



**QUARTERLY STATEMENT  
AS OF SEPTEMBER 30, 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 .....	248,056,983	8,873,990	239,182,993	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) .....	1,671,777		1,671,777	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 (\$.....2,766,852), cash equivalents (\$.....203,935,239) and short-term investments (\$.....0) .....	206,702,091		206,702,091	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 .....	6,372,465	5,507,437	865,028	740,099
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	462,803,317	14,381,427	448,421,890	403,711,202
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	118,223		118,223	122,860
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	25,789	7,559	18,230	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 (\$.....614,520) and contracts subject to redetermination (\$.....0) .....	614,520		614,520	366,413
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	409,878		409,878	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 .....	2,082,521	2,082,521		17,448
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	4,500	4,500		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	2,110,104		2,110,104	2,625,533
24. Health care (\$.....30,373,546) and other amounts receivable .....	33,379,198	1,690,591	31,688,607	9,188,427
25. Aggregate write-ins for other-than-invested assets .....	18,125,783		18,125,783	16,986,494
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	519,673,833	18,166,597	501,507,235	434,435,197
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	519,673,833	18,166,597	501,507,235	434,435,197
<b>DETAILS OF WRITE-INS</b>				
1101. INVENTORY .....				
1102. DEFERRED CHARGES EQUIP FEES .....	2,884,659	2,884,659		
1103. PREPAID EXPENSES .....	2,604,112	2,604,112		
1198. Summary of remaining write-ins for Line 11 from overflow page .....	883,694	18,666	865,028	740,099
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	6,372,465	5,507,437	865,028	740,099
2501. Insurance Provider Assessment .....	18,125,783		18,125,783	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) .....	18,125,783		18,125,783	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) .....	93,051,742		93,051,742	68,334,507
2. Accrued medical incentive pool and bonus amounts .....	5,432,013		5,432,013	3,645,570
3. Unpaid claims adjustment expenses .....	1,324,158		1,324,158	1,787,350
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	9,041,032		9,041,032	10,130,720
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	361,147		361,147	3,472,742
9. General expenses due or accrued .....	43,771,548		43,771,548	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 .....				
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 .....	2,762,887		2,762,887	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) .....	155,744,527		155,744,527	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	344,622,709	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	345,762,709	313,246,091
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	501,507,236	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	2,028,730	2,425,692	3,183,148
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	874,257,994	883,313,745	1,199,550,414
3. Change in unearned premium reserves and reserve for rate credits .....	X X X		17,417,934	
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	(2,421,476)	(2,182,504)	(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	871,836,518	898,549,175	1,196,478,672
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		468,649,731	478,258,942	638,233,697
10. Other professional services .....		11,106,261	11,635,529	15,652,643
11. Outside referrals .....				
12. Emergency room and out-of-area .....		38,479,731	42,484,845	57,572,169
13. Prescription drugs .....		250,217,224	258,752,137	344,968,528
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....		3,598,752	3,125,793	3,306,343
16. Subtotal (Lines 9 to 15) .....		772,051,699	794,257,246	1,059,733,381
<b>Less:</b>				
17. Net reinsurance recoveries .....		1,966,292	2,650,578	5,050,846
18. Total hospital and medical (Lines 16 minus 17) .....		770,085,408	791,606,668	1,054,682,534
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....1,663,981 cost containment expenses .....		8,294,605	8,669,265	10,745,535
21. General administrative expenses .....		85,075,213	82,872,331	112,446,242
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....		(494,888)	834,889	(1,859,731)
23. Total underwriting deductions (Lines 18 through 22) .....		862,960,337	883,983,153	1,176,014,580
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	8,876,181	14,566,022	20,464,092
25. Net investment income earned .....		11,728,323	10,995,765	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) .....		11,728,323	10,995,765	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	20,604,504	25,561,787	35,946,821
31. Federal and foreign income taxes incurred .....	X X X			
32. Net income (loss) (Lines 30 minus 31) .....	X X X	20,604,504	25,561,787	35,946,821
<b>DETAILS OF WRITE-INS</b>				
0601. MPCA .....	X X X	(2,421,476)	(2,182,504)	(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	(2,421,476)	(2,182,504)	(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 .....	20,604,504	25,561,787	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	12,770,917	7,604,622	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 .....	(858,803)	114,874	(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) .....	32,516,618	33,281,283	39,536,590
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	345,762,709	306,990,783	313,246,091
<b>DETAILS OF WRITE-INS</b>			
4701. PENSION RELATED COSTS OTHER THAN NET PERIODIC PENSION COSTS .....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	869,993,301	886,525,751	1,181,301,321
2. Net investment income .....	11,732,959	10,963,195	15,484,935
3. Miscellaneous income .....	(4,220,879)	(2,155,244)	(3,054,912)
4. TOTAL (Lines 1 to 3) .....	877,505,382	895,333,702	1,193,731,344
5. Benefit and loss related payments .....	763,880,926	768,068,408	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 .....	81,830,091	97,799,123	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) .....	845,711,017	865,867,531	1,193,300,949
11. Net cash from operations (Line 4 minus Line 10) .....	31,794,365	29,466,171	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 .....		339,204	
12.7 Miscellaneous proceeds .....	2,033,761		
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	2,033,761	339,204	
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....			
13.2 Stocks .....	5,432,047	4,175,231	5,946,193
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			926,275
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	5,432,047	4,175,231	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) .....	(3,398,286)	(3,836,027)	(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) .....	26,460	(1,765,681)	(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) .....	26,460	(1,765,681)	(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) .....	28,422,539	23,864,462	(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) .....	206,702,091	211,912,413	178,279,552

