

Amended Statement Cover

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QUARTERLY STATEMENT
AS OF MARCH 31, 2019
OF THE CONDITION AND AFFAIRS OF THE
McLaren Health Plan Community

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

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

Country of Domicile United States of America

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

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

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

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

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

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

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

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

Internet Web Site Address www.mclarenhealthplan.org

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

OFFICERS

Name	Title
Nancy Jenkins	President
Kathy Kendall	Vice President
Dave Mazurkiewicz	Treasurer
Deidra Wilson	Secretary
Cheryl Diehl	Assistant Treasurer
Kathleen Kudray, DO	Chief Medical Officer
Carol Solomon	Assistant Secretary
Kevin Tompkins	Chairman

OTHERS

Dennis LaForest, Enrollee Representative

DIRECTORS OR TRUSTEES

Nancy Jenkins	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) Nancy Jenkins _____ (Printed Name) 1. President _____ (Title)	_____ (Signature) Carol Solomon _____ (Printed Name) 2. Assistant Secretary _____ (Title)	_____ (Signature) Cheryl Diehl _____ (Printed Name) 3. Assistant Treasurer _____ (Title)
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Subscribed and sworn to before me this _____ day of _____, 2019

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

Yes[] No[X]
 1

 (Notary Public Signature)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	1,012,170		1,012,170	1,013,591
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....12,831,050), cash equivalents (\$.....19,682,342) and short-term investments (\$.....0)	32,513,393		32,513,393	35,023,463
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	33,525,563		33,525,563	36,037,054
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	79,544		79,544	76,894
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,341,225	288,876	2,052,349	1,276,193
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	293,372		293,372	1,007,461
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	2,104,774		2,104,774	1,108,454
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	1,100,581	34,250	1,066,331	660,883
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	39,445,058	323,126	39,121,932	40,166,939
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	39,445,058	323,126	39,121,932	40,166,939
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Accounts Receivable - Risk Adjustment	1,066,331		1,066,331	660,883
2502. Pre-Paid Expenses	34,250	34,250		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,100,581	34,250	1,066,331	660,883

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	13,585,925		13,585,925	16,869,071
2. Accrued medical incentive pool and bonus amounts	426,380		426,380	360,880
3. Unpaid claims adjustment expenses	479,725		479,725	479,725
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves	211,424		211,424	211,424
8. Premiums received in advance	2,327,630		2,327,630	810,691
9. General expenses due or accrued	1,689,122		1,689,122	784,990
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	1,412,486		1,412,486	1,174,230
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)	1,002,260		1,002,260	549,377
24. Total liabilities (Lines 1 to 23)	21,134,952		21,134,952	21,240,386
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	18,000,000	18,000,000
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	(13,019)	926,552
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	17,986,981	18,926,552
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	39,121,932	40,166,939
DETAILS OF WRITE-INS				
2301. Risk Adjustment Payable	1,002,260		1,002,260	549,377
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)	1,002,260		1,002,260	549,377
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	74,959	90,866	354,914
2. Net premium income (including \$.....0 non-health premium income)	X X X	31,065,050	36,253,107	143,773,241
3. Change in unearned premium reserves and reserves for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	31,065,050	36,253,107	143,773,241
Hospital and Medical:				
9. Hospital/medical benefits		21,053,478	24,216,708	96,558,037
10. Other professional services		362,685	457,817	1,898,029
11. Outside referrals				
12. Emergency room and out-of-area		1,501,181	1,172,235	4,838,871
13. Prescription drugs		5,647,412	5,591,164	23,733,391
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		65,500	65,500	292,320
16. Subtotal (Lines 9 to 15)		28,630,256	31,503,423	127,320,648
Less:				
17. Net reinsurance recoveries		984,846	740,813	2,416,040
18. Total hospital and medical (Lines 16 minus 17)		27,645,410	30,762,611	124,904,608
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....135,871 cost containment expenses		715,113	2,285,467	2,342,999
21. General administrative expenses		3,848,718	1,860,631	12,360,832
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				211,424
23. Total underwriting deductions (Lines 18 through 22)		32,209,241	34,908,708	139,819,862
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(1,144,191)	1,344,399	3,953,378
25. Net investment income earned		194,354	92,524	624,644
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)		194,354	92,524	624,644
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	(949,837)	1,436,923	4,578,022
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	(949,837)	1,436,923	4,578,022
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	18,926,552	14,552,320	14,552,320
34. Net income or (loss) from Line 32	(949,837)	1,436,923	4,578,022
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			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	10,265	(54,363)	(203,790)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	(939,572)	1,382,560	4,374,232
49. Capital and surplus end of reporting period (Line 33 plus 48)	17,986,981	15,934,880	18,926,552
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	31,781,849	36,647,875	142,031,367
2. Net investment income	193,125	78,960	589,430
3. Miscellaneous income			
4. TOTAL (Lines 1 to 3)	31,974,973	36,726,835	142,620,797
5. Benefit and loss related payments	30,148,967	27,590,494	122,340,974
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	3,659,700	2,817,902	15,055,160
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)	33,808,666	30,408,396	137,396,134
11. Net cash from operations (Line 4 minus Line 10)	(1,833,693)	6,318,439	5,224,664
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)			
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
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)			
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(676,377)	(532,983)	(898,774)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(676,377)	(532,983)	(898,774)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(2,510,070)	5,785,457	4,325,889
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	35,023,463	30,697,574	30,697,574
19.2 End of period (Line 18 plus Line 19.1)	32,513,393	36,483,030	35,023,463

