain cash and investment management services.

Affiliate	Description	Current Year
McLaren Health Care Corporation	Management services received	\$1,549,095
McLaren Health Advantage	Management services provided	\$1,977,110
McLaren Health Plan Community	Management services provided	\$964,366
McLaren Integrated HMO Group	Management services received	\$1,209,127

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

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities):

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
b. SSAP No. 97 8b(ii) Entities				
Health Advantage	100%	\$ 7,411,758	\$ -	\$ 7,411,758
Total SSAP No. 97 8b(ii) Entities	XXX	\$ 7,411,758	\$ -	\$ 7,411,758
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	\$ 7,411,758	\$ -	\$ 7,411,758
f. Aggregate Total (a+e)	XXX	\$ 7,411,758	\$ -	\$ 7,411,758

(2) NAIC Filing Response Information: No change

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

Note 11 – Debt

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

## Notes to Financial Statements

### B. Assessments

#### Insurance Provider Assessment

Effective October 1, 2018, the Company is required to pay the annual Insurance Provider Assessment (IPA). The assessment for each HMO is based on the amount determined by the Michigan Department of Health and Human Services (MDHHS) and applied to the prior year member months for the Medicaid and commercial lines of business. The portion of the assessment attributable to the Medicaid program is fully reimbursed by MDHHS. The Company recognized \$16,986,494 of net premium income and \$16,986,494 as general administrative expenses as of March 31, 2024, related to IPA. The Company has \$16,986,494 as an aggregate write-in for other than invested assets and \$16,986,494 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	\$	16,986,494
b.	Decreases current year:		
	Premium tax offset applied	\$	16,986,494
c.	Increases current year:		
	Premium tax offset applied	\$	16,986,494
d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$	16,986,494

### C. – F. No significant change

#### Note 15 – Leases

No change

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

No change

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

No change

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

##### A. ASO plans

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	0	0	0
b. Total net other income or expenses (including interest paid to or received from plans)	0	0	0
c. Net gain or (loss) from operations (a+b)	0	0	0
d. Total claim payment volume	254,691,134	0	254,691,134

##### B. ASC plans – N/A

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



## Notes to Financial Statements

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

Note 20 - Fair Value Measurement

### A. Fair Value Measurements at Reporting Date

Accounting standards require certain assets and liabilities be reported or disclosed at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following table presents information about the Plan's assets and liabilities measured at fair value at 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 can 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				Total
	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	
<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					
Industrial and Misc					
Hybrid Securities					
Parent, Subsidiaries and Affiliates					
<b>Total Bonds</b>					
Common Stock					
Industrial and Misc	\$186,050,885				\$186,050,885
Parent, Subsidiaries and Affiliates	\$42,170,646				\$42,170,646
<b>Total Common Stocks</b>	\$228,221,531				\$228,221,531
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>	\$228,221,531				\$228,221,531
<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: None

C. Aggregate Fair Value of All Financial Instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Common Stock	\$228,221,531	\$228,221,531	\$228,221,531				

D. Not Practicable to Estimate Fair Value: None

E. Investments Measured Using NAV practical expedient: None

### Note 21 - Other Items

A. Unusual or Infrequent Items: None

B. Troubled Debt Restructuring: Debtors: None

C. Other Disclosures and Unusual Items: Cash equivalents in the amount of \$1,376,122 as of 3/31/24 are on deposit with the State of Michigan Treasury in a safekeeping account as required by regulation.

D. Business Interruption Insurance Recoveries: None

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

## 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:

Type I – Recognized Subsequent Events:  
No change

Type II – Nonrecognized Subsequent Events: None

### Note 23 – Reinsurance

No change

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

- A. Medicare Advantage: The Plan estimates accrued retrospective premium adjustments for its group health insurance business through a mathematical approach using an algorithm based on members risk score adjustments submitted to CMS.
- B. The Plan records accrued retrospective premium as an adjustment to earned premium.
- C. The amount of net premiums written by the Plan at March 31, 2024 that are subject to retrospective rating features was \$5,498,013, that represented 1.88% of the total net premiums written. No other net premiums written by the Plan are subject to retrospective rating features.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act: No changes
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA): N/A

### 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:

**Notes to Financial Statements**

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	\$ 586,878	\$ -	\$ -	\$ -	\$ -
09/30/23	\$ -	\$ -	\$ -	\$ 671,588	\$ -
06/30/23	\$ -	\$ -	\$ -	\$ 721,426	\$ -
03/31/23	\$ -	\$ -	\$ -	\$ 1,632	\$ 716,342
12/31/22	\$ -	\$ -	\$ -	\$ -	\$ 691,213
09/30/22	\$ -	\$ -	\$ -	\$ -	\$ 741,883
06/30/22	\$ -	\$ -	\$ -	\$ -	\$ 748,953
03/31/22	\$ -	\$ -	\$ -	\$ -	\$ 723,571
12/31/21	\$ -	\$ -	\$ -	\$ -	\$ 674,576
09/30/21	\$ -	\$ -	\$ -	\$ -	\$ 606,650
06/30/21	\$ -	\$ -	\$ -	\$ -	\$ 629,129

B. Risk Sharing Receivables –See note 24.

Note 29 - Participating Policies: None

Note 30- Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$1,412,549
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: None

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

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

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[ ] N/A[X]  
 If yes, attach an explanation.
  