**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 .....	246,779							1,289	245,490					
2. First Quarter .....	233,260							1,773	231,487					
3. Second Quarter .....	217,221							1,818	215,403					
4. Third Quarter .....	216,951							1,875	215,076					
5. Current Year .....														
6. Current Year Member Months .....	2,028,730							16,265	2,012,465					
Total Member Ambulatory Encounters for Period:														
7. Physician .....	1,327,295							10,641	1,316,654					
8. Non-Physician .....	278,136							2,230	275,906					
9. Total .....	1,605,431							12,871	1,592,560					
10. Hospital Patient Days Incurred .....	68,808							2,772	66,036					
11. Number of Inpatient Admissions .....	13,614							278	13,336					
12. Health Premiums Written (a) .....	877,941,781							18,158,985	859,782,796					
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	877,941,781							18,158,985	859,782,796					
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	745,368,172							16,624,940	728,743,232					
18. Amount Incurred for Provision of Health Care Services .....	772,051,699							19,480,109	752,571,590					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....18,158,985.

**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	10,936		30,240	11,911		53,087
Ambulatory Infusion Care	32,525	65,050	32,525			130,100
Ambulatory Infusion Care North			25,550			25,550
Ascension Borgess Hospital	19,516		11,355			30,871
Ascension Borgess-Lee Hospital	10,772					10,772
Ascension Macomb Oakland Hosp - Warren		10,610				10,610
Ascension Providence Hospital	32,518	79,824				112,342
Ascension Providence Rochester Hospital		24,472				24,472
Ascension St. John Hospital	395,606	159,806				555,412
Barbara Ann Karmanos Cancer Hospital	142,480					142,480
Botsford General Hospital	52,878	13,892	11,322			78,092
Bronson Battle Creek	11,462	11,462				22,924
Bronson Methodist Hospital - Kalamazoo	299,660	226,969			30,389	557,018
Cancer & Hematology Ctrs of W Mi	45,065	30,982				76,047
Childrens Hosp Med Ctr		55,911			1,588,736	1,644,647
Complete Infusion Services LLC	11,128					11,128
CORAM Specialty Infusion Services	68,166	19,455				87,621
Corewell Health Gerber Hospital	10,758					10,758
Corewell Health Greenville Hospital	14,231					14,231
Corewell Health Lakeland Hospitals	22,526	19,630				42,156
Corewell Health Ludington Hospital	14,487					14,487
Corewell Health Reed City Hospital	21,509					21,509
Covenant Medical Center - Hospital	267,783	25,522	57,760		187,014	538,079
DMC Detroit Receiving Hospital	121,934	177,394			51,621	350,949
DMC Harper-Hutzel Womens Hospital	225,768	23,520		10,489	1,250,340	1,510,117
DMC Huron Valley - Sinai Hospital		10,048				10,048
DMC Rehabilitation Institute of MI		42,799				42,799
EW Sparrow - Rehab Unit	11,567	11,323				22,890
EW Sparrow Hospital	1,801,170	1,321,443	538,854	80,152	1,005,664	4,747,283
Fawcett Memorial Hospital					21,007	21,007
FKC Sterling Heights	62,773	87,386				150,159
FMC ST Clair Shores	23,846					23,846
Fresenius Bay Area Reg Dial Center Essexville	95,386					95,386
Fresenius Bay Area Reg Dialysis Ctr Saginaw Riverside	97,770	95,386				193,156
Fresenius Bay Area Regional Dialysis Center Saginaw	107,303	100,155				207,458
Fresenius FMC Dialysis Services Port Huron	22,516	11,923				34,439
Fresenius Genesee Valley Dialysis Center	284,827	283,497				568,324
Fresenius Med Care Lansing Central	258,320	183,617				441,937
Fresenius Medical Care Kentwood	186,002					186,002
Fresenius Medical Care Lansing West	188,387	186,002				374,389
Fresenius Medical Care St Johns	10,593					10,593
Fresenius Owosso Memorial Dialysis	247,565					247,565
Fresenius RCG East Lansing	695,134	426,029				1,121,163
Fresenius RCG Lansing	140,694	143,078				283,772
Fresenius RRC Davison	21,462					21,462
Fresenius RRC West Flint	96,908	267,302				364,210
Genesys Regional Med Ctr		14,950				14,950
Glendale Neurological Assoc PC	17,010	17,010				34,020
Great Lakes Center Of Rheumatology	11,340					11,340
Henry Ford Hospital - Detroit	182,721	335,153			876,296	1,394,170



