



QUARTERLY STATEMENT
AS OF JUNE 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
McLaren Health Plan Community

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

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

Country of Domicile United States

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

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

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

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

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

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

Internet Web Site Address www.mclarenhealthplan.org

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

OFFICERS

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

OTHERS

Dennis LaForest, Enrollee Representative

DIRECTORS OR TRUSTEES

Nancy Jenkins	Brian Brown
Dave Mazurkiewicz	Deidra Wilson
Patrick Hayes	

State of _____
 County of _____ ss

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

_____ (Signature) Nancy Jenkins _____ (Printed Name) 1. President _____ (Title)	_____ (Signature) Cheryl Diehl _____ (Printed Name) 2. Assistant Secretary _____ (Title)	_____ (Signature) Rachel Hairston _____ (Printed Name) 3. Assistant Treasurer/VP, Finance _____ (Title)
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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
	1	2	3	December 31 Prior Year Net Admitted Assets
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	1,090,106		1,090,106	1,091,047
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	6,105,001		6,105,001	5,875,344
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....28,031,765), cash equivalents (\$.....12,002,306) and short-term investments (\$.....0)	40,034,070		40,034,070	43,426,587
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	47,229,177		47,229,177	50,392,978
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	127,869		127,869	130,753
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	801,607	474,968	326,639	636,076
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....771,595) and contracts subject to redetermination (\$.....0)	771,595		771,595	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	168,394		168,394	62,181
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	101,489		101,489	159,922
24. Health care (\$.....740,059) and other amounts receivable	740,059	350,003	390,056	1,680,940
25. Aggregate write-ins for other-than-invested assets	1,310	1,310		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	49,941,500	826,280	49,115,220	53,062,851
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	49,941,500	826,280	49,115,220	53,062,851
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Pre-Paid Expenses	1,310	1,310		
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)	1,310	1,310		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	2,593,931		2,593,931	6,998,808
2. Accrued medical incentive pool and bonus amounts	332,391		332,391	302,291
3. Unpaid claims adjustment expenses	64,777		64,777	185,813
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	1,879,989		1,879,989	1,916,979
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	467,269		467,269	771,402
9. General expenses due or accrued	971,777		971,777	1,091,162
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	222,142		222,142	369,985
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	6,532,274		6,532,274	11,636,440
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	62,500,000	62,500,000
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(19,917,055)	(21,073,589)
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.20 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	42,582,945	41,426,411
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	49,115,220	53,062,851
DETAILS OF WRITE-INS				
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	30,444	99,886	192,691
2. Net premium income (including \$.....0 non-health premium income)	X X X	16,910,815	47,968,764	94,286,417
3. Change in unearned premium reserves and reserve for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	16,910,815	47,968,764	94,286,417
Hospital and Medical:				
9. Hospital/medical benefits		8,044,093	31,264,783	60,695,549
10. Other professional services		173,883	558,598	1,080,366
11. Outside referrals				
12. Emergency room and out-of-area		489,350	1,279,792	2,687,698
13. Prescription drugs		4,935,337	12,887,958	26,100,494
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		75,000	75,000	128,676
16. Subtotal (Lines 9 to 15)		13,717,664	46,066,131	90,692,783
Less:				
17. Net reinsurance recoveries		335,306	318,923	493,416
18. Total hospital and medical (Lines 16 minus 17)		13,382,358	45,747,209	90,199,367
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....86,876 cost containment expenses		336,205	809,178	1,153,249
21. General administrative expenses		2,578,250	3,697,107	6,999,210
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(78,871)	(1,799,757)	(3,557,228)
23. Total underwriting deductions (Lines 18 through 22)		16,217,942	48,453,737	94,794,598
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	692,873	(484,973)	(508,181)
25. Net investment income earned		1,049,010	1,075,389	2,353,834
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains (losses) (Lines 25 plus 26)		1,049,010	1,075,389	2,353,834
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	1,741,883	590,416	1,845,653
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	1,741,883	590,416	1,845,653
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	41,426,411	39,290,326	39,290,326
34. Net income or (loss) from Line 32	1,741,883	590,416	1,845,653
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	115,914	131,696	282,970
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(701,263)	(98,288)	7,462
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	1,156,534	623,824	2,136,085
49. Capital and surplus end of reporting period (Line 33 plus 48)	42,582,945	39,914,149	41,426,411
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	15,750,910	46,001,793	90,836,824
2. Net investment income	1,052,835	1,058,771	2,313,638
3. Miscellaneous income	1,680,940	(169,770)	(831,843)
4. TOTAL (Lines 1 to 3)	18,484,685	46,890,794	92,318,619
5. Benefit and loss related payments	18,524,536	43,970,810	87,616,074
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	3,154,876	4,953,883	8,345,579
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10. TOTAL (Lines 5 through 9)	21,679,413	48,924,693	95,961,653
11. Net cash from operations (Line 4 minus Line 10)	(3,194,727)	(2,033,899)	(3,643,034)
Cash from Investments			
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		0	
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)		0	
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks	113,743	85,312	192,432
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			9
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	113,743	85,312	192,441
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(113,743)	(85,312)	(192,441)
Cash from Financing and Miscellaneous Sources			
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)	(84,047)	695,447	348,574
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(84,047)	695,447	348,574
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(3,392,517)	(1,423,764)	(3,486,901)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	43,426,587	46,913,488	46,913,488
19.2 End of period (Line 18 plus Line 19.1)	40,034,070	45,489,724	43,426,587

