



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

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

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  
 (City or Town, State, Country and Zip Code)

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  
 (City or Town, State, Country and Zip Code)

Internet Web Site Address www.mclarenhealthplan.org

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

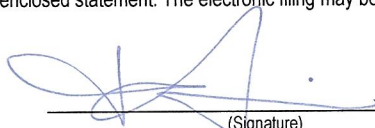
Dennis LaForest, Enrollee Representative

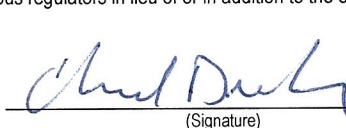
**DIRECTORS OR TRUSTEES**


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)  
 Danielle Devine  
 (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  
13<sup>th</sup> 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 \_\_\_\_\_

  
 (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 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 .....	260,955,026	10,450,244	250,504,782	237,770,064
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) .....	1,547,149		1,547,149	1,641,581
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....(8,638,786)), cash equivalents (\$.....160,729,766) and short-term investments (\$.....0) .....	152,090,981		152,090,981	145,118,885
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 .....	2,134,397	2,134,397		906,671
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	416,727,553	12,584,641	404,142,912	385,437,200
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	13,756		13,756	110,576
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	633,138	44,987	588,151	33,840
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 (\$.....2,070,676) and contracts subject to redetermination (\$.....0) .....	2,070,676		2,070,676	513,671
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	1,452,530		1,452,530	2,074,306
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 .....	1,611,084	1,611,084		
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	3,333	3,333		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	2,913,607	2,044,279	869,328	4,120,836
24. Health care (\$.....47,119,484) and other amounts receivable .....	52,557,530	1,804,005	50,753,525	50,773,676
25. Aggregate write-ins for other-than-invested assets .....	21,455,738	3,329,955	18,125,783	18,125,783
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	499,438,944	21,422,284	478,016,661	461,189,888
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	499,438,944	21,422,284	478,016,661	461,189,888
<b>DETAILS OF WRITE-INS</b>				
1101. Deferred Charges Equip Fees .....	2,134,397	2,134,397		
1102. Self Ins Trust Fund CTF .....				906,671
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	2,134,397	2,134,397		906,671
2501. Insurance Provider Assessment .....	18,125,783		18,125,783	18,125,783
2502. Prepaid Expenses .....	3,329,955	3,329,955		
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	21,455,738	3,329,955	18,125,783	18,125,783

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	91,996,166		91,996,166	72,594,838
2. Accrued medical incentive pool and bonus amounts .....	4,824,245		4,824,245	4,942,257
3. Unpaid claims adjustment expenses .....	1,492,254		1,492,254	1,339,992
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	1,100,000		1,100,000	3,327,881
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	681,915		681,915	572,077
9. General expenses due or accrued .....	28,078,842		28,078,842	33,928,527
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 .....	1,796,874		1,796,874	3,389,289
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) .....	129,970,297		129,970,297	120,094,861
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	346,906,364	339,955,027
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	348,046,364	341,095,027
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	478,016,661	461,189,888
<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	2,095,439	2,028,730	2,739,435
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	982,577,277	874,257,994	1,190,954,819
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	(2,827,314)	(2,421,476)	(3,373,947)
7. Aggregate write-ins for other non-health revenues .....	X X X			
8. Total revenues (Lines 2 to 7) .....	X X X	979,749,964	871,836,518	1,187,580,872
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		528,048,815	468,649,731	640,735,597
10. Other professional services .....		13,562,521	11,106,261	15,412,708
11. Outside referrals .....				
12. Emergency room and out-of-area .....		38,770,190	38,479,731	56,104,536
13. Prescription drugs .....		312,232,681	250,217,224	346,920,796
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....		3,050,213	3,598,752	4,732,037
16. Subtotal (Lines 9 to 15) .....		895,664,420	772,051,699	1,063,905,675
<b>Less:</b>				
17. Net reinsurance recoveries .....		2,849,278	1,966,292	4,915,870
18. Total hospital and medical (Lines 16 minus 17) .....		892,815,141	770,085,408	1,058,989,805
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....1,643,908 cost containment expenses .....		8,804,411	8,294,605	10,560,065
21. General administrative expenses .....		87,407,210	85,075,213	112,190,203
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....		(2,227,881)	(494,888)	563,940
23. Total underwriting deductions (Lines 18 through 22) .....		986,798,881	862,960,337	1,182,304,013
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	(7,048,917)	8,876,181	5,276,859
25. Net investment income earned .....		8,564,800	11,728,323	14,795,021
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains (losses) (Lines 25 plus 26) .....		8,564,800	11,728,323	14,795,021
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	1,515,883	20,604,504	20,071,880
31. Federal and foreign income taxes incurred .....	X X X			
32. Net income (loss) (Lines 30 minus 31) .....	X X X	1,515,883	20,604,504	20,071,880
<b>DETAILS OF WRITE-INS</b>				
0601. MPCA .....	X X X	(2,827,314)	(2,421,476)	(3,373,947)
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	(2,827,314)	(2,421,476)	(3,373,947)
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. 0 .....				
2903. LOSS ON SALE OF EQUIPMENT .....				
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 .....	341,095,027	313,246,091	313,246,091
34. Net income or (loss) from Line 32 .....	1,515,883	20,604,504	20,071,880
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	7,960,491	12,770,917	9,349,888
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	(2,525,037)	(858,803)	(1,589,452)
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 .....			16,621
48. Net change in capital and surplus (Lines 34 to 47) .....	6,951,337	32,516,618	27,848,936
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	348,046,364	345,762,709	341,095,027
<b>DETAILS OF WRITE-INS</b>			
4701. Other Non Operating Income .....			16,621
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) .....			16,621