**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
Henry Ford Hospital - West Bloomfield	14,686		10,930			25,616
Henry Ford Wyandotte Hospital	19,011					19,011
Hills and Dales General Hospital	12,428					12,428
Hurley Medical Center	725,723	679,768			463,042	1,868,533
Insight Surgical Hospital	24,537	25,530			18,383	68,450
Jagannathan Neurosurgical Institute PLLC	14,040					14,040
Josip Petani MD					11,861	11,861
Kabafusion MI LLC	17,622	35,245				52,867
Mackinac Straits Hospital				24,608		24,608
Mary Free Bed Rehabilitation Hospital	168,930	62,693			11,121	242,744
McLaren Bay Region Hospital	36,948	17,002	10,061		79,371	143,382
McLaren Central Michigan Hospital	83,879					83,879
McLaren Flint Hospital	276,396	60,580	15,920		46,326	399,222
McLaren Greater Lansing Hospital	164,175	14,376	13,541			192,092
McLaren Greater Lansing-Psych Unit		10,116				10,116
McLaren Home Infusion	105,455					105,455
McLaren Lapeer Hospital	121,000					121,000
McLaren Macomb Hospital			29,135			29,135
McLaren Northern Michigan Hospital	48,373					48,373
McLaren Thumb Region	26,572					26,572
Memorial Hospital		146,734				146,734
Memorial Hospital and Healthcare Center	210,580	42,583	31,860		10,011	295,034
Mercy Health Partners - Hackley Campus					16,756	16,756
Metro Infectious Disease Consultants		19,162				19,162
MidMichigan Medical Center	40,022	12,176	36,156		24,951	113,305
MidMichigan Medical Center Alpena	116,343	42,457				158,800
Munson Healthcare Cadillac	10,078					10,078
Munson Healthcare Charlevoix	10,648	10,648				21,296
Munson Medical Center	296,213	48,603	46,212	86,382	88,743	566,153
Munson Medical Center Inpatient Rehabilitation			12,695			12,695
North Star Anesthesia of Michian PLLC	10,889					10,889
Oaklawn Hospital	20,923					20,923
Oakwood Annapolis Hospital		50,988				50,988
Oakwood Hospital - Southshore	11,611					11,611
Oakwood Hospital and Medical Ctr - Dearborn	52,615	11,398				64,013
PHI Air Medical	20,295					20,295
Promedica The Toledo Hospital	10,202					10,202
Select Specialty Hospital - Ann Arbor		25,572				25,572
Select Specialty Hospital - Downriver	122,367	76,785				199,152
Select Specialty Hospital - Flint Inc.	26,004	88,175				114,179
Select Specialty Hospital - Kalamazoo	98,674					98,674
Select Specialty Hospital - Saginaw		131,471				131,471
Select Specialty Hospital-Corewell Health Grand Rapids	240,889					240,889
Sheridan Community Hospital	58,612					58,612
Sinai Grace Hospital	147,738	252,953			288,478	689,169
Soleo Health Inc	30,185					30,185
South Bay Hospital	12,017					12,017
Sparrow Eaton Hospital	10,808	49,171				59,979