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

20.0001			
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

Q7

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	15,121	4,298	10,548	275										
2. First Quarter	5,198	2,770	2,160	268										
3. Second Quarter	4,656	2,691	1,689	276										
4. Third Quarter														
5. Current Year														
6. Current Year Member Months	30,444	16,778	12,052	1,614										
Total Member Ambulatory Encounters for Period:														
7. Physician	17,753	9,784	7,028	941										
8. Non-Physician	3,037	1,674	1,202	161										
9. Total	20,790	11,458	8,230	1,102										
10. Hospital Patient Days Incurred	751	389	234	128										
11. Number of Inpatient Admissions	145	65	58	22										
12. Health Premiums Written (a)	17,232,359	10,299,203	6,626,197	306,960										
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	17,274,241	11,729,867	5,237,414	306,960										
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	17,787,236	10,087,047	7,378,330	321,859										
18. Amount Incurred for Provision of Health Care Services	13,717,664	9,097,249	4,328,863	291,552										

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
Hazelden Center City	11,125					11,125
EW Sparrow Hospital	15,275					15,275
Complete Infusion Services LLC	17,067					17,067
0199999 Individually Listed Claims Unpaid	43,466					43,466
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	461,203	50,128	27,983		62,909	602,224
0499999 Subtotals	504,669	50,128	27,983		62,909	645,690
0599999 Unreported claims and other claim reserves						1,948,241
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						2,593,931
0899999 Accrued Medical Incentive Pool And Bonus Amounts						332,391

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		1 On	2 On	3 On	4 On		
		Claims Incurred Prior to January 1 of Current Year	Claims Incurred During the Year	Claims Unpaid Dec 31 of Prior Year	Claims Incurred During the Year		
1.	Comprehensive (hospital & medical) Individual	1,974,135	8,083,477	179,303	1,017,459	2,153,438	2,186,560
2.	Comprehensive (hospital & medical) Group	3,633,560	3,699,205	492,574	829,180	4,126,134	4,706,527
3.	Medicare Supplement	59,217	262,642	3,778	71,636	62,995	105,722
4.	Vision only						
5.	Dental only						
6.	Federal Employees Health Benefits Plan						
7.	Title XVIII - Medicare						
8.	Title XIX - Medicaid						
9.	Credit A&H						
10.	Disability Income						
11.	Long-Term Care						
12.	Other health						
13.	Health subtotal (Lines 1 to 12)	5,666,912	12,045,324	675,656	1,918,275	6,342,567	6,998,808
14.	Healthcare receivables (a)						
15.	Other non-health						
16.	Medical incentive pools and bonus amounts	44,900		257,391	75,000	302,291	302,291
17.	Totals (Lines 13 - 14 + 15 + 16)	5,711,812	12,045,324	933,047	1,993,275	6,644,858	7,301,099

