

**QUARTERLY STATEMENT
OF THE
McLaren Health Plan Community**

**of
Flint
in the state of
Michigan**

**TO THE
Insurance Department
OF THE STATE OF
Michigan**

**FOR THE QUARTER ENDED
SEPTEMBER 30, 2025**

2025



14217202520100103

2025

Document Code: 201

QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2025
OF THE CONDITION AND AFFAIRS OF THE
McLaren Health Plan Community

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

Organized under the Laws of 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[]
 Other[] Is HMO Federally Qualified? Yes[] No[] N/A[X]

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

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

Main Administrative Office G3245 Beecher Rd.
(Street and Number)

Flint, MI, US 48532 (888)327-0671
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records G3245 Beecher Rd.
(Street and Number)

Flint, MI, US 48532 (888)327-0671
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.mclarenhealthplan.org

Statutory Statement Contact Rachel L. Hairston (810)733-9678
(Name) (Area Code)(Telephone Number)(Extension)

rachel.hairston@mclaren.org (810)600-7947
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	#
Danielle Devine	President	
Jessica Cromer	Vice President	
Dave Mazurkiewicz	Treasurer	
Deidra Wilson	Secretary	
Rachel Hairston	Assistant Treasurer / VP, Finance	
Dennis Perry, MD	Chief Medical Officer	
Cheryl Diehl	Assistant Secretary	
Brian Brown	Chairman	
Jane Heilig	Assistant Treasurer	

OTHERS

Dennis LaForest, Enrollee Representative

DIRECTORS OR TRUSTEES

Danielle Devine #	Kevin Tompkins
Dave Mazurkiewicz	Deidra Wilson
Patrick Hayes	

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]
(Signature)
Danielle Devine
(Printed Name)
 1.
President
(Title)

[Signature]
(Signature)
Cheryl Diehl
(Printed Name)
 2.
Assistant Secretary
(Title)

[Signature]
(Signature)
Rachel Hairston
(Printed Name)
 3.
Assistant Treasurer / VP, Finance
(Title)

Subscribed and sworn to before me this 13th day of November, 2025

a. Is this an original filing? Yes[X] No[]
 b. If no: 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

[Signature]
(Notary Public Signature)



VALARIE GODLESKY
 My Commission Expires
 May 29, 2030
 County of Genesee
 Acting in the County of Genesee