Sparrow Specialty Hospital	89,012			91,921		180,933
Spectrum Health Butterworth - Rehab	23,442					23,442
Spectrum Health Hospitals Blodgett/Butterworth	1,387,061	811,469	1,638,052		891,179	4,727,761
SSH Oakland	113,860					113,860

Q8.1

**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
St Joseph Mercy Hospital - Ann Arbor .....		33,646			61,555	95,201
St Joseph Mercy Oakland .....	40,559	117,663	13,697		16,292	188,211
St Joseph Mercy Oakland - Rehab Unit .....	14,589					14,589
St Marys Health Services .....		14,501				14,501
St Marys of Michigan - Saginaw .....	143,572		30,700			174,272
St. Mary's Health Care .....		35,506				35,506
Surgery Center at Health Park .....	38,860					38,860
U MN Med Ctr Fairview .....					86,161	86,161
University of Michigan .....	5,505,477	349,341	168,614	1,544,146	738,193	8,305,771
VHS Detroit Receiving Hospital .....	20,215					20,215
VHS/Childrens Hospital of Michigan .....	547,156	949,974	2,107,196	34,666	529,246	4,168,238
William Beaumont Hospital Grosse Pointe .....		20,039				20,039
William Beaumont Hospital Royal Oak .....	229,963	250,320			122,924	603,207
William Beaumont Hospital Troy .....	26,350			14,530		40,880
0199999 Individually Listed Claims Unpaid .....	17,992,606	8,978,245	4,872,375	1,898,805	8,515,660	42,257,691
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	58,013,164	11,205,636	2,150,911	1,452,202	4,681,117	77,503,030
0499999 Subtotals .....	76,005,770	20,183,881	7,023,286	3,351,007	13,196,777	119,760,721
0599999 Unreported claims and other claim reserves .....						(26,708,978)
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						93,051,743
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						5,432,013

Q8.2

## 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 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		
		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 .....	2,306,346	14,318,594	561,769	5,247,312	2,868,116	3,080,759	
8. Title XIX - Medicaid .....	65,373,492	659,770,988	3,689,807	83,552,854	69,063,299	65,253,749	
9. Credit A&H .....							
10. Disability Income .....							
11. Long-Term Care .....							
12. Other health .....							
13. Health subtotal (Lines 1 to 12) .....	67,679,839	674,089,581	4,251,576	88,800,166	71,931,415	68,334,507	
14. Healthcare receivables (a) .....							
15. Other non-health .....							
16. Medical incentive pools and bonus amounts .....	850,955	961,354	2,794,615	2,637,398	3,645,570	3,645,570	
17. Totals (Lines 13 - 14 + 15 + 16) .....	68,530,794	675,050,936	7,046,191	91,437,564	75,576,984	71,980,077	