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

Notes to Financial Statements

McLaren Health Plan Community
June 30, 2024

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

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

	Description	SSAP	F/S Page	F/S Line #	State of Domicile	2024	2023
Net Income							
1	State Basis	XXX	XXX	XXX	MI	1,741,883	1,845,653
2	State Prescribed Practices that increase/(decrease) NAIC SAP					-	-
3	State Permitted Practices that increase/(decrease) NAIC SAP					-	-
4	NAIC SAP	XXX	XXX	XXX	MI	1,741,883	1,845,653
Surplus							
5	State Basis	XXX	XXX	XXX	MI	42,582,945	41,426,411
6	State Prescribed Practices that increase/(decrease) NAIC SAP					-	-
7	State Permitted Practices that increase/(decrease) NAIC SAP					-	-
8	NAIC SAP	XXX	XXX	XXX	MI	42,582,945	41,426,411

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

No change

C. Accounting Policy

No change

D. Going Concern

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

Note 2 - Accounting Changes and Corrections of Errors

No 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 Mortgages: None

D. Loan-Backed Securities: None

Notes to Financial Statements

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

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None

H. Repurchase Agreements Transactions Accounted for as a Sale: None

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None

J. Real Estate: None

K. Low-Income Housing Tax Credits (LIHTC): None

L. Restricted Assets:

Restricted Asset Category		Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted	Percent Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale							
i.	FHLB capital stock							
j.	On deposit with states							
k.	On deposit with other regulatory bodies	1,090,106	1,091,047	(941)	0.00	1,090,106	2.183%	2.219%
l.	Pledged as collateral to FHLB (including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories							
n.	Other restricted assets							
o.	Total Restricted Assets	1,090,106	1,091,047	(941)	0.00	1,090,106	2.183%	2.219%

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	2.644%
(2)	Cash Equivalents	97.356%
(3)	Short-term Investments	0.000%
(4)	Total	100.000%

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No change

Notes to Financial StatementsNote 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	\$ 127,869
2.	Nonadmitted	\$ -
3.	Admitted	\$ 127,869

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

Note 8 - Derivative Investments

No change

Note 9 - Income Taxes

No change

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

- A. Nature of relationship: No change
- B. Description of transactions: No change
- C. Transactions with related party who are not reported on Schedule Y: No change
- D. Due from Affiliate: \$101,489 amounts due from affiliate for administrative, services and information system operations support. The amounts are settled monthly.
- Due to Affiliate: \$222,142 amounts due to affiliates for various administrative support and information system operations support. The amounts are settled monthly.
- E. Management & Service Agreements:

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

<u>Affiliate</u>	<u>Description</u>	<u>Current Year</u>
McLaren Health Plan	Management services received	\$1,703,032

- F. Guarantees or undertakings: No change
- G. Nature of control relationship: No change
- H. Upstream/downstream activity: No change
- I. Investment in SCA: No change

Notes to Financial Statements

J. Investments in impaired SCA: No change

K. Investment in foreign insurance subsidiary: No change

L. Investment in downstream noninsurance holding company: No change

M. All SCA Investments: No change

N. Investment in Insurance SCAs: No change

O. SCA or SSAP 48 Entity Loss Tracking: No change

Note 11 - Debt

No change

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No change

Note 13 - Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No change

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments: No significant change

B. Assessments

Insurance Provider Assessment

Effective October 1, 2018, the Company is required to pay the annual Insurance Provider Assessment (IPA). The assessment for each HMO is based on the amount determined by the Michigan Department of Health and Human Services (MDHHS) and applied to the prior year member months for the Medicaid and commercial lines of business. The portion of the assessment attributable to the commercial programs is fully reimbursed by MDHHS. The Company recognized \$241,454 of net premium income and \$241,454 as general administrative expenses as of June 30, 2024, related to IPA. The Company has \$113,675 as uncollected premiums and \$113,675 recorded as general expenses due and accrued on the Statutory Statements of Assets, Liabilities and Capital Surplus at June 30, 2024 related to the payments and reimbursements for 2024 assessment.