**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 .....	978,313,382	869,993,301	1,181,270,253
2. Net investment income .....	8,661,619	11,732,959	14,807,306
3. Miscellaneous income .....	(2,837,146)	(4,220,879)	(6,982,496)
4. TOTAL (Lines 1 to 3) .....	984,137,854	877,505,382	1,189,095,063
5. Benefit and loss related payments .....	871,275,467	763,880,926	1,076,234,797
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	101,909,043	81,830,091	121,037,728
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) .....	973,184,511	845,711,017	1,197,272,525
11. Net cash from operations (Line 4 minus Line 10) .....	10,953,343	31,794,365	(8,177,462)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....			
12.2 Stocks .....			
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....	1,229,974	2,033,761	565,727
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) .....	1,229,974	2,033,761	565,727
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....			
13.2 Stocks .....	5,757,243	5,432,047	7,478,490
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	5,757,243	5,432,047	7,478,490
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) .....	(4,527,270)	(3,398,286)	(6,912,763)
<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) .....	546,022	26,460	(18,070,441)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	546,022	26,460	(18,070,441)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	6,972,095	28,422,539	(33,160,666)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	145,118,885	178,279,552	178,279,552
19.2 End of period (Line 18 plus Line 19.1) .....	152,090,981	206,702,091	145,118,885

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

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

Q7

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year .....	238,850							1,939	236,911					
2. First Quarter .....	237,804							2,804	235,000					
3. Second Quarter .....	229,261							2,865	226,396					
4. Third Quarter .....	225,922							2,912	223,010					
5. Current Year .....														
6. Current Year Member Months .....	2,095,439							25,484	2,069,955					
Total Member Ambulatory Encounters for Period:														
7. Physician .....	1,370,940							16,673	1,354,267					
8. Non-Physician .....	287,281							3,494	283,787					
9. Total .....	1,658,221							20,167	1,638,054					
10. Hospital Patient Days Incurred .....	78,127							2,993	75,134					
11. Number of Inpatient Admissions .....	14,186							426	13,760					
12. Health Premiums Written (a) .....	987,496,044							30,013,548	957,482,497					
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	987,496,044							30,013,548	957,482,497					
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	873,413,813							28,900,818	844,512,994					
18. Amount Incurred for Provision of Health Care Services .....	895,664,420							31,057,958	864,606,461					

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....30,013,548.