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2022
- 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?
- 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[ ] No[ ] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[ ] No[ ] N/A[X]
  
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
- 7.2 If yes, give full information
  
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	..... No .....	..... No .....	..... No .....	..... No .....

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

## FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ ..... 1,287,293

## INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[X] No[ ]
- 11.2 If yes, give full and complete information relating thereto:  
 Cash Equivalents include an amount (\$1,376,121.63) held in a safekeeping trust account with the State of Michigan as required by the Department of Insurance & Financial Services.
- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ ..... 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ ..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[X] No[ ]

# 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 .....	48,368,244	49,582,404
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) .....	48,368,244	49,582,404
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	..... 89.070%
1.2 A&H cost containment percent	..... 0.210%
1.3 A&H expense percent excluding cost containment expenses	..... 10.410%
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								
		1	2	3	4	5	6	7	8	9
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit -Type Contracts
1. Alabama (AL)	N									
2. Alaska (AK)	N									
3. Arizona (AZ)	N									
4. Arkansas (AR)	N									
5. California (CA)	N									
6. Colorado (CO)	N									
7. Connecticut (CT)	N									
8. Delaware (DE)	N									
9. District of Columbia (DC)	N									
10. Florida (FL)	N									
11. Georgia (GA)	N									
12. Hawaii (HI)	N									
13. Idaho (ID)	N									
14. Illinois (IL)	N									
15. Indiana (IN)	N									
16. Iowa (IA)	N									
17. Kansas (KS)	N									
18. Kentucky (KY)	N									
19. Louisiana (LA)	N									
20. Maine (ME)	N									
21. Maryland (MD)	N									
22. Massachusetts (MA)	N									
23. Michigan (MI)	L		5,548,536	288,384,742					293,933,278	
24. Minnesota (MN)	N									
25. Mississippi (MS)	N									
26. Missouri (MO)	N									
27. Montana (MT)	N									
28. Nebraska (NE)	N									
29. Nevada (NV)	N									
30. New Hampshire (NH)	N									
31. New Jersey (NJ)	N									
32. New Mexico (NM)	N									
33. New York (NY)	N									
34. North Carolina (NC)	N									
35. North Dakota (ND)	N									
36. Ohio (OH)	N									
37. Oklahoma (OK)	N									
38. Oregon (OR)	N									
39. Pennsylvania (PA)	N									
40. Rhode Island (RI)	N									
41. South Carolina (SC)	N									
42. South Dakota (SD)	N									
43. Tennessee (TN)	N									
44. Texas (TX)	N									
45. Utah (UT)	N									
46. Vermont (VT)	N									
47. Virginia (VA)	N									
48. Washington (WA)	N									
49. West Virginia (WV)	N									
50. Wisconsin (WI)	N									
51. Wyoming (WY)	N									
52. American Samoa (AS)	N									
53. Guam (GU)	N									
54. Puerto Rico (PR)	N									
55. U.S. Virgin Islands (VI)	N									
56. Northern Mariana Islands (MP)	N									
57. Canada (CAN)	N									
58. Aggregate other alien (OT)	X X X									
59. Subtotal	X X X		5,548,536	288,384,742					293,933,278	
60. Reporting entity contributions for Employee Benefit Plans	X X X									
61. Total (Direct Business)	X X X		5,548,536	288,384,742					293,933,278	
<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

56  
\_\_\_\_\_  
\_\_\_\_\_

# 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 Condominiu ms 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					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	RE	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	
		00000	91-2141720				Health Advantage Inc.	MI	DS	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	UDP	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



95562202436500001

2024

Document Code: 365

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

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1104. OTHER INVESTMENT DEFERRED COMPENSATION .....				
1105. SELF INS TRUST FUND CTF .....	781,742		781,742	740,099
1106. PREPAID RENT EXPENSE .....	18,666	18,666		
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	800,408	18,666	781,742	740,099
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....				