a.	Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$	127,780
b.	Decreases current year:		
	Premium tax offset applied	\$	255,559
c.	Increases current year:		
	Premium tax offset applied	\$	241,454
d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$	113,675

C. – F. No significant change

Note 15 – Leases

No change

Note 16 - Information About Financial Instruments With Off-Balance-Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No change

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

No change

Notes to Financial Statements

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

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

Note 20 - Fair Value Measurements

A. Fair Value Measurements at Reporting Date:

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

The following table presents information about the Plan's assets and liabilities measured at fair value at June 30, 2024, and the valuation techniques used by the Plan to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active market for identical assets or liabilities that the Plan has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Notes to Financial Statements

	Assets measured or disclosed at Fair Value at June 30, 2023				Total
	Level 1	Level 2	Level 3	Net Asset Value (NAV)	
a. Assets at fair value					
Perpetual Preferred stock					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
Total Perpetual Preferred Stocks					
Bonds					
US Governments	\$1,064,604				\$1,064,604
Industrial and Misc					
Hybrid Securities					
Parent, Subsidiaries and Affiliates					
Total Bonds	\$1,064,604				\$1,064,604
Common Stock					
Industrial and Misc	\$6,105,001				\$6,105,001
Mutual Funds					
Total Common Stocks	\$6,105,001				\$6,105,001
Derivative assets					
Interest rate contracts					
Foreign rate contracts					
Credit contracts					
Commodity futures contracts					
Commodity forward contracts					
Total Derivatives					
Separate account assets					
Total assets at fair value/NAV	\$7,169,605				\$7,169,605
b. Liabilities at fair value					
Derivative liabilities					
Total liabilities at fair value					

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

C. Aggregate Fair Value of All Financial Instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Common Stock - Industrial and miscellaneous	\$ 6,105,001	\$ 6,105,001	\$ 6,105,001				
Bonds	\$ 1,064,604	\$ 1,090,106	\$ 1,090,106				

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

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

Note 21 - Other Items

A. Unusual or Infrequent Items: None

B. Troubled Debt Restructuring: Debtors: None

C. Other Disclosures and Unusual Items: Assets in the amount of \$1,090,106 (US Treasury Notes) as of 6/30/24 are on deposit (safekeeping account) with the State of Michigan Treasury as required by regulation.

D. Business Interruption Insurance Recoveries: None

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

Notes to Financial Statements

F. Subprime Mortgage Related Risk Exposure: None

G. Retained Assets: None

H. Insurance-Linked Securities (ILS) Contracts: None

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy:
None

Note 22 - Events Subsequent

No Change

Note 23 - Reinsurance

No change

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

A-D. N/A

E. Risk-sharing Provisions of the Affordable Care Act (ACA)

- Risk adjustment program - Premium adjustments pursuant to the risk adjustment program will be based on the risk scores (health status) of enrollees participating in risk adjustment covered plans, rather than the actual loss experience of the insured. Risk adjustment receivables or payables are estimated based on experience to date and determinations of the Plan's risk score versus the overall market risk score. These amounts represent the estimated amounts receivable or payable for both individual and small group populations and are based on general demographic data and health status of these populations and data assumptions regarding the general health status of the overall market for which there is limited data.
1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions? Yes

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

		<u>AMOUNT</u>
Permanent ACA Risk Adjustment Program		
Assets		
1.	Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$ -
Liabilities		
2.	Risk adjustment user fees payable for ACA Risk Adjustment	\$ 4,923
3.	Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool payments)	\$ 41,881
Operations (Revenue & Expense)		
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (41,881)
5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 4,923
Transitional ACA Reinsurance Program		
Assets		
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
Liabilities		
4.	Liabilities for contribution payable due to ACA Reinsurance - not reported as ceded premium	\$ -
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
Operations (Revenue & Expense)		
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$ -
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -
9.	ACA Reinsurance contributions - not reported as ceded premium	\$ -
Temporary ACA Risk Corridors Program		
Assets		
1.	Accrued retrospective premium due to ACA Risk Corridors	\$ -
Liabilities		
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
Operations (Revenue & Expense)		
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	\$ -
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