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

## Notes to Financial Statements

McLaren Health Plan, Inc.  
September 30, 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	State Basis	XXX	XXX	XXX	20,604,504	35,946,821
2	State Prescribed Practices that increase/(decrease) NAIC SAP					
3	State Permitted Practices that increase/(decrease) NAIC SAP					
4	NAIC SAP	XXX	XXX	XXX	20,604,504	35,946,821
<b>Surplus</b>						
5	State Basis	XXX	XXX	XXX	345,762,709	313,246,091
6	State Prescribed Practices that increase/(decrease) NAIC SAP					
7	State Permitted Practices that increase/(decrease) NAIC SAP					
8	NAIC SAP	XXX	XXX	XXX	345,762,709	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 Mortgages: 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							
i. FHLB capital stock							
j. On deposit with states							
k. On deposit with other regulatory bodies	1,412,224	1,358,506	53,717	0.00	1,412,224	0.2718%	0.2816%
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
<b>o. Total Restricted Assets</b>	<b>1,412,224</b>	<b>1,358,506</b>	<b>53,717</b>	<b>0.00</b>	<b>1,412,224</b>	<b>0.2718%</b>	<b>0.2816%</b>

(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	1.272%
(2)	Cash Equivalents	98.728%
(3)	Short-term Investments	0.000%
(4)	Total	100.000%

**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:**

	Interest Income Due and Accrued	Amount
1.	Gross	\$ 118,223
2.	Nonadmitted	\$ -
3.	Admitted	\$ 118,223

**D. The aggregate deferred interest: None**

**Notes to Financial Statements**

- 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: \$2,110,104 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: \$2,762,887 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 & Service Contracts and Cost-Sharing Arrangements:

Agreement	Description
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.
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	\$2,673,806
McLaren Health Advantage	Management services provided	\$5,948,946
McLaren Health Plan Community	Management services provided	\$2,376,008
McLaren Integrated HMO Group	Management services received	\$3,476,674

- F. Guarantees or Undertakings: No change
- G. Nature of Control Relationship: No change

**Notes to Financial Statements**

- 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%	\$ 8,873,990	\$ -	\$ 8,873,990
Total SSAP No. 97 8b(ii) Entities	XXX	\$ 8,873,990	\$ -	\$ 8,873,990
e. Total SSAP No. 97 8b Entities	XXX	\$ 8,873,990	\$ -	\$ 8,873,990
f. Aggregate Total (a+e)	XXX	\$ 8,873,990	\$ -	\$ 8,873,990

**(2) NAIC Filing Response Information: No change**

- N. Investment in Insurance SCAs: No change
- O. SCA and SSAP No. 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 Medicaid program is fully reimbursed by MDHHS. The Company recognized \$53,238,059 of net premium income and \$53,238,059 as general administrative expenses as of September 30, 2024, related to IPA. The Company has \$18,125,783 as an aggregate write-in for other than invested assets and \$18,125,783 recorded as general expenses due and accrued on the Statutory Statements of Assets, Liabilities and Capital Surplus at September 30, 2024 related to the payments and reimbursements for 2024 assessment.



**Notes to Financial Statements**

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	\$	52,098,771
c.	Increases current year:		
	Premium tax offset applied	\$	53,238,059
d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$	18,125,783

**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****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	0	0	0
d. Total claim payment volume	558,236,930	0	558,236,930

**B. ASC plans – N/A****C. Medicare or similarly structured cost based reimbursed contracts – N/A****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 September 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 can access.

**Notes to Financial Statements**

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.