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

20.0001				
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	28,536	5,305	23,000	231						
2. First Quarter	24,515	2,727	21,525	263						
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	74,959	8,923	65,274	762						
Total Member Ambulatory Encounters for Period:										
7. Physician	43,710	5,203	38,063	444						
8. Non-Physician	7,478	890	6,512	76						
9. Total	51,188	6,093	44,575	520						
10. Hospital Patient Days Incurred	12,275	2,090	10,114	71						
11. Number of Inpatient Admissions	3,069	452	2,609	8						
12. Health Premiums Written (a)	31,572,558	4,921,429	26,540,687	110,441						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	31,572,558	4,921,429	26,540,687	110,441						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	30,928,556	5,270,065	25,555,366	103,124						
18. Amount Incurred for Provision of Health Care Services	28,630,256	3,774,870	24,755,989	99,397						

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
McLaren Flint Hospital	13,005					13,005
Sinai Grace Hospital	37,375					37,375
Sparrow Hospital	13,215		13,561			26,776
University of Michigan	16,320	30,802				47,122
0199999 Individually Listed Claims Unpaid	79,915	30,802	13,561			124,278
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,234,012	136,738	98,930	18,612	10,344	1,498,636
0499999 Subtotals	1,313,927	167,540	112,491	18,612	10,344	1,622,914
0599999 Unreported claims and other claim reserves						11,963,011
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						13,585,925
0899999 Accrued Medical Incentive Pool And Bonus Amounts						426,380

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
Line of Business						
1. Comprehensive (hospital & medical)	15,172,775	15,587,156	3,197,953	10,510,578	18,370,728	16,987,949
2. Medicare Supplement	54,463	48,661	43,535	45,283	97,998	92,545
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	15,227,238	15,635,817	3,241,488	10,555,861	18,468,726	17,080,495
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts			360,880	65,500	360,880	360,880
13. Totals (Lines 9 - 10 + 11 + 12)	15,227,238	15,635,817	3,602,368	10,621,361	18,829,606	17,441,374

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

Notes to Financial Statement

1. Summary of Significant Accounting Policies

The accompanying statutory financial statements of McLaren Health Plan Community (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”).

DIFS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by DIFS for the periods ending March 31, 2019 and December 31, 2018 is as follows:

	Description	SSAP	F/S Page	F/S Line #	State of Domicile	2019	2018
Net Income							
1	State Basis	XXX	XXX	XXX	MI	(949,837)	4,578,022
2	State Prescribed Practices that increase/(decrease) NAIC SAP					-	-
3	State Permitted Practices that increase/(decrease) NAIC SAP					-	-
4	NAIC SAP	XXX	XXX	XXX	MI	(949,837)	4,578,022
Surplus							
5	State Basis	XXX	XXX	XXX	MI	17,986,981	18,926,552
6	State Prescribed Practices that increase/(decrease) NAIC SAP					-	-
7	State Permitted Practices that increase/(decrease) NAIC SAP					-	-
8	NAIC SAP	XXX	XXX	XXX	MI	17,986,981	18,926,552

2. Accounting Changes and Corrections of Errors

No change

3. Business Combinations and Goodwill

No change

4. Discontinued Operations

No change

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans: N/A

B. Debt Restructuring: N/A

C. Reverse Mortgages: N/A

D. Loan-Backed Securities: N/A

E. Repurchase Agreements and/or Securities Lending Transactions: N/A

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: N/A

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: N/A

H. Repurchase Agreements Transactions Accounted for as a Sale: N/A

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: N/A

J. Real Estate: N/A

K. For Investments in Low-Income Housing Tax Credits (LIHTC): N/A

L. Restricted Assets:

Notes to Financial Statement

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted	Percent Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown							
b. Collateral held under security lending agreements							
c. Subject to repurchase agreements							
d. Subject to reverse repurchase agreements							
e. Subject to dollar repurchase agreements							
f. Subject to dollar reverse repurchase agreements							
g. Placed under option contracts							
h. Letter stock or securities restricted as to sale							
i. FHLB capital stock							
j. On deposit with states	1,012,170	1,013,591	-1,421	-	1,012,170	2.566	2.587
k. On deposit with other regulatory bodies							
l. Pledged as collateral to FHLB (including assets backing funding agreements)							
m. Pledged as collateral not captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	1,012,170	1,013,591	-1,421	-	1,012,170	2.566	2.587

M. Working Capital Finance Investments: N/A

N. Offsetting and Netting of Assets and Liabilities: N/A

O. Structured Notes: N/A

P. 5* Securities: N/A

Q. Short Sales: N/A

R. Prepayment Penalty and Acceleration Fees: N/A

6. Joint Ventures, Partnerships and Limited Liability Companies

No change

7. Investment Income

No change

8. Derivative Investments

No change

9. Income Taxes

No change

10. Information Concerning Parent, Subsidiaries and Affiliates

A. No change

B. No change

C. No change

D. Due from Affiliate: \$2,104,774 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Due to Affiliate: \$1,412,486 amounts due to affiliates for various administrative support and information system operations support. The amounts are settled monthly.