ASSETS

	Current Statement Date			4
	1	2	3	December 31 Prior Year Net Admitted Assets
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	997,963		997,963	1,089,155
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	6,787,049		6,787,049	6,341,696
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....3,959,168), cash equivalents (\$.....32,489,744) and short-term investments (\$.....0)	36,448,912		36,448,912	36,871,498
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	44,233,923		44,233,923	44,302,349
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	20,607		20,607	118,883
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	279,981	131,498	148,483	144,032
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)	579,704		579,704	985,076
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				3,672
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				100,219
24. Health care (\$.....0) and other amounts receivable	603,504	264,834	338,670	184,043
25. Aggregate write-ins for other-than-invested assets	5,482	5,482		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	45,723,201	401,814	45,321,386	45,838,274
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	45,723,201	401,814	45,321,386	45,838,274
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Pre-Paid Expenses	5,482	5,482		
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)	5,482	5,482		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	2,547,723		2,547,723	1,865,448
2. Accrued medical incentive pool and bonus amounts	50,564		50,564	195,962
3. Unpaid claims adjustment expenses	48,094		48,094	33,876
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	1,028,724		1,028,724	623,396
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	260,997		260,997	615,768
9. General expenses due or accrued	550,532		550,532	446,198
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	2,326		2,326	74,886
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)	4,488,960		4,488,960	3,855,533
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	62,500,000	62,500,000
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(21,667,573)	(20,517,259)
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.20 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	40,832,427	41,982,741
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	45,321,386	45,838,274
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	31,696	40,299	48,596
2. Net premium income (including \$.....0 non-health premium income)	X X X	16,268,156	24,030,180	29,359,176
3. Change in unearned premium reserves and reserve for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	16,268,156	24,030,180	29,359,176
Hospital and Medical:				
9. Hospital/medical benefits		9,308,160	11,172,681	14,943,052
10. Other professional services		59,360	216,229	274,839
11. Outside referrals				
12. Emergency room and out-of-area		304,495	570,343	720,248
13. Prescription drugs		6,368,357	7,395,758	9,843,626
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		(82,436)	(42,722)	(5,222)
16. Subtotal (Lines 9 to 15)		15,957,936	19,312,289	25,776,544
Less:				
17. Net reinsurance recoveries		29,505	382,171	386,770
18. Total hospital and medical (Lines 16 minus 17)		15,928,432	18,930,118	25,389,774
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....40,210 cost containment expenses		225,850	512,484	570,697
21. General administrative expenses		2,062,637	3,683,491	4,344,004
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		420,719	62,693	410,748
23. Total underwriting deductions (Lines 18 through 22)		18,637,638	23,188,787	30,715,223
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(2,369,482)	841,393	(1,356,047)
25. Net investment income earned		930,982	1,565,191	1,996,798
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains (losses) (Lines 25 plus 26)		930,982	1,565,191	1,996,798
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(1,438,501)	2,406,584	640,750
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	(1,438,501)	2,406,584	640,750
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	41,982,741	41,426,411	41,426,411
34. Net income or (loss) from Line 32	(1,438,501)	2,406,584	640,750
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	256,488	276,046	224,075
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	31,698	(384,203)	(308,495)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	(1,150,315)	2,298,428	556,330
49. Capital and surplus end of reporting period (Line 33 plus 48)	40,832,427	43,724,839	41,982,741
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	16,780,026	21,485,883	27,343,381
2. Net investment income	1,028,972	1,578,551	2,010,560
3. Miscellaneous income	397,930	1,680,940	1,283,010
4. TOTAL (Lines 1 to 3)	18,206,928	24,745,374	30,636,951
5. Benefit and loss related payments	16,412,105	23,493,179	30,981,703
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	2,169,934	4,616,347	5,711,602
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)	18,582,039	28,109,527	36,693,305
11. Net cash from operations (Line 4 minus Line 10)	(375,111)	(3,364,153)	(6,056,354)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	1,095,622		
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	1,095,622		
13. Cost of investments acquired (long-term only):			
13.1 Bonds	997,656		
13.2 Stocks	186,827	176,350	242,277
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	8,526		
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	1,193,009	176,350	242,277
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(97,387)	(176,350)	(242,277)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	49,912	16,807	(256,458)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	49,912	16,807	(256,458)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(422,586)	(3,523,696)	(6,555,089)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	36,871,498	43,426,587	43,426,587
19.2 End of period (Line 18 plus Line 19.1)	36,448,912	39,902,891	36,871,498

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	2,690	2,418		272										
2. First Quarter	3,210	2,940		270										
3. Second Quarter	3,256	2,985		271										
4. Third Quarter	3,193	2,915		278										
5. Current Year														
6. Current Year Member Months	31,696	29,242		2,454										
Total Member Ambulatory Encounters for Period:														
7. Physician	17,052	15,621		1,431										
8. Non-Physician	2,917	2,672		245										
9. Total	19,969	18,293		1,676										
10. Hospital Patient Days Incurred	758	627		131										
11. Number of Inpatient Admissions	152	126		26										
12. Health Premiums Written (a)	16,594,261	16,228,428	(148,732)	514,565										
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	16,594,261	16,228,428	(148,732)	514,565										
16. Property/Casualty Premiums Earned														
17. Amount Paid for Provision of Health Care Services	15,246,157	15,496,506	(751,525)	501,176										
18. Amount Incurred for Provision of Health Care Services	15,957,936	16,710,428	(1,260,934)	508,443										

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
McLaren Flint Hospital	20,879					20,879
Promedica The Toledo Hospital	10,862					10,862
University of Michigan			14,670			14,670
0199999 Individually Listed Claims Unpaid	31,741		14,670			46,411
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	388,145	9,827	49,576		853	448,401
0499999 Subtotals	419,886	9,827	64,247		853	494,812
0599999 Unreported claims and other claim reserves						2,052,910
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						2,547,722
0899999 Accrued Medical Incentive Pool And Bonus Amounts						50,564