**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>						
Ambulatory Infusion Care .....	33,501					33,501
Ascension Borgess Hospital .....	15,040					15,040
Barbara Ann Karmanos Cancer Hospital .....	452,241	103,807	155,710			711,758
Bronson Methodist Hospital - Kalamazoo .....	112,893		171,469			284,362
Carson City Hospital .....	11,575		11,575			23,150
Corewell Health Taylor Hospital .....		12,411				12,411
Corewell Health William Beaumont University Hospital .....	178,631		12,929			191,560
Corewell Health William Dearborn Hospital .....		15,149				15,149
Covenant Medical Center - Hospital .....	212,160	12,212				224,372
DMC Detroit Receiving Hospital .....	25,568					25,568
DMC Harper-Hutzel Womens Hospital .....	27,575					27,575
DMC Huron Valley - Sinai Hospital .....	22,572	17,631				40,203
EW Sparrow Hospital .....	637,296	259,722	177,824	492,143		1,566,985
Henry Ford Hospital - Detroit .....	494,098	11,081			465,665	970,844
Hurley Medical Center .....	363,815	33,377				397,192
Insight Surgical Hospital .....	12,581					12,581
Mary Free Bed Rehabilitation Hospital .....	29,580					29,580
McLaren Bay Region Hospital .....	55,658	24,163	17,376			97,197
McLaren Central Michigan Hospital .....	138,365	68,866				207,231
McLaren Flint Hospital .....	273,165	91,590	125,915			490,670
McLaren Greater Lansing Hospital .....	173,397	87,608	87,347			348,352
McLaren Macomb Hospital .....	16,404					16,404
McLaren Northern Michigan Hospital .....			10,939			10,939
Memorial Hospital and Healthcare Center .....	161,517					161,517
Munson Medical Center .....	444,283					444,283
MyMichigan Medical Center Alpena .....	17,797					17,797
MyMichigan Medical Center Midland .....	42,818				138,608	181,426
MyMichigan Medical Center Saginaw .....	88,253					88,253
Sinai Grace Hospital .....	288,084					288,084
Spectrum Health Hospitals Blodgett/Butterworth .....	132,132	958,913	433,293	534,803		2,059,140
St Joseph Mercy Hospital - Ann Arbor .....	34,073					34,073
University of Michigan .....	614,137	188,844	2,312,727			3,115,709
VHS/Childrens Hospital of Michigan .....	287,294	215,089				502,384
Cleveland Clinic Foundation .....	220,277		331,295			551,572
Infusion Associates PC .....	22,811					22,811
St Marys Health Services .....	31,321					31,321
Corewell Health Lakeland Hospitals .....	68,358					68,358
McLaren Thumb Region .....	116,967					116,967
VHS Detroit Receiving Hospital .....	12,649					12,649
Corewell Health Grosse Pointe Hospital .....	30,816					30,816
McLaren Oakland .....	10,693					10,693
St Elizabeth Medical Center-Edgewood .....	15,318					15,318
Henry Ford Health Providence Hospital .....	42,571	56,222				98,793
Munson Healthcare OMH Medical Group - OMH Cancer & Infusion Center RHC .....	11,472					11,472
Great Lakes Center Of Rheumatology .....	11,178					11,178
Henry Ford Health Genesys Hospital .....	35,789					35,789
Sparrow Ionia Hospital .....	14,211					14,211
MyMichigan Medical Center West Branch .....	25,824	36,441	12,147			74,411
Henry Ford Health Rochester Hospital .....	30,877					30,877

**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
Select Specialty Hospital - Saginaw .....	50,579					50,579
Marlette Regional Hospital .....	12,930					12,930
Vascular Surgery Associate PC .....			12,031			12,031
0199999 Individually Listed Claims Unpaid .....	6,161,143	2,193,126	3,872,577	1,026,946	604,274	13,858,065
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	42,059,149	5,908,509	3,389,040	92,900	235,190	51,684,789
0499999 Subtotals .....	48,220,292	8,101,635	7,261,617	1,119,845	839,464	65,542,854
0599999 Unreported claims and other claim reserves .....						26,453,313
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						91,996,166
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						4,824,245