E. Guarantees and undertakings: No change

F. Management Agreements between:

(1) McLaren Health Plan (MHP) and McLaren Health Plan Community (MHP Community) – MHP agrees to provide Leased Employees to perform certain operational, personnel services and other resources to MHP Community. Amount for January – March 2019 = \$2,243,957

G. No change

H. No change

I. No change

J. No change

K. No change

Notes to Financial Statement

- L. No change
- M. No change
- N. No change
- O. No change

11. Debt
No change
12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No change
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
No change
14. Contingencies
No change
15. Leases
No change
16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No change
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No change
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
No change
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No change
20. Fair Value Measurements
 - A. Fair Value Measurements: N/A
 - B. Other Fair Value Measurements: N/A
 - C. Fair Value of Financial Instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$ 996,560	\$ 1,012,170		\$ 1,012,170		

21. Other Items
 - A. Unusual or Infrequent Items: None
 - B. Troubled Debt Restructuring: Debtors: None
 - C. Other Disclosures: Assets in the amount of \$1,012,170 (US. Treasury Notes) were on deposit (safekeeping account) with the State of Michigan Treasury as required by regulation.
 - D. Business Interruption Insurance Recoveries: None
 - E. State Transferable Tax Credits: None

Notes to Financial Statement

F. Subprime Mortgage Related Risk Exposure: None

G. Retained Assets: None

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

22. Events Subsequent

No change

23. Reinsurance

No change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

Notes to Financial Statement

2.

IMPACT OF RISK-SHARING PROVISIONS OF THE ACA			AMOUNT
Permanent ACA Risk Adjustment Program			
Assets			
1.	Premium adjustments receivable due to ACA Risk Adjustment		\$ 452,884
Liabilities			
2.	Risk adjustment user fees payable for ACA Risk Adjustment		\$ 2,002
3.	Premium adjustments payable due to ACA Risk Adjustment		\$ 452,884
Operations (Revenue & Expense)			
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$ -
5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid)		\$ 2,002
Transitional ACA Reinsurance Program			
Assets			
1.	Amounts recoverable for claims paid due to ACA Reinsurance		\$ 1,522
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)		\$ -
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		\$ -
Liabilities			
4.	Liabilities for contribution payable due to ACA Reinsurance - not reported as ceded premium		\$ -
5.	Ceded reinsurance premiums payable due to ACA Reinsurance		\$ -
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		\$ -
Operations (Revenue & Expense)			
7.	Ceded reinsurance premiums due to ACA Reinsurance		\$ -
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		\$ -
9.	ACA Reinsurance contributions - not reported as ceded premium		\$ -
Temporary ACA Risk Corridors Program			
Assets			
1.	Accrued retrospective premium due to ACA Risk Corridors		\$ -
Liabilities			
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		\$ -
Operations (Revenue & Expense)			
3.	Effect of ACA Risk Corridors on net premium income (paid/received)		\$ -
4.	Effect of ACA Risk Corridors on change in reserves for rate credits		\$ -

Notes to Financial Statement

3.

ROLL-FORWARD OF PRIOR YEAR ACA RISK-SHARING PROVISIONS

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date			
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)	
					5 Receivable	6 (Payable)	7 Receivable	8 (Payable)		9 Receivable	10 (Payable)	
Permanent ACA Risk Adjustment Program												
Premium adjustments receivable	\$ 104,086		\$ 47,435		\$ 56,651	\$ -				A	\$ 56,651	\$ -
Premium adjustments (payable)			\$ -		\$ -	\$ -	\$ -			B	\$ -	\$ -
Subtotal ACA Permanent Risk Adjustment Program	\$ 104,086	\$ -	\$ 47,435	\$ -	\$ 56,651	\$ -	\$ -	\$ -			\$ 56,651	\$ -
Transitional ACA Reinsurance Program												
Amounts recoverable for claims paid	\$ 1,930		\$ 3,452		\$ (1,522)	\$ -				C	\$ (1,522)	\$ -
Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -				D	\$ -	\$ -
Amounts receivable relating to uninsured plans					\$ -	\$ -				E	\$ -	\$ -
Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium		\$ -	\$ -	\$ -	\$ -	\$ -				F	\$ -	\$ -
Ceded reinsurance premiums payable		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -		G	\$ -	\$ -
Liability for amounts held under uninsured plans					\$ -	\$ -				H	\$ -	\$ -
Subtotal ACA Transitional Reinsurance Program	\$ 1,930	\$ -	\$ 3,452	\$ -	\$ (1,522)	\$ -	\$ -	\$ -			\$ (1,522)	\$ -
Temporary ACA Risk Corridors Program												
Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		I	\$ -	\$ -
Reserve for rate credit or policy experience rating refunds					\$ -	\$ -	\$ -	\$ -		J	\$ -	\$ -
Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -
Total for ACA Risk Sharing Provisions	\$ 106,016	\$ -	\$ 50,887	\$ -	\$ 55,128	\$ -	\$ -	\$ -			\$ 55,128	\$ -

4.