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1+3)	6 Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		1 On	2 On	3 On	4 On		
		Claims Incurred Prior to January 1 of Current Year	Claims Incurred During the Year	Claims Unpaid Dec 31 of Prior Year	Claims Incurred During the Year		
1.	Comprehensive (hospital & medical) Individual	1,759,728	13,819,215	27,131	2,328,518	1,786,859	1,138,055
2.	Comprehensive (hospital & medical) Group	(751,525)		690	79,065	(750,835)	622,341
3.	Medicare Supplement	81,816	419,360	601	111,718	82,417	105,052
4.	Vision only						
5.	Dental only						
6.	Federal Employees Health Benefits Plan						
7.	Title XVIII - Medicare						
8.	Title XIX - Medicaid						
9.	Credit A&H						
10.	Disability Income						
11.	Long-Term Care						
12.	Other health						
13.	Health subtotal (Lines 1 to 12)	1,090,019	14,238,574	28,422	2,519,301	1,118,441	1,865,448
14.	Healthcare receivables (a)						
15.	Other non-health						
16.	Medical incentive pools and bonus amounts	145,397	(82,436)	50,564		195,962	195,962
17.	Totals (Lines 13 - 14 + 15 + 16)	1,235,416	14,156,138	78,986	2,519,301	1,314,402	2,061,410

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

Notes to Financial Statements

McLaren Health Plan Community
September 30, 2025

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

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

	SSAP #	F/S Page	F/S Line #	2025	2024
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	(1,438,501)	640,750
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				0	0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	(1,438,501)	640,750
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	40,832,427	41,982,741
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				0	0
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:				0	0
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	40,832,427	41,982,741

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

No change

C. Accounting Policy

No change

D. Going Concern

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

Note 2 - Accounting Changes and Corrections of Errors

No change

Note 3 - Business Combinations and Goodwill

No change

Note 4 - Discontinued Operations

No change

Note 5 – Investments

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

B. Debt Restructuring: None

C. Reverse Mortgages: None

D. Loan-Backed Securities: None

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

Notes to Financial Statements

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

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

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

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

J. Real Estate: None

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

L. Restricted Assets:

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	7 Admitted Restricted To Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	0	0	0	0	0	0.000 %	0.000 %
b. Collateral held under security lending agreements	0	0	0	0	0	0.000 %	0.000 %
c. Subject to repurchase agreements	0	0	0	0	0	0.000 %	0.000 %
d. Subject to reverse repurchase agreements	0	0	0	0	0	0.000 %	0.000 %
e. Subject to dollar repurchase agreements	0	0	0	0	0	0.000 %	0.000 %
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0.000 %	0.000 %
g. Placed under option contracts	0	0	0	0	0	0.000 %	0.000 %
h. Letter stock or securities restricted as to sale— excluding FHLB capital stock	0	0	0	0	0	0.000 %	0.000 %
i. FHLB capital stock	0	0	0	0	0	0.000 %	0.000 %
j. On deposit with states	0	0	0	0	0	0.000 %	0.000 %
k. On deposit with other regulatory bodies	997,963	1,089,155	(91,192)	0	997,963	2.183 %	2.202 %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0.000 %	0.000 %
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0.000 %	0.000 %
n. Other restricted assets	0	0	0	0	0	0.000 %	0.000 %
o. Total Restricted Assets (Sum of a through n)	997,963	1,089,155	(91,192)	0	997,963	2.183 %	2.202 %

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

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

M. Working Capital Finance Investments: None

N. Offsetting and Netting of Assets and Liabilities: None

O. 5GI Securities: None

P. Short Sales: None

Q. Prepayment Penalty and Acceleration Fees: None

R. The financial statements shall disclose the reporting entity's share of the cash pool by asset type (cash, cash equivalent, or short-term investments)

Asset Type	1 Percent Share
(1) Cash	0.906%
(2) Cash Equivalents	99.094%
(3) Short-Term Investments	0.000%
(4) Total	100.000%

S. Aggregate Collateral Loan by Qualifying Investment Collateral: None

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.

Notes to Financial Statements

C. The gross, nonadmitted and admitted amounts for interest income due and accrued:

	<u>Amount</u>
Interest Income Due and Accrued	
1. Gross	20,607
2. Nonadmitted	0
3. Admitted	20,607

D. The aggregate deferred interest: None

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

Note 8 - Derivative Investments

No change

Note 9 - Income Taxes

No change

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

A. Nature of relationship: No change

B. Description of transactions: No change

C. Transactions with related parties who are not reported on Schedule Y: None

D. Due from Affiliate: \$0 amounts due from affiliate for administrative, services and information system operations support. The amounts are settled monthly.

Due to Affiliate: \$2,326 amounts due to affiliates for various administrative support and information system operations support. The amounts are settled monthly.