Notes to Financial Statements

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

ROLL-FORWARD OF PRIOR YEAR ACA RISK-SHARING PROVISIONS											
	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the	
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
Permanent ACA Risk Adjustment Program											
Premium adjustments receivable (including high-risk pool payments)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 771,595		A	\$ 771,595	\$ -
Premium adjustments (payable) (including high-risk pool payments)	\$ -	\$ (800,000)			\$ -	\$ (800,000)		\$ (981,771)	B	\$ -	\$ (1,781,771)
Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ (800,000)	\$ -	\$ -	\$ -	\$ (800,000)	\$ 771,595	\$ (981,771)		\$ 771,595	\$ (1,781,771)
Transitional ACA Reinsurance Program											
Amounts recoverable for claims paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C	\$ -	\$ -
Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -
Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -		\$ -	\$ -	\$ -	\$ -			F	\$ -	\$ -
Ceded reinsurance premiums payable	\$ -		\$ -	\$ -	\$ -	\$ -		\$ -	G	\$ -	\$ -
Liability for amounts held under uninsured plans					\$ -	\$ -			H	\$ -	\$ -
Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Temporary ACA Risk Corridors Program											
Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
Reserve for rate credit or policy experience rating refunds					\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -
Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Total for ACA Risk Sharing Provisions	\$ -	\$ (800,000)	\$ -	\$ -	\$ -	\$ (800,000)	\$ 771,595	\$ (981,771)		\$ 771,595	\$ (1,781,771)

Explanation of adjustments:

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

4. Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year:

None

5. ACA Risk Corridors Receivable as of Reporting Date:

None

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

An enrolled actuary has determined the estimated reserve for claims incurred but not reported. Although management believes that the provision for unpaid claims is adequate, no assurance can be given that the ultimate settlement of these liabilities may not be greater or less than such estimates. Any future adjustments to these amounts will affect the reported results of future periods.

Note 26 - Intercompany Pooling Arrangements

No change

Note 27 - Structured Settlements

No change

Note 28 - Health Care Receivables

A. Pharmaceutical rebate receivables:

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
06/30/24	\$ 315,536				
03/31/24					
12/31/23				\$ 1,091,814	
09/30/23				\$ 1,080,940	
06/30/23				\$ 1,160,773	
03/31/23				\$ 1,018,867	
12/31/22				\$ 952,016	
09/30/22				\$ 849,097	
06/30/22				\$ 823,562	
03/31/22				\$ 853,644	
12/31/21				\$ 806,969	\$ 78,554
09/30/21			\$ 747,179		\$ 95,524

B. Risk Sharing Receivables – No ChangeNote 29 - Participating Policies

No change

Note 30 - Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$56,337
2. Date of the most recent evaluation of this liability: June 30, 2024
3. Was anticipated investment income utilized in the calculation? No

Note 31 - Anticipated Salvage and Subrogation

No change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[] No[] N/A[X]

- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]
- 2.2 If yes, date of change:

- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[] No[X]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes: Yes[] No[X]
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. Yes[] No[X]

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[] N/A[X]
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2022
- 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). 06/18/2024
- 6.4 By what department or departments?
Michigan Department of Insurance and Financial Services
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[X] No[] N/A[]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]

- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 7.2 If yes, give full information

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

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

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 101,489

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[X] No[]
- 11.2 If yes, give full and complete information relating thereto:
Bonds are held by the State of Michigan Treasury in a safekeeping account as required by the Department of Insurance and Financial Services.

- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ 0

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

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[] No[X]
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[] No[] N/A[X]
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0
 16.3 Total payable for securities lending reported on the liability page \$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[]

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

1 Name of Custodian(s)	2 Custodian Address
JPMORGAN CHASE BANK, NA	1111 Polaris Parkway, Columbus OH 43240

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

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

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

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

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

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Rachel Hairston, Assistant Treasurer/VP, Finance I

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes[] No[X]

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

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

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

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
 Has the reporting entity self-designated 5GI securities? Yes[] No[X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
 a. The security was purchased prior to January 1, 2018.
 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 | 81.120% |
| 1.2 A&H cost containment percent | 0.510% |
| 1.3 A&H expense percent excluding cost containment expenses | 16.720% |
| 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
Accident and Health - Affiliates									
11835	04-1590940	01/01/2024	PARTNERRE AMER INS CO	DE	SSL/I	XXXL	Authorized	1	01/01/2024