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date			
	1 Receivable	2 (Payable)	3 Receivable	4 (Payable)	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)	
					5 Receivable	6 (Payable)	7 Receivable	8 (Payable)		9 Receivable	10 (Payable)	
a. 2014												
1. Accrued retrospective premium					\$ -	\$ -						
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -						
b. 2015												
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -						
c. 2016												
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -						
d. Total for Risk Corridors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

5.

Risk Corridors Program Year	Estimated Amount to be Filed or Final amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-admissions)	Non-Admitted Amount	Net Admitted Asset
2014	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2015	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2016	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Notes to Financial Statement

25. Change in Incurred Claims and Claim Adjustment Expenses
No change
26. Intercompany Pooling Arrangements
No change
27. Structured Settlements
No change
28. Health Care Receivables
A.

*Section ID	Quarter	Estimated pharmacy rebates reported	Pharmacy rebates as billed	Actual rebates received <= 90 days	Actual rebates received 91 - 180 days	Actual rebates received > 180 days	Total Received
01	03/31/19						-
01	12/31/18						-
01	09/30/18			571,354			571,354
01	06/30/18				513,869		513,869
01	03/31/18					560,730	560,730
01	12/31/17	365,181	365,181			423,123	423,123
01	09/30/17					438,030	438,030
01	06/30/17					444,939	444,939
01	03/31/17					420,754	420,754
01	12/31/16					314,650	314,650
01	09/30/16					234,853	234,853
01	06/30/16					48	48
01	03/31/16					134	134

- B. Risk Sharing Receivables – No Change
29. Participating Policies
No change
30. Premium Deficiency Reserves
No change
31. Anticipated Salvage and Subrogation
No change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.
- 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. 12/31/2015
- 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. 12/31/2015
- 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). 03/21/2017
- 6.4 By what department or departments?
Michigan Department of Insurance and Financial Services
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[X] No[] N/A[]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

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

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 2,104,774

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[X] No[]
- 11.2 If yes, give full and complete information relating thereto:
Bonds are held by the State of Michigan Treasury in a safekeeping account as required by the Department of Insurance and Financial Services
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

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

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

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

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

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

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No
 17.4 If yes, give full and complete information relating thereto:

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

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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
.....

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 assets? Yes No

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

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

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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes No
 18.2 If no, list exceptions:

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

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
 a. The security was purchased prior to January 1, 2018.

GENERAL INTERROGATORIES (Continued)

- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	..... 92.160%
1.2 A&H cost containment percent	..... 0.440%
1.3 A&H expense percent excluding cost containment expenses	..... 14.250%
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 Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Affiliates								
11835	04-1590940	01/01/2019	PARTNERRE AMER INS CO	DE	SSL/L/I	Authorized	1	12/11/2017

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Direct Business Only							
		1	2	3	4	5	6	7	8	9
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	L	31,572,558						31,572,558	
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	31,572,558						31,572,558	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	X X X	31,572,558						31,572,558	
DETAILS OF WRITE-INS									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG

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

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

1

R Registered - Non-domiciled RRGs

Q Qualified - Qualified or accredited reinsurer

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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