E. Management & Service Agreements:

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

Affiliate	Description	Current Year
McLaren Health Plan	Management services received	\$1,093,080

F. Guarantees or undertakings: No change

G. Nature of control relationship: No change

H. Upstream/downstream activity: No change

I. Investment in SCA: No change

J. Investments in impaired SCA: No change

K. Investment in foreign insurance subsidiary: No change

L. Investment in downstream noninsurance holding company: No change

Notes to Financial Statements

M. All SCA Investments: No change

N. Investment in Insurance SCAs: No change

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

Note 11 - Debt

No change

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

No change

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

A – I. No Change

J. Unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses: The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$256,488.

K. – M: No Change

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments: No significant change

B. Assessments

Insurance Provider Assessment

Effective October 1, 2018, the Company is required to pay the annual Insurance Provider Assessment (IPA). The assessment for each HMO is based on the amount determined by the Michigan Department of Health and Human Services (MDHHS) and applied to the prior year member months for the Medicaid and commercial lines of business. The portion of the assessment attributable to the commercial programs is fully reimbursed by MDHHS. The Company recognized \$341,024 of net premium income and \$341,024 as general administrative expenses as of September 30, 2025, related to IPA. The Company has \$113,675 as uncollected premiums and \$113,675 recorded as general expenses due and accrued on the Statutory Statements of Assets, Liabilities and Capital Surplus at September 30, 2025 related to the payments and reimbursements for 2025 assessment.

Description	Amount
a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	113,675
b. Decreases Current Year:	
Premium tax offset applied	341,024
	341,024
c. Increases Current Year:	
Premium tax offset applied	341,024
	341,024
d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	113,675

C. – F. No significant change

Note 15 – Leases

No change

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

No change

Notes to Financial Statements

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
No change

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

Note 20 - Fair Value Measurements

A. Fair Value Measurements at Reporting Date:

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

The following table presents information about the Plan's assets and liabilities measured at fair value at September 30, 2025, and the valuation techniques used by the Plan to determine those fair values.

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

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

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

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

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
US Government Bonds	1,021,590	0	0	0	1,021,590
Industrial and Misc Common Stock	6,787,049	0	0	0	6,787,049
Total assets at fair value / NAV	7,808,638	0	0	0	7,808,638
b. Liabilities at fair value					
Total liabilities at fair value	0	0	0	0	0

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

C. Aggregate Fair Value of All Financial Instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	1,021,590	997,963	1,021,590	0	0	0	0
Common Stock	6,787,049	6,787,049	6,787,049	0	0	0	0

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

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

Notes to Financial Statements

Note 21 - Other Items

A. Unusual or Infrequent Items: None

B. Troubled Debt Restructuring: Debtors: None

C. Other Disclosures: The following amounts were not represented in the financial statements as of September 30, 2025:

Assets in the amount of \$997,963 (U.S. Treasury Notes) as of 9/30/25 are on deposit with the State of Michigan Treasury in a safekeeping account as required by regulation.

D - I Business Interruption Insurance Recoveries: No change

Note 22 - Events Subsequent

No Change

Note 23 - Reinsurance

No change

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

A-D. N/A

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

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

1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions? Yes

Notes to Financial Statements

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

Description	Amount
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	0
Liabilities	
2. Risk adjustment user fees payable for ACA Risk-Adjustment	8,417
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	62,049
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(62,049)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	8,417

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)	
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)	Ref	9 Receivable	10 (Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high-risk pool payments)	985,076	0	1,215,765	0	(230,689)	0	810,393	0	A	579,704	0
2. Premium adjustments payable (including high-risk pool premium)	0	(77,440)	0	(527,367)	0	449,927	0	(449,927)	B	0	0
3. Subtotal ACA Permanent Risk Adjustment Program	985,076	(77,440)	1,215,765	(527,367)	(230,689)	449,927	810,393	(449,927)		579,704	0

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

None

5. ACA Risk Corridors Receivable as of Reporting Date:

None

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

- A. Reserves as of December 31, 2024 were \$2,061,410. As of September 30, 2025, \$1,235,416 has been paid for incurred claims and claim adjustment expenses attributable to insured events or prior years. Reserves remaining for prior years are now \$78,986 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a (\$747,007) unfavorable (favorable) prior-year development since December 31, 2019 to December 31, 2024. The increase/(decrease) is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or (decreased), as additional information becomes known regarding individual claims. The Plan experienced \$0 of unfavorable (favorable) prior year claim development on retrospectively rated policies.
- B. An enrolled actuary has determined the estimated reserve for claims incurred but not reported. Although management believes that the provision for unpaid claims is adequate, no assurance can be given that the ultimate settlement of these liabilities may not be greater or less than such estimates. Any future adjustments to these amounts will affect the reported results of future periods.