Q8.1

## UNDERWRITING AND INVESTMENT EXHIBIT

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

	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1+3)	6  Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
Line of Business						
1. Comprehensive (hospital & medical) Individual .....						
2. Comprehensive (hospital & medical) Group .....						
3. Medicare Supplement .....						
4. Vision only .....						
5. Dental only .....						
6. Federal Employees Health Benefits Plan .....						
7. Title XVIII - Medicare .....	5,489,146	23,411,673	309,869	5,853,524	5,799,015	4,183,321
8. Title XIX - Medicaid .....	77,961,408	763,501,373	8,312,267	77,520,506	86,273,675	68,411,517
9. Credit A&H .....						
10. Disability Income .....						
11. Long-Term Care .....						
12. Other health .....						
13. Health subtotal (Lines 1 to 12) .....	83,450,554	786,913,046	8,622,136	83,374,030	92,072,690	72,594,838
14. Healthcare receivables (a) .....						
15. Other non-health .....						
16. Medical incentive pools and bonus amounts .....	3,158,397	9,828	1,783,860	3,040,385	4,942,257	4,942,257
17. Totals (Lines 13 - 14 + 15 + 16) .....	86,608,951	786,922,873	10,405,996	86,414,415	97,014,947	77,537,094

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

## Notes to Financial Statements

McLaren Health Plan, Inc.  
September 30, 2025

### 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**

	SSAP #	F/S Page	F/S Line #	2025	2024
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	1,515,883	20,071,881
(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	1,515,883	20,071,881
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	348,046,364	341,095,027
(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	348,046,364	341,095,027

**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:**

In 2025, the Health Plan updated the asset lives due to an asset relifing project. This affects line 4.1 on page 2, Real Estate in Assets and line 32 on page 4, Net Income in Statement of Revenue and Expenses. The Real Estate balance as of 9/30/25 is \$1,547,149. The change in the asset lives will create the following changes in future annual financial statements for Real Estate:

2025	(\$4,816)
2026 – 2035	(\$3,853) annually
2036	\$2,600
2037 – 2040	\$9,055 annually
2041	\$4,528

**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

## Notes to Financial Statements

- 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	1,020,598	1,429,031	(408,433)	0	1,020,598	0.204 %	0.214 %
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)	1,020,598	1,429,031	(408,433)	0	1,020,598	0.204 %	0.214 %

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 Loans 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:

Interest Income Due and Accrued		Amount
1. Gross		13,756
2. Nonadmitted		0
3. Admitted		13,756

D. The aggregate deferred interest: None

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

Note 8 - Derivative Instruments

No change

Note 9 - Income Taxes

No change

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

A. Nature of the relationship: No change

B. Description of transactions: No change

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

D. Due from Affiliates: \$869,328 as amounts due from affiliates for administrative services and information system operations support. The terms of the settlement require that these amounts be settled within 30 days.

Due to Affiliates: \$1,796,874 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.

**Notes to Financial Statements**

Affiliate	Description	Current Year
McLaren Health Care Corporation	Management services received	\$3,313,090
McLaren Health Advantage	Management services provided	\$6,252,642
McLaren Health Plan Community	Management services provided	\$1,093,080
McLaren Integrated HMO Group	Management services received	\$6,712,867

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

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

1 SCA Entity	2 Percentage of SCA Ownership	3 Gross Amount	4 Admitted Amount	5 Nonadmitted Amount
a. SSAP No. 97 8a Entities				
Total SSAP No. 97 8a Entities	XXX	0	0	0
b. SSAP No. 97 8b (ii) Entities Health Advantage	100.000	10,450,244	0	10,450,244
Total SSAP No. 97 8b (ii) Entities	XXX	10,450,244	0	10,450,244
c. SSAP No. 97 8b (iii) Entities				
Total SSAP No. 97 8b (iii) Entities	XXX	0	0	0
d. SSAP No. 97 8b (iv) Entities				
Total SSAP No. 97 8b (iv) Entities	XXX	0	0	0
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	10,450,244	0	10,450,244
f. Aggregate Total (a+e)	XXX	10,450,244	0	10,450,244

**(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**

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 \$8,127,789.