McLaren Health Care Corporation



McLaren Health Care 38-2397643 (MI) 100%	McLaren Greater Lansing 38-1434090 (MI) 100%	McLaren Northern MI 38-2146751 (MI) 100%	McLaren Bay Region 38-1976271 (MI) 100%	McLaren Central MI 38-1420304 (MI) 100%	McLaren Macomb 38-1218516 (MI) 100%	McLaren Oakland 38-1428164 (MI) 100%	McLaren Flint 38-2383119 (MI) 100%	McLaren Lapeer 38-2689033 (MI) 100%	Karmanos Cancer Institute 38-1613280 (MI) 100%	McLaren Port Huron 38-1369611 (MI) 100%	McLaren Medical Group 38-2988086 (MI) 100%	McLaren Health Management Group 38-3491714 (MI) 100%	McLaren High Performance Network 81-2692784 (MI) 100%	McLaren Insurance Company LTD. (CYM) 100%	McLaren Thumb Region 38-1474929 (MI) 100%	McLaren Integrated HMO Group 82-4449304 (MI) 100%	McLaren Caro Region 38-3426063 (MI) 100%
McLaren HC Village 26-2693350 (MI) 100%	McLaren Lansing Foundation 38-2463637 (MI) 100%	McLaren Northern MI Foundation 38-2445611 (MI) 100%	McLaren Bay Special Care 38-3161753 (MI) 100%	Meridian Ventures 38-3226022 (MI) 100%	McLaren Macomb Foundation 38-2578873 (MI) 100%	McLaren Riley Foundation 20-0442217 (MI) 100%	McLaren Flint Foundation 38-1358053 (MI) 100%	McLaren Lapeer Foundation 38-2689603 (MI) 100%	Karmanos Cancer Center 20-1649466 (MI) 100%	McLaren Port Huron Foundation 38-2777750 (MI) 100%	Mid-MI Physicians 38-3267121 (MI) 100%	Hospice and Homecare Foundation 46-3643089 (MI) 100%	McLaren Health Plan 38-3252216 (MI) 100% Group Code: 4700 NAIC: 95562	MDWise, Inc. 35-1931354 (IN) 100% Group Code: 4637 NAIC: 95807	MDWise Medicaid Network 47-3192307 (IN) 100%	McLaren Caro Region Foundation 38-2422995 (MI) 100%	
Great Lakes Cancer Institute 38-3584572 (MI) 100%	VitalCare, Inc. 38-2527255 (MI) 100%	McLaren Bay Medical Foundation 38-2156534 (MI) 100%	McLaren Physician Partners 38-3136458 (MI) 100%	McLaren Hospitality House 45-5567669 (MI) 100%	Michigan Cancer Society 38-2823451 (MI) 100%	Marwood Manor Nursing 38-2683251 (MI) 100%	McLaren Health Plan Community 27-2204037 (MI) 100% Group Code: 4700 NAIC: 14217	CCH Holdings Inc. 81-34873585 (MI) 100%									
NMI Medical Management 20-8458840 (MI) 100%	Hospital Health Care 38-2643070 (MI) 100%	Delphinus Investments Inc. 45-4758176 (MI) 100%	Parkview Property Management 38-2467310 (MI) 100%	McLaren Health Advantage 91-214720 (MI) 100%													
NMI Hematology/Oncology 32-0020293 (MI) 100%	Willow Enterprises 38-2491659 (MI) 100%																
Cardiac Institute 26-2774689 (MI) 100%																	
Charlevoix Nursing Home 38-3038683 (MI)																	
Rapin & Rapin Prescription Services Pharmacy 38-3465261 (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? (Y/N)	*
016		00000	38-2397643				McLaren HealthCare Corp	MI	UDP					N	
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2156534				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1976271				Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3161753				Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1420304				Central Michigan Community Hospital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hospital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	

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? (Y/N)	*	
Q16.1		00000	38-2643070				Hospital Health Care	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-3136458				McLaren Physician Partners	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	45-5567669				McLaren Hospitality House	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2689033				Lapeer Regional Medical Center DBA McLaren Lapeer Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2689603				McLaren Lapeer Foundation	MI	NIA	Lapeer Regional Medical Center DBA McLaren Lapeer Region	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2777750				McLaren Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2683251				Marwood Manor Nursing	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2467310				Parkview Property Management	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2491659				Willow Enterprises	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2988086				McLaren Medical Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-3267121				Mid-Michigan Physicians	MI	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-3491714				Visiting Nurse Services of Michigan DBA McLaren Health Management Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	46-3643089				Hospice and Homecare Foundation	MI	NIA	Visiting Nurse Services of Michigan DBA McLaren Health Management Group	Ownership	100.0	McLaren Health Care Corporation	N		
	4700	McLaren Health Plan	95562	38-3252216				McLaren Health Plan	MI	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	N	
	4700	McLaren Health Plan	14217	27-2204037				McLaren Health Plan Community	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	N	
	4700	McLaren Health Plan	00000	91-2141720				Health Advantage Inc.	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	N	
			00000					McLaren Insurance Company LTD.	CYM	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
4700	MDWise	95807	35-1931354				MDWise	IN	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	47-3192307				MDWise Medicaid Network	IN	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	82-4449304				McLaren Integrated HMO Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-3426063				McLaren Caro Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2422995				Caro Community Hospital McLaren Caro Region Foundation	MI	NIA	McLaren Caro Region	Ownership	100.0	McLaren Health Care Corporation	N		

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? (Y/N)	*
.....	00000	81-3487385	.....	.....	.....	CCH Holdings Inc. ....	.. MI ..	... NIA ..	McLaren Caro Region	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ....	.....
.....	00000	38-1474929	.....	.....	.....	McLaren Thumb Region .....	.. MI ..	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ....	.....

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.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



14217201936500006

2019

Document Code: 365

STATEMENT AS OF **March 31, 2019** OF THE **McLaren Health Plan Community**
SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,013,591	1,019,274
2. Cost of bonds and stocks acquired		
3. Accrual of discount	77	
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium	1,498	5,683
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)	1,012,170	1,013,591
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	1,012,170	1,013,591

SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	1,013,591			(1,421)	1,012,170			1,013,591
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	1,013,591			(1,421)	1,012,170			1,013,591
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	1,013,591			(1,421)	1,012,170			1,013,591

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

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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	22,755,113	19,125,284
2.	Cost of cash equivalents acquired	(3,072,771)	3,629,830
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	19,682,342	22,755,113
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	19,682,342	22,755,113