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Direct Business Only								
State, Etc.	1 Active Status (a)	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit -Type Contracts
1. Alabama (AL)	N									
2. Alaska (AK)	N									
3. Arizona (AZ)	N									
4. Arkansas (AR)	N									
5. California (CA)	N									
6. Colorado (CO)	N									
7. Connecticut (CT)	N									
8. Delaware (DE)	N									
9. District of Columbia (DC)	N									
10. Florida (FL)	N									
11. Georgia (GA)	N									
12. Hawaii (HI)	N									
13. Idaho (ID)	N									
14. Illinois (IL)	N									
15. Indiana (IN)	N									
16. Iowa (IA)	N									
17. Kansas (KS)	N									
18. Kentucky (KY)	N									
19. Louisiana (LA)	N									
20. Maine (ME)	N									
21. Maryland (MD)	N									
22. Massachusetts (MA)	N									
23. Michigan (MI)	L	17,232,359							17,232,359	
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	17,232,359							17,232,359	
60. Reporting entity contributions for Employee Benefit Plans	X X X									
61. Total (Direct Business)	X X X	17,232,359							17,232,359	
DETAILS OF WRITE-INS										
58001.	X X X									
58002.	X X X									
58003.	X X X									
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X									

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R - Registered - Non-domiciled RRGs

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

1

4. Q - Qualified - Qualified or accredited reinsurer

5. N - None of the above - Not allowed to write business in the state

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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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% Code: 4700 NAIC: 95807	MDWise Medicaid Network 47-3192307 [IN] 100%	McLaren Caro Region Foundation 38-2422995 [MI] 100%	
Spartan Imaging, Inc 85-3196614 [MI] 100%	VitalCare, Inc 38-2527255 [MI] 100%	NMI Hematology/Oncology 32-0020293 [MI] 100%	McLaren Bay Medical Foundation 38-2156534 [MI] 100%		Mount Clemens Regional Health Building Health Partners 26-2524717 [MI] 66%	McLaren Physician Partners 38-3136458 [MI] 50%			Michigan Cancer Society 38-2823451 [MI] 100%	Marwood Manor Nursing Home 38-2683251 [MI] 100%	Huron Clinic Condominiums Owners 41-2144341 [MI] 62.5%					McLaren Health Plan Community 27-2204037 [MI] 100% Group Code: 4700 NAIC: 14217				
	VitalCare Home Medical Equipment, Inc 38-2662954 [MI] 100%	Cardiac Institute 26-2774689 [MI] 100%	Bay Regional Medical Center Auxiliary 38-6081235 [MI] 100%			Lake Orion Nursing Center 38-2895426 [MI] 100%			Delphinus Investments Inc 45-4758176 [MI] 100%	Huron Memorial Foundation 38-2717147 [MI] 100%					McLaren Health Advantage 91-214720 [MI] 100%					
		Charlevoix Nursing Home 38-3038683 [MI] 100%				North Oakland North Macomb Imaging Inc. 38-2807040 [MI] 100%			Karmanos Cancer Foundation 38-3584572 [MI] 100%											

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	38-2397643				McLaren Health Care Corporation	MI	UIP		Ownership	100.0	McLaren Health Care Corporation	No	
		00000	26-2693350				McLaren Health Care Village Foundation	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1434090				McLaren Greater Lansing	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	85-3196614				Spartan Imaging, Inc	MI	NIA	McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2445611				McLaren Northern MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2662954				VitalCare Home Medical Equipment, Inc.	MI	NIA	VitalCare, Inc.	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	26-2774689				The Cardiac Institute DBA Michigan Heart & Vascular Specialists	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3038683				Charlevoix Nursing Home Corporation DBA Boulder Park Terrace	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1976271				McLaren Bay Region	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2156534				McLaren Bay Medical Foundation	MI	NIA	McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3161753				McLaren Bay Special Care Hospital	MI	NIA	McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-6081235				Bay Regional Medical Center Auxiliary	MI	NIA	McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1420304				McLaren Central Michigan	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2578873				Mount Clemens Regional Healthcare Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	26-2524717				Mount Clemens Regional Health Building Health Partners	MI	NIA	McLaren Macomb	Ownership	66.0	McLaren Health Care Corporation	No	
		00000	38-1428164				McLaren Oakland	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-0442217				McLaren Oakland Foundation	MI	NIA	McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3136458				McLaren Physician Partners	MI	NIA	McLaren Health Care Corporation	Ownership	50.0	McLaren Health Care Corporation	No	
		00000	38-2895426				Lake Orion Nursing Center	MI	NIA	McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2807040				North Oakland North Macomb Imaging Inc	MI	NIA	McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	No	