Note 26 - Intercompany Pooling Arrangements

No change

Notes to Financial StatementsNote 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
09/30/2025	338,670	0	0	0	0
06/30/2025	336,657	0	0	0	0
03/31/2025	274,597	0	0	234,424	0
12/31/2024	184,043	0	0	541,696	0
09/30/2024	213,888	0	0	346,608	194,495
06/30/2024	315,536	0	0	458,123	323,579
03/31/2024	350,003	0	0	361,288	63,000
12/31/2023	600,000	1,091,814	0	1,091,814	0
09/30/2023	1,080,940	1,080,940	0	1,080,940	0
06/30/2023	1,160,773	1,160,773	0	1,160,773	0
03/31/2023	1,018,867	1,018,867	0	1,018,867	0
12/31/2022	0	952,016	0	952,016	0

B. Risk Sharing Receivables – No Change

Note 29 - Participating Policies

No change

Note 30 - Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	966,674
2. Date of the most recent evaluation of this liability	<u>09/30/2025</u>
3. Was anticipated investment income utilized in the calculation? (Yes / No)	<u>No</u>

Note 31 - Anticipated Salvage and Subrogation

No change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

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

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

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[] No[X]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

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

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

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. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

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

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

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

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 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

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.
 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

GENERAL INTERROGATORIES (Continued)

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 98.090%
1.2 A&H cost containment percent 0.250%
1.3 A&H expense percent excluding cost containment expenses 13.820%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[] No[X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Affiliates									
64890	91-6034263	01/01/2025	BERKLEY LIFE & HLTH INS CO	IA	SSL/I	CMM	Authorized		

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 Plan 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	16,594,261							16,594,261	
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	16,594,261							16,594,261	
60. Reporting entity contributions for Employee Benefit Plans	X X X									
61. Total (Direct Business)	X X X	16,594,261							16,594,261	
DETAILS OF WRITE-INS										
58001.	X X X									
58002.	X X X									
58003.	X X X									
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X									

(a) Active Status Counts:

- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- 2. R - Registered - Non-domiciled RRGs
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

1

- 4. Q - Qualified - Qualified or accredited reinsurer
- 5. N - None of the above - Not allowed to write business in the state

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 Health Care 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 Insurance Company LTD [CYM] 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] 57.1%	Clarkston Property Associates 43-2006072 [MI] 50%	McLaren Physician Partners 38-3136458 [MI] 50%
McLaren Lansing Foundation 38-2463637 [MI] 100%	McLaren Northern Michigan Foundation 38-2445611 [MI] 100%	NMI Medical Management 20-8458840 [MI] 100%	McLaren Bay Special Care 38-3161753 [MI] 100%	Mount Clemens Regional Healthcare Foundation 38-2578873 [MI] 100%	McLaren Oakland Foundation 20-0442217 [MI] 100%	McLaren Flint Foundation 38-1358053 [MI] 100%	McLaren Lapeer Region Foundation 38-2689603 [MI] 100%	Barbara Ann Karmanos Cancer Hospital 20-1649466 [MI] 100%	Port Huron Hospital Foundation 38-2777750 [MI] 100%	South Van Dyke Medical Complex-A 38-3372174 [MI] 67%	Mid-Michigan Physicians 38-3267121 [MI] 100%	McLaren Hospice and Homecare Foundation 46-3643089 [MI] 100%	McLaren Health Plan, Inc 38-3252216 [MI] 100% Group Code: 4700 NAIC: 95562	MDWise, Inc 35-1931354 [IN] 100% Group Code: 4700 NAIC: 95807	MDWise Medicaid Network 47-3192307 [IN] 100%	McLaren Caro Region Foundation 38-2422995 [MI] 100%				
Spartan Imaging, Inc 85-3196614 [MI] 100%	VitalCare, Inc 38-2527255 [MI] 100%	NMI Hematology/Oncology 32-0020293 [MI] 100%	McLaren Bay Medical Foundation 38-2156534 [MI] 100%	Mount Clemens Regional Health Building Health Partners 26-2524717 [MI] 66%	Lake Orion Nursing Center 38-2895426 [MI] 100%			Michigan Cancer Society Home 38-2823451 [MI] 100%	Marwood Manor Nursing Home 38-2683251 [MI] 100%	Huron Clinic Condominiums Owners 41-2144341 [MI] 62.5%			McLaren Health Plan Community 27-2204037 [MI] 100% Group Code: 4700 NAIC: 14217							
	VitalCare Home Medical Equipment, Inc 38-2662954 [MI] 100%	Cardiac Institute 26-2774689 [MI] 100%	Bay Regional Medical Center Auxiliary 38-6081235 [MI] 100%		North Oakland North Macomb Imaging Inc. 38-2807040 [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%						Karmanos Cancer Foundation 38-3584572 [MI] 100%												