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
E04 Schedule D Part 3	NONE
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 DL - Part 1 - Securities Lending Collateral Assets	NONE
E11 Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
open depositories								
JPMORGAN, CHASE	FLINT, MICHIGAN	03/31/2019			(5,376,514)	(2,545,298)	(2,574,688)	X X X
1st National Bank	MICHIGAN	03/31/2019			13			X X X
Admirals Bank	MICHIGAN	03/31/2019			4,649	82	1,990	X X X
AimBank	MICHIGAN	03/31/2019			427	11		X X X
Allegiance Bank Texas	MICHIGAN	03/31/2019				5,755	8,727	X X X
Alma Bank	MICHIGAN	03/31/2019			14,887	15,178	4,410	X X X
Amarillo National Bank	MICHIGAN	03/31/2019					11	X X X
American National Bank	MICHIGAN	03/31/2019					2,291	X X X
American Savings Bank F.S.B.	MICHIGAN	03/31/2019					10	X X X
American Trust & Savings Bank	MICHIGAN	03/31/2019			237,658	244,947	241,685	X X X
Anstaff Bank	MICHIGAN	03/31/2019			159	1,145	485	X X X
Apex Bank	MICHIGAN	03/31/2019			15			X X X
Associated Bank National Association	MICHIGAN	03/31/2019					43	X X X
Audubon State Bank	MICHIGAN	03/31/2019			81	46	35	X X X
Avidia Bank	MICHIGAN	03/31/2019			27			X X X
Axiom Bank, National Association	MICHIGAN	03/31/2019			8,148	19,041	49	X X X
BNB Bank	MICHIGAN	03/31/2019			239,316	241,903	245,095	X X X
Banc of California, National Association	MICHIGAN	03/31/2019			87,793	247,004	247,306	X X X
BancCentral National Association	MICHIGAN	03/31/2019			228,871	213,444	216,692	X X X
Bank of Advance	MICHIGAN	03/31/2019				13	13	X X X
Bank of Cave City	MICHIGAN	03/31/2019				22	22	X X X
Bank of China - New York Branch	MICHIGAN	03/31/2019			232,042	230,794	224,869	X X X
Bank of England	MICHIGAN	03/31/2019				3,887	244,240	X X X
Bank of Farmington	MICHIGAN	03/31/2019				14	14	X X X
Bank of Fayette County	MICHIGAN	03/31/2019			69	676		X X X
Bank of Missouri	MICHIGAN	03/31/2019			18			X X X
Bank of New England	MICHIGAN	03/31/2019				32	34	X X X
Bank of Princeton	MICHIGAN	03/31/2019			231,869	242,093	105,250	X X X
Bank of Romney	MICHIGAN	03/31/2019			55	55	56	X X X
Bank of Southern California National Association	MICHIGAN	03/31/2019			1,456			X X X
Bank of the Ozarks	MICHIGAN	03/31/2019			246,627	180,132	247,259	X X X
Bank of the Panhandle	MICHIGAN	03/31/2019				11	10	X X X
Bank of the Prairie	MICHIGAN	03/31/2019					11	X X X
Bank3	MICHIGAN	03/31/2019			178	185	182	X X X
BankUnited National Association	MICHIGAN	03/31/2019			22,308	43,151	22,316	X X X
Bankers Bank of Kansas	MICHIGAN	03/31/2019			612	612	614	X X X
Bankwell Bank	MICHIGAN	03/31/2019			232,164	240,982	239,185	X X X
Bar Harbor Bank & Trust	MICHIGAN	03/31/2019			55,116	163,335	243,894	X X X
Berkshire Bank	MICHIGAN	03/31/2019				10		X X X
Blue Ridge Bank, National Association	MICHIGAN	03/31/2019			48			X X X
BlueHarbor Bank	MICHIGAN	03/31/2019				26	27	X X X
Bofl Federal Bank	MICHIGAN	03/31/2019					129,159	X X X
Brunswick Bank and Trust Company	MICHIGAN	03/31/2019			292	289	273	X X X
Buckeye State Bank	MICHIGAN	03/31/2019					13	X X X
Busey Bank	MICHIGAN	03/31/2019					1,077	X X X
Business First Bank	MICHIGAN	03/31/2019			169	164	158	X X X
C US Bank	MICHIGAN	03/31/2019			42	13,774	2,000	X X X
CBank	MICHIGAN	03/31/2019					1,900	X X X
CFBank	MICHIGAN	03/31/2019			572	574	575	X X X
Cadence Bank N.A.	MICHIGAN	03/31/2019					15	X X X
Capital Bank National Association	MICHIGAN	03/31/2019			224,800	208,541	245,252	X X X
Capital One National Association	MICHIGAN	03/31/2019			11			X X X
Carolina Alliance Bank	MICHIGAN	03/31/2019			142	129	132	X X X
Cedar Rapids Bank and Trust Company	MICHIGAN	03/31/2019			23			X X X
Centennial Bank	MICHIGAN	03/31/2019			23,401	23,266	7,064	X X X
Centier Bank	MICHIGAN	03/31/2019			48	31		X X X
Central Bank	MICHIGAN	03/31/2019			20			X X X
Centric Bank	MICHIGAN	03/31/2019			25	1,923		X X X
Chambers Bank	MICHIGAN	03/31/2019					10	X X X
Chemical Bank	MICHIGAN	03/31/2019			11	56,383	94,656	X X X
Cherokee State Bank	MICHIGAN	03/31/2019			19	19	19	X X X
Chino Commercial Bank N.A.	MICHIGAN	03/31/2019			10			X X X
CiVista Bank	MICHIGAN	03/31/2019			4,894		2,785	X X X
Citibank N.A.	MICHIGAN	03/31/2019			138,220	247,392	239,376	X X X
Citizens Bank	MICHIGAN	03/31/2019			54		871	X X X
Citizens Bank and Trust Company	MICHIGAN	03/31/2019					77	X X X
Citizens Deposit Bank of Arlington Inc.	MICHIGAN	03/31/2019			99	53	65	X X X
Citizens National Bank of Bluffton	MICHIGAN	03/31/2019			13	107	93	X X X