016

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	38-2383119				McLaren Flint	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2689033				McLaren Lapeer Region	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2689603				McLaren Lapeer Region Foundation	MI	NIA	McLaren Lapeer Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1613280				Barbara Ann Karmanos Cancer Institute	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-1649466				Barbara Ann Karmanos Cancer Hospital	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3584572				Karmanos Cancer Foundation	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2777750				Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2683251				Marwood Manor Nursing Home	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2717147				Huron Memorial Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1474929				Huron Memorial Hospital	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3372174				South Van Dyke Medical Complex-A	MI	NIA	Huron Memorial Hospital	Ownership	67.0	McLaren Health Care Corporation	No	
		00000	41-2144341				Huron Clinic Condominiums Owners	MI	NIA	Huron Memorial Hospital	Ownership	62.5	McLaren Health Care Corporation	No	
		00000	38-2988086				McLaren Medical Group	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3267121				Mid-Michigan Physicians	MI	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3491714				McLaren Health Management Group	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	46-3643089				McLaren Hospice and Homecare Foundation	MI	NIA	McLaren Health Management Group	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	81-2692784				McLaren High Performance Network	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
4700	McLaren Health Plan	95562	38-3252216				McLaren Health Plan, Inc	MI	UDP	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	No	
4700	McLaren Health Plan	14217	27-2204037				McLaren Health Plan Community	MI	RE	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	91-2141720				Health Advantage Inc.	MI	NIA	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	No	
4700	MDWise	95807	35-1931354				MDWise, Inc	IN	IA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	No	

Q16.1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	47-3192307				MDWise Medicaid Network, Inc	IN	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	82-4449304				McLaren Integrated HMO Group	MI	UIP	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3426063				McLaren Caro Region	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2422995				McLaren Caro Region Foundation	MI	NIA	McLaren Caro Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	26-3112935				McLaren - Northern Equities Cancer Center Project, LLC	MI	NIA	McLaren Health Care Corporation	Ownership	85.0	McLaren Health Care Corporation	No	
		00000	20-3360827				Clarkston ASC Partners, LLC	MI	NIA	McLaren Health Care Corporation	Ownership	55.6	McLaren Health Care Corporation	No	
		00000	43-2006072				Clarkston Property Associates	MI	NIA	McLaren Health Care Corporation	Ownership	50.0	McLaren Health Care Corporation	No	

Q16.2

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



14217202436500002

2024

Document Code: 365

Communication of Internal Control Related Matters Noted in an Audit



14217202422200002

2024

Document Code: 222

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **June 30, 2024** OF THE **McLaren Health Plan Community**
SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	6,966,391	6,492,876
2. Cost of bonds and stocks acquired	113,743	192,432
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)	115,914	282,979
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium	941	1,896
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	7,195,107	6,966,391
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	7,195,107	6,966,391

SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	1,090,577			(470)	1,090,577	1,090,106		1,091,047
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	1,090,577			(470)	1,090,577	1,090,106		1,091,047
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	1,090,577			(470)	1,090,577	1,090,106		1,091,047

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

QS102

SI03 Schedule DA Part 1 NONE

SI03 Schedule DA Verification NONE

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	15,482,775	91
2.	Cost of cash equivalents acquired	(3,480,470)	15,482,684
3.	Accrual of discount		
4.	Unrealized valuation increase/(decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	12,002,306	15,482,775
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	12,002,306	15,482,775