STATEMENT AS OF **March 31, 2024** OF THE **McLAREN HEALTH PLAN, INC**  
**SCHEDULE A - VERIFICATION**

**Real Estate**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,762,744	1,955,012
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		(40,200)
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	30,502	152,067
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	1,732,242	1,762,744
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	1,732,242	1,762,744

**SCHEDULE B - VERIFICATION**

**Mortgage Loans**

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

**NONE**

**SCHEDULE D - VERIFICATION**

**Bonds and Stocks**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	229,870,640	211,448,410
2. Cost of bonds and stocks acquired	1,676,580	5,946,193
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)	4,086,070	12,476,037
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	235,633,289	229,870,640
12. Deduct total nonadmitted amounts	7,411,758	6,941,833
13. Statement value at end of current period (Line 11 minus Line 12)	228,221,531	222,928,807

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

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

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

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

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

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

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

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

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

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	144,477,302	1,346,552
2.	Cost of cash equivalents acquired .....	11,126,214	143,071,453
3.	Accrual of discount .....		
4.	Unrealized valuation increase/(decrease) .....		
5.	Total gain (loss) on disposals .....	(370)	59,297
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) .....	155,603,146	144,477,302
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	155,603,146	144,477,302

**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	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
2509999998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
2509999999	Subtotal - Bonds				X X X				X X X
4509999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
4509999999	Subtotal - Preferred Stocks				X X X		X X X		X X X
<b>Common Stocks - Industrial and Miscellaneous (Unaffiliated) - Other</b>									
921943809	VANGUARD DEVELOPED MARKETS INDEX FUND		03/15/2024	JPMORGAN	1,883.380	29,927	X X X		
922042304	VANGUARD EMERGING MARKETS		03/15/2024	JPMORGAN	102.320	3,548	X X X		
922908843	VANGUARD MIDCAP INDEX		03/21/2024	JPMORGAN	65.920	20,193	X X X		
922908702	VANGUARD SMALL CAP INDEX		03/22/2024	JPMORGAN	143.160	15,370	X X X		
922908108	VANGUARD S&P 500 INDEX		03/22/2024	JPMORGAN	135.990	65,670	X X X		
5029999999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) - Other				X X X	134,708	X X X		X X X
<b>Common Stocks - Unit Investment Trusts - Designations Assigned by the SVO</b>									
258620863	DOUBLELINE LOW DURATION BOND FUND		01/01/2024	JPMORGAN	30,513.350	292,013	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		01/29/2024	JPMORGAN	18,581.650	199,009	X X X		
258620863	DOUBLELINE LOW DURATION BOND FUND		02/01/2024	JPMORGAN	31,399.840	301,125	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		02/27/2024	JPMORGAN	20,483.560	218,150	X X X		
258620863	DOUBLELINE LOW DURATION BOND FUND		03/01/2024	JPMORGAN	31,185.950	298,138	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		03/26/2024	JPMORGAN	21,837.000	233,438	X X X		
5519999999	Subtotal - Common Stocks - Unit Investment Trusts - Designations Assigned by the SVO				X X X	1,541,872	X X X		X X X
5989999997	Subtotal - Common Stocks - Part 3				X X X	1,676,580	X X X		X X X
5989999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
5989999999	Subtotal - Common Stocks				X X X	1,676,580	X X X		X X X
5999999999	Subtotal - Preferred and Common Stocks				X X X	1,676,580	X X X		X X X
6009999999	Totals - Bonds, Preferred and Common Stocks				X X X	1,676,580	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 .....					(9,737,271)	(12,388,583)	(10,572,206)	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	343,811	117,721	26,628,402	26,745,535	26,855,563	X X X
0199999 Total - Open Depositories .....			X X X	X X X	343,811	117,721	16,891,131	14,356,952	16,283,357	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories .....			X X X	X X X						X X X
0299999 Total - Suspended Depositories .....			X X X	X X X						X X X
0399999 Total Cash On Deposit .....			X X X	X X X	343,811	117,721	16,891,131	14,356,952	16,283,357	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	343,811	117,721	16,891,131	14,356,952	16,283,357	X X X

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>								
4812C2684	US Government Money Market Fund .....		03/31/2024 .....	0.000 .....	X X X .....	1,376,122 .....	6,023 .....	17,639 .....
8209999999	Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO .....					1,376,122 .....	6,023 .....	17,639 .....
<b>All Other Money Market Mutual Funds</b>								
4812A2603	JP Morgan Prime Money Market Fund .....		03/31/2024 .....	0.000 .....	X X X .....	46,973 .....	206 .....	947 .....
8309999999	Subtotal - All Other Money Market Mutual Funds .....					46,973 .....	206 .....	947 .....
<b>Qualified Cash Pools Under SSAP No. 2R</b>								
	JP Morgan 339893 McLaren Health Concentr .....		03/31/2024 .....	0.000 .....	X X X .....	154,180,052 .....		1,838,576 .....
				0.000 .....	X X X .....			
8409999999	Subtotal - Qualified Cash Pools Under SSAP No. 2R .....					154,180,052 .....		1,838,576 .....
8609999999	Total Cash Equivalents .....					155,603,146 .....	6,229 .....	1,857,162 .....

QE14