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1	2	3	4	5	Book Balance at End of Each Month			9	
					During Current Quarter				
					6	7	8		
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*	
Citizens Trust Bank	MICHIGAN	03/31/2019						13	X X X
City National Bank of Sulphur Springs	MICHIGAN	03/31/2019			14				X X X
CommerceWest Bank	MICHIGAN	03/31/2019					802		X X X
Community Bank of the Bay	MICHIGAN	03/31/2019				120			X X X
Congressional Bank	MICHIGAN	03/31/2019					12		X X X
ConnectOne Bank	MICHIGAN	03/31/2019			239,114	247,989	242,797		X X X
Consumers National Bank	MICHIGAN	03/31/2019			13		1,082		X X X
Cornerstone Bank	MICHIGAN	03/31/2019			788	31	33		X X X
Cornerstone Bank	MICHIGAN	03/31/2019				146,360	4,735		X X X
Cortland Savings and Banking Company	MICHIGAN	03/31/2019			13	14	15		X X X
Country Bank	MICHIGAN	03/31/2019			768	784	786		X X X
Covenant Bank	MICHIGAN	03/31/2019			242,161	247,462	245,351		X X X
Croghan Colonial Bank	MICHIGAN	03/31/2019				14			X X X
Customers Bank	MICHIGAN	03/31/2019			299				X X X
Dedham Institution for Savings	MICHIGAN	03/31/2019			3,695	7,990	3,772		X X X
Denver Savings Bank	MICHIGAN	03/31/2019			261	272	272		X X X
Dime Savings Bank of Williamsburgh	MICHIGAN	03/31/2019					3,368		X X X
Eagle Bank	MICHIGAN	03/31/2019			22		3,074		X X X
East West Bank	MICHIGAN	03/31/2019			978	190	116,601		X X X
Elderton State Bank	MICHIGAN	03/31/2019				13			X X X
Embassy National Bank	MICHIGAN	03/31/2019			154	155			X X X
Entegra Bank	MICHIGAN	03/31/2019			130	122	18		X X X
Enterprise Bank N.J.	MICHIGAN	03/31/2019			53				X X X
Envision Bank	MICHIGAN	03/31/2019			7,561		49		X X X
Equity Bank	MICHIGAN	03/31/2019			238,078	242,066	244,018		X X X
EvaBank	MICHIGAN	03/31/2019			18	21	48		X X X
Evergreen Bank Group	MICHIGAN	03/31/2019			13	13	13		X X X
Exchange Bank and Trust Company	MICHIGAN	03/31/2019			473		1,053		X X X
F & M Community Bank National Association	MICHIGAN	03/31/2019			11				X X X
Fannin Bank	MICHIGAN	03/31/2019					14		X X X
Farmers & Merchants Bank	MICHIGAN	03/31/2019			17		40		X X X
Farmers & Merchants Bank	MICHIGAN	03/31/2019					1,055		X X X
Farmers & Merchants State Bank	MICHIGAN	03/31/2019			12		11		X X X
Farmers Trust and Savings Bank	MICHIGAN	03/31/2019			676	677	686		X X X
Farmers Trust and Savings Bank	MICHIGAN	03/31/2019					5,838		X X X
Farmers and Merchants State Bank	MICHIGAN	03/31/2019			59	42	16,348		X X X
Farmers and Merchants State Bank of	MICHIGAN	03/31/2019			152				X X X
Federal Savings Bank	MICHIGAN	03/31/2019				1,099	27,656		X X X
Fidelity Bank	MICHIGAN	03/31/2019			16				X X X
Financial Federal Bank	MICHIGAN	03/31/2019			92,647				X X X
First Bank	MICHIGAN	03/31/2019			229,518	241,381	239,644		X X X
First Bank Texas SSB	MICHIGAN	03/31/2019			83,257	25			X X X
First Bank of Utica	MICHIGAN	03/31/2019			135				X X X
First Carolina Bank	MICHIGAN	03/31/2019			239,372	246,490	247,839		X X X
First Choice Bank	MICHIGAN	03/31/2019				25			X X X
First City Bank	MICHIGAN	03/31/2019					25		X X X
First Colorado National Bank	MICHIGAN	03/31/2019			11				X X X
First Community Bank of Bedford County	MICHIGAN	03/31/2019			219,766	128,312	2,941		X X X
First Community Bank of Western Kentucky	MICHIGAN	03/31/2019			208,555				X X X
First Community Financial Bank	MICHIGAN	03/31/2019				1,002			X X X
First County Bank	MICHIGAN	03/31/2019				137	3,295		X X X
First Credit Bank	MICHIGAN	03/31/2019					186		X X X
First Financial Bank	MICHIGAN	03/31/2019			494	495	501		X X X
First Merchants Bank National Association	MICHIGAN	03/31/2019			2,907	31,589	13,343		X X X
First N.A.	MICHIGAN	03/31/2019			335	336	336		X X X
First National Bank	MICHIGAN	03/31/2019			26	30	12		X X X
First National Bank	MICHIGAN	03/31/2019			14		23		X X X
First National Bank and Trust Company of Vini	MICHIGAN	03/31/2019			226,733	961			X X X
First National Bank Cortez	MICHIGAN	03/31/2019					94		X X X
First National Bank of Centralia	MICHIGAN	03/31/2019					1,184		X X X
First National Bank of Long Island	MICHIGAN	03/31/2019				11,577	42,618		X X X
First National Bank of Michigan	MICHIGAN	03/31/2019			178				X X X
First National Bank of Mifflintown	MICHIGAN	03/31/2019			235	237	149		X X X
First National Bank of Pennsylvania	MICHIGAN	03/31/2019			240,126	247,998	243,843		X X X
First Savings Bank	MICHIGAN	03/31/2019					27		X X X
First Savings Bank Northwest	MICHIGAN	03/31/2019			207,434	200,453	245,220		X X X