K-M: No Change

**Note 14 - Liabilities, Contingencies and Assessments**

## Notes to Financial Statements

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 \$54,377,348 of net premium income and \$54,377,348 as general administrative expenses as of September 30, 2025, 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, 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	18,125,783
b. Decreases Current Year:	
Premium tax offset applied	54,377,348
	54,377,348
c. Increases Current Year:	
Premium tax offset applied	54,377,348
	54,377,348
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

Description	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	0	0	0
b. Total net other income or expenses (including interest paid to or received from plans)	0	0	0
c. Net gain or (loss) from operations (a+b)	0	0	0
d. Total claim payment volume	592,272,309	0	592,272,309

**Notes to Financial Statements**

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: NoneNote 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, 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 particular 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					
Industrial and Misc	209,672,355	0	0	0	209,672,355
Parent, Subsidiaries and Affiliates	40,832,427	0	0	0	40,832,427
0	0	0	0	0	0
0	0	0	0	0	0
Total assets at fair value / NAV	20,504,782	0	0	0	250,504,782
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: None

## C. Aggregate Fair Value of All Financial Instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Common Stock	250,504,782	250,504,782	250,504,782	0	0	0	0
	0	0	0	0	0	0	0

## Notes to Financial Statements

D. Not Practicable to Estimate Fair Value: None

E. Investments Measured Using NAV practical expedient: None

### Note 21 - Other Items

A. Unusual or Infrequent Items: None

B. Troubled Debt Restructuring: Debtors: None

C. Other Disclosures and Unusual Items: Cash equivalents in the amount of \$1,020,598 as of September 30, 2025 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, 2025 that are subject to retrospective rating features was \$30,013,548, that represented 3.04% 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

**Notes to Financial Statements**

- A. Reserves as of December 31, 2024 were \$77,537,094. As of September 30, 2025, \$86,608,951 has been paid for incurred claims and claim adjustment expenses attributable to insured events or prior years. Reserves remaining for prior years are now \$10,405,996 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$19,477,853 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 experiences \$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

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
09/30/2025	1,620,789				
06/30/2025	767,256	0	0	0	0
03/31/2025	780,149	0	0	876,103	0
12/31/2024	791,248	0	0	1,149,659	20,274
09/30/2024	552,168	0	0	464,802	728,411
06/30/2024	572,585	0	0	957,632	241,568
03/31/2024	618,006	0	0	1,160,732	76,288
12/31/2023	350,000	0	0	904,538	124,773
09/30/2023	643,164	643,164	0	862,876	186,632
06/30/2023	691,009	691,009	0	723,890	103,416
03/31/2023	716,099	719,099	0	239,884	753,458
12/31/2022	0	690,971	0	809,760	291

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

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

1. Liability carried for premium deficiency reserves	1,100,000
2. Date of the most recent evaluation of this liability	<u>09/30/2025</u>

## Notes to Financial Statements

3. Was anticipated investment income utilized in the calculation? (Yes / No)

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[ ] 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[ ] 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: \$ ..... 821,621

### 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 (\$1,020,598) 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 .....	50,911,695	51,282,671
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) .....	50,911,695	51,282,671
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. 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 .....	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  | ..... 91.420% |
| 1.2 A&H cost containment percent  | ..... 0.170%  |
| 1.3 A&H expense percent excluding cost containment expenses   | ..... 9.650%  |
| 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 - Non-affiliates</b>									
64890 .....	91-6034263 .....	01/01/2025 .....	BERKLEY LIFE & HLTH INS CO .....	IA .....	SSL/I .....	MR .....	Authorized .....		
64890 .....	91-6034263 .....	01/01/2025 .....	BERKLEY LIFE & HLTH INS CO .....	IA .....	SSL/I .....	MC .....	Authorized .....		

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

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

		Direct Business Only								
	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
State, Etc.										
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		30,013,548	957,482,497					987,496,044	
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		30,013,548	957,482,497					987,496,044	
60. Reporting entity contributions for Employee Benefit Plans	X X X									
61. Total (Direct Business)	X X X		30,013,548	957,482,497					987,496,044	
<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 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%										

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# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	38-2383119				McLaren Flint	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2689033				McLaren Lapeer Region	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2689603				McLaren Lapeer Region Foundation	MI	NIA	McLaren Lapeer Region	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1613280				Barbara Ann Karmanos Cancer Institute	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	20-1649466				Barbara Ann Karmanos Cancer Hospital	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-3584572				Karmanos Cancer Foundation	MI	NIA	Barbara Ann Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren Health Care Corporation	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2777750				Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2683251				Marwood Manor Nursing Home	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	No	
		00000	38-2717147				Huron Memorial Foundation	MI	NIA	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	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	
		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	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	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