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

QE01 - QE03

SCHEDULE D - PART 3

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

1	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
Common Stocks - Industrial and Miscellaneous (Unaffiliated) - Other									
921943882	VANGUARD DEVELOPED MARKETS INDEX FUND		03/15/2024	JPMORGAN	54.240		X X X		
922042841	VANGUARD EMERGING MARKETS		03/15/2024	JPMORGAN	2.990		X X X		
922908645	VANGUARD MIDCAP INDEX		03/21/2024	JPMORGAN	1.930		X X X		
922908686	VANGUARD SMALL CAP INDEX		03/22/2024	JPMORGAN	4.130		X X X		
922908710	VANGUARD S&P 500 INDEX		03/22/2024	JPMORGAN	4.670		X X X		
921943882	VANGUARD DEVELOPED MARKETS INDEX FUND		06/21/2024	JPMORGAN	88.360		X X X		
922042841	VANGUARD EMERGING MARKETS		06/21/2024	JPMORGAN	14.290		X X X		
922908645	VANGUARD MIDCAP INDEX		06/27/2024	JPMORGAN	1.890		X X X		
922908686	VANGUARD SMALL CAP INDEX		06/28/2024	JPMORGAN	5.320		X X X		
922908710	VANGUARD S&P 500 INDEX		06/28/2024	JPMORGAN	5.190		X X X		
5029999999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) - Other				X X X		X X X		X X X
Common Stocks - Mutual Funds - Designations Assigned by the SVO									
258620863	DOUBLELINE LOW DURATION BON FUND OPEN-E		01/01/2024	JPMORGAN	992.370		X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OP		01/29/2024	JPMORGAN	605.450		X X X		
258620863	DOUBLELINE LOW DURATION BON FUND OPEN-E		02/01/2024	JPMORGAN	1,021.200		X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OP		02/27/2023	JPMORGAN	667.420		X X X		
258620863	DOUBLELINE LOW DURATION BON FUND OPEN-E		03/01/2024	JPMORGAN	1,014.240		X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OP		03/26/2024	JPMORGAN	711.520		X X X		
258620863	DOUBLELINE LOW DURATION BON FUND OPEN-E		04/01/2024	JPMORGAN	956.730		X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OP		04/26/2024	JPMORGAN	800.900		X X X		
258620863	DOUBLELINE LOW DURATION BON FUND OPEN-E		05/01/2024	JPMORGAN	979.040		X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OP		05/29/2024	JPMORGAN	766.130		X X X		
258620863	DOUBLELINE LOW DURATION BON FUND OPEN-E		06/01/2024	JPMORGAN	1,099.010		X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OP		06/26/2024	JPMORGAN	744.340		X X X		
5319999999	Subtotal - Common Stocks - Mutual Funds - Designations Assigned by the SVO				X X X		X X X		X X X
5989999997	Subtotal - Common Stocks - Part 3				X X X		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		X X X		X X X
5999999999	Subtotal - Preferred and Common Stocks				X X X		X X X		X X X
6009999999	Totals - Bonds, Preferred and Common Stocks				X X X		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 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
JPMORGAN, CHASE FLINT, MICHIGAN 06/30/2024					20,107	(9,951)	121,633	X X X
0199998 Deposits in161 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	X X X	X X X	709,312	116,625	27,673,613	27,790,115	27,910,131	X X X
0199999 Total - Open Depositories	X X X	X X X	709,312	116,625	27,693,720	27,780,164	28,031,765	X X X
Suspended Depositories								
0299998 Deposits in0 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	709,312	116,625	27,693,720	27,780,164	28,031,765	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	709,312	116,625	27,693,720	27,780,164	28,031,765	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
All Other Money Market Mutual Funds								
. 000000000	JP Morgan Prime Money Market Fund		06/30/2024	0.000	X X X	121		
8309999999	Subtotal - All Other Money Market Mutual Funds					121		
Qualified Cash Pools Under SSAP No. 2R								
	JP Morgan 339893 McLaren Health Concentr		06/30/2024	0.000	X X X	12,002,185		
8409999999	Subtotal - Qualified Cash Pools Under SSAP No. 2R					12,002,185		
8609999999	Total Cash Equivalents					12,002,306		

QE14