Q15

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

016

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	38-2383119				McLaren Flint	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2689033				McLaren Lapeer Region	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2689603				McLaren Lapeer Region Foundation	MI	NIA	McLaren Lapeer Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1613280				Barbara Ann Karmanos Cancer Institute	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-1649466				Barbara Ann Karmanos Cancer Hospital	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3584572				Karmanos Cancer Foundation	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2777750				Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2683251				Marwood Manor Nursing Home	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2717147				Huron Memorial Foundation	MI	NIA	Huron Memorial Hospital	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	
4700	McLaren Health Plan	95562	38-3252216				McLaren Health Plan, Inc	MI	UDP	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	No	
4700	McLaren Health Plan	14217	27-2204037				McLaren Health Plan Community	MI	RE	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	91-2141720				Health Advantage Inc.	MI	NIA	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	No	
4700	MDWise	95807	35-1931354				MDWise, Inc	IN	IA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	47-3192307				MDWise Medicaid Network, Inc	IN	NIA	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	82-4449304				McLaren Integrated HMO Group	MI	UIP	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3426063				McLaren Caro Region	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2422995				McLaren Caro Region Foundation	MI	NIA	McLaren Caro Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	26-3112935				McLaren - Northern Equities Cancer Center Project, LLC	MI	NIA	McLaren Health Care Corporation	Ownership	85.0	McLaren Health Care Corporation	No	
		00000	20-3360827				Clarkston ASC Partners, LLC	MI	NIA	McLaren Health Care Corporation	Ownership	57.1	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	

Asterisk	Explanation
0000001	

Q16.2

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



14217202536500003

2025

Document Code: 365

STATEMENT AS OF **September 30, 2025** OF THE **McLaren Health Plan Community**
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		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other-than-temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	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, depreciation and proportional amortization		
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	7,430,851	6,966,391
2. Cost of bonds and stocks acquired	1,184,484	242,277
3. Accrual of discount	286	
4. Unrealized valuation increase/(decrease)	256,488	224,075
5. Total gain (loss) on disposals	8,526	
6. Deduct consideration for bonds and stocks disposed of	1,095,622	
7. Deduct amortization of premium		1,892
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	7,785,011	7,430,851
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	7,785,011	7,430,851

SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	997,884			78	997,728	997,884	997,963	1,089,155
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	997,884			78	997,728	997,884	997,963	1,089,155
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS								
PREFERRED STOCK								
15. NAIC 1								
16. NAIC 2								
17. NAIC 3								
18. NAIC 4								
19. NAIC 5								
20. NAIC 6								
21. Total Preferred Stock								
22. Total ICO, ABS & Preferred Stock	997,884			78	997,728	997,884	997,963	1,089,155

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

QS102

SI03 Schedule DA Part 1 NONE

SI03 Schedule DA Verification NONE

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	8,077,992	15,482,789
2.	Cost of cash equivalents acquired	24,411,753	(7,404,798)
3.	Accrual of discount		
4.	Unrealized valuation increase/(decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	32,489,744	8,077,992
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	32,489,744	8,077,992