95562202536500003

2025

Document Code: 365



STATEMENT AS OF **September 30, 2025** 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	1,641,581	1,762,744
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	94,431	121,164
9. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	1,547,149	1,641,581
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	1,547,149	1,641,581

**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 point		
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 proportionate 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	246,699,017	229,870,640
2. Cost of bonds and stocks acquired	5,757,243	7,478,490
3. Accrual of discount		
4. Unrealized valuation increase/(decrease)	8,498,766	9,349,888
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)	260,955,026	246,699,017
12. Deduct total nonadmitted amounts	10,450,244	8,928,954
13. Statement value at end of current period (Line 11 minus Line 12)	250,504,782	237,770,064

**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 .....	114,423,073	144,477,302
2.	Cost of cash equivalents acquired .....	(408,433)	70,525
3.	Accrual of discount .....		
4.	Unrealized valuation increase/(decrease) .....	46,716,381	(30,122,192)
5.	Total gain (loss) on disposals .....	(1,255)	(2,561)
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) .....	160,729,766	114,423,073
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	160,729,766	114,423,073

**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
<b>Common Stocks - Industrial and Miscellaneous (Unaffiliated) - Other</b>								
922908843	VANGUARD MIDCAP INDEX .....	07/01/2025	JPMORGAN .....	65.330	22,657			
922908702	VANGUARD SMALL CAP INDEX .....	07/01/2025	JPMORGAN .....	160.300	18,210			
922908108	VANGUARD S&P 500 INDEX .....	07/01/2025	JPMORGAN .....	131.800	75,470			
921943809	VANGUARD DEVELOPED MARKETS INDEX FUND .....	09/19/2025	JPMORGAN .....	1,632.040	31,352			
922042304	VANGUARD EMERGING MARKETS .....	09/19/2025	JPMORGAN .....	687.970	30,753			
922908843	VANGUARD MIDCAP INDEX .....	09/29/2025	JPMORGAN .....	60.400	21,934			
922908702	VANGUARD SMALL CAP INDEX .....	09/29/2025	JPMORGAN .....	153.350	18,673			
922908108	VANGUARD S&P 500 INDEX .....	09/29/2025	JPMORGAN .....	122.700	75,426			
502999999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) - Other .....				294,475	XXX		XXX
<b>Common Stocks - Mutual Funds - Designations Not Assigned by the SVO</b>								
258620863	DOUBLELINE LOW DURATION BOND FUND .....	07/01/2025	JPMORGAN .....	33,022.040	318,663			
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT .....	07/29/2025	JPMORGAN .....	25,848.150	280,969			
258620863	DOUBLELINE LOW DURATION BOND FUND .....	08/01/2025	JPMORGAN .....	32,460.770	312,597			
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT .....	09/01/2025	JPMORGAN .....	25,706.150	280,711			
258620863	DOUBLELINE LOW DURATION BOND FUND .....	09/01/2025	JPMORGAN .....	32,384.810	313,161			
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULT .....	09/26/2025	JPMORGAN .....	25,350.950	276,579			
532999999	Subtotal - Common Stocks - Mutual Funds - Designations Not Assigned by the SVO .....				1,782,680	XXX		XXX
598999997	Subtotal - Common Stocks - Part 3 .....				2,077,155	XXX		XXX
598999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly) .....				XXX	XXX	XXX	XXX
598999999	Subtotal - Common Stocks .....				2,077,155	XXX		XXX
599999999	Subtotal - Preferred and Common Stocks .....				2,077,155	XXX		XXX
600999999	Totals .....				2,077,155	XXX		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		
<b>Open Depositories</b>											
JPMORGAN, CHASE .....	FLINT, MICHIGAN .....	09/30/2025 .....					(1,698,359)	(26,865,923)	(11,870,568)	X X X	
0199998 Deposits in .....17 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories			X X X	X X X	33,813	10,988	3,208,957	3,220,349	3,231,782	X X X	
0199999 Total - Open Depositories .....			X X X	X X X	33,813	10,988	1,510,598	(23,645,574)	(8,638,786)	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	33,813	10,988	1,510,598	(23,645,574)	(8,638,786)	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	33,813	10,988	1,510,598	(23,645,574)	(8,638,786)	X X X	