	Assets measured or disclosed at Fair Value at September 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					
Industrial and Misc					
Hybrid Securities					
Parent, Subsidiaries and Affiliates					
Total Bonds					
Common Stock					
Industrial and Misc	\$195,458,155				\$195,458,155
Parent, Subsidiaries and Affiliates	\$43,724,839				\$43,724,839
Total Common Stocks	\$239,182,993				\$239,182,993
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	\$239,182,993				\$239,182,993
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: 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)
Bonds							
Industrial and Misc	\$195,458,155	\$195,458,155	\$195,458,155				
Parent, Subsidiaries and Affiliates	\$43,724,839	\$43,724,839	\$43,724,839				

D. Not Practicable to Estimate Fair Value: None

E. Investments Measured Using NAV practical expedient: None

## Notes to Financial Statements

### 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 \$1,412,224 as of 9/30/24 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
- 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 September 30, 2024 that are subject to retrospective rating features was \$18,003,662, that represented 2.06% 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

**Notes to Financial Statements**

not be greater or less than such estimates. Any future adjustments to these amounts will affect the reported results of future periods.

Note 26 - Intercompany Pooling Arrangements:

No change

Note 27 - Structured Settlements:

No change

Note 28 - Health Care Receivables

## A. Pharmaceutical rebate receivables:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
09/30/24	552,168	-	-	-	-
06/30/24	-	-	-	-	-
03/31/24	-	-	-	581,646	-
12/31/23	-	-	-	904,531	16,763
09/30/23	-	-	-	862,876	176,386
06/30/23	-	-	-	723,890	93,392
03/31/23	-	-	-	239,884	753,192
12/31/22	-	-	-	809,760	291
09/30/22	-	-	-	851,765	30,601
06/30/22	-	-	-	-	1,106,031
03/31/22	-	-	-	-	811,742
12/31/21	-	-	-	-	674,576

## B. Risk Sharing Receivables –See note 24.

Note 29 - Participating Policies: NoneNote 30- Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$2,269,054
2. Date of the most recent evaluation of this liability: September 30, 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. ..... 12/31/2023
- 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. ..... 12/31/2023
- 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?
- 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: \$ ..... 2,110,104

### 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 (\$1,412,223.61) 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	52,598,828
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	52,598,828
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	..... 88.550%
1.2 A&H cost containment percent	..... 0.190%
1.3 A&H expense percent excluding cost containment expenses	..... 10.520%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[ ] No[X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[ ] No[X]



## SCHEDULE S - CEDED REINSURANCE

### Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Affiliates</b>									
11835 .....	04-1590940 .....	01/01/2024 .....	PARTNERRE AMER INS CO .....	DE .....	SSL/I .....	XXXL .....	Authorized .....	1 .....	01/01/2024 .....

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

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

		Direct Business Only								
State, Etc.	1 Active Status (a)	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit -Type Contracts
1. Alabama (AL)	N									
2. Alaska (AK)	N									
3. Arizona (AZ)	N									
4. Arkansas (AR)	N									
5. California (CA)	N									
6. Colorado (CO)	N									
7. Connecticut (CT)	N									
8. Delaware (DE)	N									
9. District of Columbia (DC)	N									
10. Florida (FL)	N									
11. Georgia (GA)	N									
12. Hawaii (HI)	N									
13. Idaho (ID)	N									
14. Illinois (IL)	N									
15. Indiana (IN)	N									
16. Iowa (IA)	N									
17. Kansas (KS)	N									
18. Kentucky (KY)	N									
19. Louisiana (LA)	N									
20. Maine (ME)	N									
21. Maryland (MD)	N									
22. Massachusetts (MA)	N									
23. Michigan (MI)	L		18,158,985	859,782,796					877,941,781	
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		18,158,985	859,782,796					877,941,781	
60. Reporting entity contributions for Employee Benefit Plans	X X X									
61. Total (Direct Business)	X X X		18,158,985	859,782,796					877,941,781	
<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% 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



95562202436500003

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 .....	883,694	18,666	865,028	
1105. SELF INS TRUST FUND CTF .....				740,099
1106. PREPAID RENT EXPENSE .....				
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	883,694	18,666	865,028	740,099
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....				