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

QE01 - QE03

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Common Stocks - Industrial and Miscellaneous (Unaffiliated) - Other								
922908645	VANGUARD MIDCAP INDEX	07/01/2025	JPMORGAN	1.920	666			
922908686	VANGUARD SMALL CAP INDEX	07/01/2025	JPMORGAN	4.630	526			
922908710	VANGUARD S&P 500 INDEX	07/01/2025	JPMORGAN	4.520	2,593			
921943882	VANGUARD DEVELOPED MARKETS INDEX FUND	09/19/2025	JPMORGAN	47.000	903			
922042841	VANGUARD EMERGING MARKETS	09/19/2025	JPMORGAN	20.100	899			
922908645	VANGUARD MIDCAP INDEX	09/29/2025	JPMORGAN	1.770	645			
922908686	VANGUARD SMALL CAP INDEX	09/29/2025	JPMORGAN	4.430	540			
922908710	VANGUARD S&P 500 INDEX	09/29/2025	JPMORGAN	4.210	2,591			
502999999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) - Other				9,363			XXX
Common Stocks - Mutual Funds - Designations Assigned by the SVO								
258620863	DOUBLELINE LOW DURATION BON FUND OPEN-E	07/01/2025	JPMORGAN	1,073.960	10,364			
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN-E	07/29/2025	JPMORGAN	842.210	9,155			
258620863	DOUBLELINE LOW DURATION BON FUND OPEN-E	08/01/2025	JPMORGAN	1,055.700	10,166			
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN-E	09/01/2025	JPMORGAN	837.590	9,146			
258620863	DOUBLELINE LOW DURATION BON FUND OPEN-E	08/29/2025	JPMORGAN	1,053.230	10,185			
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN-E	09/26/2025	JPMORGAN	826.010	9,012			
531999999	Subtotal - Common Stocks - Mutual Funds - Designations Assigned by the SVO				58,028			XXX
598999997	Subtotal - Common Stocks - Part 3				67,391			XXX
598999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX			XXX
598999999	Subtotal - Common Stocks				67,391			XXX
599999999	Subtotal - Preferred and Common Stocks				67,391			XXX
600999999	Totals				67,391			XXX

QE04

E05 Schedule D Part 4 NONE

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DB Part E NONE

E11 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E12 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Restric- ted Asset Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
Open Depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	09/30/2025					1,654,242	15,268	(18,321)	X X X
0199998 Deposits in20 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories			X X X	X X X	41,615	13,523	3,949,397	3,963,418	3,977,489	X X X
0199999 Total - Open Depositories			X X X	X X X	41,615	13,523	5,603,640	3,978,686	3,959,168	X X X
0299998 Deposits in0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories			X X X	X X X						X X X
0299999 Total - Suspended Depositories			X X X	X X X						X X X
0399999 Total Cash On Deposit			X X X	X X X	41,615	13,523	5,603,640	3,978,686	3,959,168	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	41,615	13,523	5,603,640	3,978,686	3,959,168	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	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year	
All Other Money Market Mutual Funds									
	JP Morgan Prime Money Market Fund		09/30/2025	0.000	X X X	63			
8309999999	Subtotal - All Other Money Market Mutual Funds						63		
Qualified Cash Pools Under SSAP No. 2									
	JP Morgan 339893 McLaren Health Concentr		09/30/2025	0.000	X X X	32,489,682			
8409999999	Subtotal - Qualified Cash Pools Under SSAP No. 2						32,489,682		
8589999999	Subtotal - Total Cash Equivalents (Unaffiliated) (Sum of Lines: 048, 810, 820, 830, 840 and 849)						32,489,744		
8609999999	Total Cash Equivalents						32,489,744		

QE14



MEDICARE PART D COVERAGE SUPPLEMENT (Net of Reinsurance)

NAIC Group Code: 4700

NAIC Company Code: 14217

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected		X X X		X X X	
2. Earned Premiums		X X X		X X X	X X X
3. Claims Paid		X X X		X X X	
4. Claims Incurred		X X X		X X X	X X X
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	NONE		X X X		
6. Aggregate Policy Reserves - change				X X X	X X X
7. Expenses Paid				X X X	
8. Expenses Incurred		X X X		X X X	X X X
9. Underwriting Gain or Loss		X X X		X X X	X X X
10. Cash Flow Result	X X X	X X X	X X X	X X X	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