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Restricted Asset Code	4 Date Acquired	5 Stated Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
<b>Exempt Money Market Mutual Funds - as Identified by SVO</b>								
. 60934N682	US Government Money Market Fund .....	SD .....	09/30/2025 .....	0.000 .....	X X X .....	1,020,598 .....	2,881 .....	35,941 .....
8209999999 Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO .....						1,020,598 .....	2,881 .....	35,941 .....
<b>All Other Money Market Mutual Funds</b>								
. 4812A2603	JP Morgan Prime Money Market Fund .....		09/30/2025 .....	0.000 .....	X X X .....	43,527 .....	145 .....	1,216 .....
8309999999 Subtotal - All Other Money Market Mutual Funds .....						43,527 .....	145 .....	1,216 .....
<b>Qualified Cash Pools Under SSAP No. 2</b>								
	JP Morgan 339893 McLaren Health Concentr .....		09/30/2025 .....	0.000 .....	X X X .....	159,665,642 .....		
8409999999 Subtotal - Qualified Cash Pools Under SSAP No. 2 .....						159,665,642 .....		
8589999999 Subtotal - Total Cash Equivalents (Unaffiliated) (Sum of Lines: 048, 810, 820, 830, 840 and 849) .....						160,729,766 .....	3,027 .....	37,158 .....
8609999999 Total Cash Equivalents .....						160,729,766 .....	3,027 .....	37,158 .....

QE14



## MEDICARE PART D COVERAGE SUPPLEMENT (Net of Reinsurance)

NAIC Group Code: 4700

NAIC Company Code: 95562

	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) .....	<b>NONE</b>		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	982,577,277							29,844,436	952,732,842					
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	(2,827,314)								(2,827,314)					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)	979,749,964							29,844,436	949,905,528					
8. Hospital/medical benefits	528,048,815							24,798,842	503,249,973					XXX
9. Other professional services	13,562,521							349,250	13,213,271					XXX
10. Outside referrals														XXX
11. Emergency room and out-of-area	38,770,190							825,200	37,944,990					XXX
12. Prescription drugs	312,232,681							5,084,667	307,148,014					XXX
13. Aggregate write-ins for other hospital and medical														XXX
14. Incentive pool, withhold adjustments and bonus amounts	3,050,213								3,050,213					XXX
15. Subtotal (Lines 8 to 14)	895,664,420							31,057,958	864,606,461					XXX
16. Net reinsurance recoveries	2,849,278							177,067	2,672,211					XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16)	892,815,141							30,880,891	861,934,250					XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$.....1,643,908 cost containment expenses	8,804,411							564,891	8,239,519					
20. General administrative expenses	87,407,210							3,975,616	83,431,594					
21. Increase in reserves for accident and health contracts	(2,227,881)							(2,227,881)						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)	986,798,881							33,193,517	953,605,364					
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(7,048,917)							(3,349,081)	(3,699,835)					
<b>DETAILS OF WRITE-INS</b>														
0501. MPCA	(2,827,314)								(2,827,314)					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)	(2,827,314)								(2,827,314)					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 .....	
2. 2024 Annual, Page 2, Assets, Line 05, Column 1 .....	145,118,885
3. 2024 Annual, Page 2, Assets, Line 12, Column 3 .....	385,437,200
4. 2024 Annual, Page 2, Assets, Line 28, Column 3 .....	461,189,888
5. 2024 Annual, Page 3, Liabilities, Line 34, Column 3 .....	461,189,888
6. 2024 Annual, Page 5, Cash Flow, Line 19.2, Column 1 .....	145,118,885
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 .....	50,911,695
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 .....	50,911,695
14. 2024 Annual, Page SI02, Schedule A Verification, Line 09, Column 2 .....	1,641,581
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 .....	246,699,017
18. 2024 Annual, Page SI07, Schedule D Part 1A Section 1, Line 12.1, Column 7 .....	
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 .....	114,423,073
30. 2024 Annual, Page E17, Schedule DA Part 1, Line 7709999999, Column 7 .....	