STATEMENT AS OF **September 30, 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	90,967	152,067
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	1,671,777	1,762,744
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	1,671,777	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	5,432,047	5,946,193
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)	12,754,297	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)	248,056,983	229,870,640
12. Deduct total nonadmitted amounts	8,873,990	6,941,833
13. Statement value at end of current period (Line 11 minus Line 12)	239,182,993	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 .....	59,457,937	143,071,453
3.	Accrual of discount .....		
4.	Unrealized valuation increase/(decrease) .....		
5.	Total gain (loss) on disposals .....		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) .....	203,935,239	144,477,302
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	203,935,239	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		09/20/2024	JPMORGAN	916.480	15,324	X X X		
922042304	VANGUARD EMERGING MARKETS		09/20/2024	JPMORGAN	372.550	14,030	X X X		
922908843	VANGUARD MIDCAP INDEX		09/26/2024	JPMORGAN	60.900	19,791	X X X		
922908702	VANGUARD SMALL CAP INDEX		09/27/2024	JPMORGAN	141.880	16,116	X X X		
922908108	VANGUARD S&P 500 INDEX		09/27/2024	JPMORGAN	132.600	70,205	X X X		
5029999999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) - Other				X X X	135,466	X X X		X X X
<b>Common Stocks - Unit Investment Trusts - Designations Assigned by the SVO</b>									
258620863	DOUBLELINE LOW DURATION BOND FUND		06/28/2024	JPMORGAN	35,054.180	335,819	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		07/29/2024	JPMORGAN	24,118.130	259,511	X X X		
258620863	DOUBLELINE LOW DURATION BOND FUND		07/31/2024	JPMORGAN	34,583.340	332,692	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		08/28/2024	JPMORGAN	24,040.650	260,841	X X X		
258620863	DOUBLELINE LOW DURATION BOND FUND		08/30/2024	JPMORGAN	36,143.580	348,424	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT		09/26/2024	JPMORGAN	23,279.740	253,749	X X X		
5519999999	Subtotal - Common Stocks - Unit Investment Trusts - Designations Assigned by the SVO				X X X	1,791,036	X X X		X X X
5989999997	Subtotal - Common Stocks - Part 3				X X X	1,926,502	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	1,926,502	X X X		X X X
5999999999	Subtotal - Preferred and Common Stocks				X X X	1,926,502	X X X		X X X
6009999999	Totals - Bonds, Preferred and Common Stocks				X X X	1,926,502	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	
<b>Open Depositories</b>										
JPMORGAN, CHASE .....	FLINT, MICHIGAN .....	09/30/2024 .....					(11,041,267)	3,822,985	(24,787,676)	X X X
0199998 Deposits in .....142 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories			X X X	X X X	348,882	112,260	27,317,906	27,435,974	27,554,529	X X X
0199999 Total - Open Depositories .....			X X X	X X X	348,882	112,260	16,276,639	31,258,959	2,766,852	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	348,882	112,260	16,276,639	31,258,959	2,766,852	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	348,882	112,260	16,276,639	31,258,959	2,766,852	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 .....	SD	09/30/2024	0.000	X X X	1,412,224		
8209999999 Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO .....						1,412,224		
<b>All Other Money Market Mutual Funds</b>								
4812A2603	JP Morgan Prime Money Market Fund .....		09/30/2024	0.000	X X X	45,564	187	2,159
8309999999 Subtotal - All Other Money Market Mutual Funds .....						45,564	187	2,159
<b>Qualified Cash Pools Under SSAP No. 2R</b>								
	JP Morgan 339893 McLaren Health Concentr .....		09/30/2024	0.000	X X X	202,477,451		
8409999999 Subtotal - Qualified Cash Pools Under SSAP No. 2R .....						202,477,451		
8609999999 Total Cash Equivalents .....						203,935,239	187	2,159

QE14