CAS07

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
		Total	Individual											
1. Net premium income	16,268,156	15,902,323	(148,732)	514,565										
2. Change in unearned premium reserves and reserve for rate credit														
3. Fee-for-service (net of \$.....0 medical expenses)														XXX
4. Risk revenue														XXX
5. Aggregate write-ins for other health care related revenues														XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. TOTAL Revenues (Lines 1 to 6)	16,268,156	15,902,323	(148,732)	514,565										
8. Hospital/medical benefits	9,308,160	9,874,187	(1,056,284)	490,257										XXX
9. Other professional services	59,360	55,553		3,807										XXX
10. Outside referrals														XXX
11. Emergency room and out-of-area	304,495	288,198	1,918	14,379										XXX
12. Prescription drugs	6,368,357	6,574,926	(206,568)											XXX
13. Aggregate write-ins for other hospital and medical														XXX
14. Incentive pool, withhold adjustments and bonus amounts	(82,436)	(82,436)												XXX
15. Subtotal (Lines 8 to 14)	15,957,936	16,710,428	(1,260,934)	508,443										XXX
16. Net reinsurance recoveries	29,505	(3,672)	33,177											XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16)	15,928,432	16,714,100	(1,294,111)	508,443										XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....40,210 cost containment expenses	225,850	211,762	10,292	3,796										
20. General administrative expenses	2,062,637	1,662,856	331,396	68,385										
21. Increase in reserves for accident and health contracts	420,719	481,331	(60,612)											XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. TOTAL Underwriting Deductions (Lines 17 to 22)	18,637,638	19,070,049	(952,422)	520,011										
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(2,369,482)	(3,167,726)	803,690	(5,446)										
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page														XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)														XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page														XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)														XXX

Statement of Actuarial Opinion

NONE



Communication of Internal Control Related Matters Noted in an Audit

NONE

Amended Statement Cover

NONE

Prior Period Data for Non-required Crosschecks

Prior Period Statement Location	1 Amount
1. 2024 Annual, Page 2, Assets, Line 01, Column 3	1,089,155
2. 2024 Annual, Page 2, Assets, Line 05, Column 1	36,871,498
3. 2024 Annual, Page 2, Assets, Line 12, Column 3	44,302,349
4. 2024 Annual, Page 2, Assets, Line 28, Column 3	45,838,274
5. 2024 Annual, Page 3, Liabilities, Line 34, Column 3	45,838,274
6. 2024 Annual, Page 5, Cash Flow, Line 19.2, Column 1	36,871,498
7. 2024 Annual, Page 29, Five-Year Historical Data, Line 26, Column 1	
8. 2024 Annual, Page 29, Five-Year Historical Data, Line 27, Column 1	
9. 2024 Annual, Page 29, Five-Year Historical Data, Line 28, Column 1	
10. 2024 Annual, Page 29, Five-Year Historical Data, Line 29, Column 1	
11. 2024 Annual, Page 29, Five-Year Historical Data, Line 30, Column 1	
12. 2024 Annual, Page 29, Five-Year Historical Data, Line 31, Column 1	
13. 2024 Annual, Page 29, Five-Year Historical Data, Line 32, Column 1	
14. 2024 Annual, Page SI02, Schedule A Verification, Line 09, Column 2	
15. 2024 Annual, Page SI02, Schedule B Verification, Line 11, Column 2	
16. 2024 Annual, Page SI03, Schedule BA Verification, Line 11, Column 2	
17. 2024 Annual, Page SI03, Schedule D Verification, Line 11, Column 2	7,430,851
18. 2024 Annual, Page SI07, Schedule D Part 1A Section 1, Line 12.1, Column 7	1,089,155
19. 2024 Annual, Page SI07, Schedule D Part 1A Section 1, Line 12.2, Column 7	
20. 2024 Annual, Page SI07, Schedule D Part 1A Section 1, Line 12.3, Column 7	
21. 2024 Annual, Page SI07, Schedule D Part 1A Section 1, Line 12.4, Column 7	
22. 2024 Annual, Page SI07, Schedule D Part 1A Section 1, Line 12.5, Column 7	
23. 2024 Annual, Page SI07, Schedule D Part 1A Section 1, Line 12.6, Column 7	
24. 2024 Annual, Page SI10, Schedule DA Verification, Line 02, Column 1	
25. 2024 Annual, Page SI10, Schedule DA Verification, Line 05, Column 1	
26. 2024 Annual, Page SI10, Schedule DA Verification, Line 06, Column 1	
27. 2024 Annual, Page SI11, Schedule DB Part A Verification, Line 10, Column 2	
28. 2024 Annual, Page SI11, Schedule DB Part B Verification, Line 06, Column 4	
29. 2024 Annual, Page SI15, Schedule E Verification, Line 10, Column 1	8,077,992
30. 2024 Annual, Page E17, Schedule DA Part 1, Line 7709999999, Column 7	