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
					6	7	8	
					Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date		
Depository	Code	Rate of Interest			First Month	Second Month	Third Month	*
First Sentinel Bank	MICHIGAN	03/31/2019			66,944	164,549	42	X X X
First State Bank	MICHIGAN	03/31/2019			220,233	198,286	244,471	X X X
First State Bank	MICHIGAN	03/31/2019			14	17	17	X X X
First State Bank	MICHIGAN	03/31/2019			15	16		X X X
First Virginia Community Bank	MICHIGAN	03/31/2019			234,383	244,704	244,131	X X X
First Western Trust Bank	MICHIGAN	03/31/2019			38			X X X
Flint Community Bank	MICHIGAN	03/31/2019			28			X X X
Florida Business Bank	MICHIGAN	03/31/2019			322	319	319	X X X
Fortis Private Bank	MICHIGAN	03/31/2019			223,577	25,533		X X X
Franklin Synergy Bank	MICHIGAN	03/31/2019			246,435	242,502	247,543	X X X
Freedom Bank	MICHIGAN	03/31/2019				460		X X X
Freedom National Bank	MICHIGAN	03/31/2019			199		183	X X X
GBC International Bank	MICHIGAN	03/31/2019			136,979	112,700	244,667	X X X
GNB Bank	MICHIGAN	03/31/2019			66	1,679	2,357	X X X
Georgia Primary Bank	MICHIGAN	03/31/2019					28	X X X
Gold Coast Bank	MICHIGAN	03/31/2019				14	14	X X X
Gorham Savings Bank	MICHIGAN	03/31/2019			141	708	69	X X X
Grand Ridge National Bank	MICHIGAN	03/31/2019			1,726		13	X X X
Great Midwest Bank SSB	MICHIGAN	03/31/2019			232,230	237,817	239,607	X X X
Great North Bank	MICHIGAN	03/31/2019					13	X X X
Great Western Bank	MICHIGAN	03/31/2019			244,765	246,240	231,908	X X X
Greater Hudson Bank National Association	MICHIGAN	03/31/2019			637	643		X X X
Guaranty Bank	MICHIGAN	03/31/2019				2,621	1,971	X X X
Halstead Bank	MICHIGAN	03/31/2019			42,575			X X X
Happy State Bank	MICHIGAN	03/31/2019			227,377	236,210	137,568	X X X
Hardin County Bank	MICHIGAN	03/31/2019			1,954	117	217	X X X
Hardin County Savings Bank	MICHIGAN	03/31/2019			17			X X X
Harvest Bank	MICHIGAN	03/31/2019			16	16	16	X X X
Hawthorn Bank	MICHIGAN	03/31/2019					1,678	X X X
Heartland Bank	MICHIGAN	03/31/2019			11			X X X
Heritage Community Bank	MICHIGAN	03/31/2019			11	11	11	X X X
Hiawatha Bank and Trust Company	MICHIGAN	03/31/2019			77	56		X X X
High Plains Bank	MICHIGAN	03/31/2019			10			X X X
Home Exchange Bank	MICHIGAN	03/31/2019			21			X X X
Home State Bank	MICHIGAN	03/31/2019				21	21	X X X
HomeTrust Bank	MICHIGAN	03/31/2019			11			X X X
Horizon Bank National Association	MICHIGAN	03/31/2019					374	X X X
IBERIABANK	MICHIGAN	03/31/2019			228,760	9,348	351	X X X
Icon Bank of Texas National Association	MICHIGAN	03/31/2019			26			X X X
Independent Bank	MICHIGAN	03/31/2019			16	6,502	35,793	X X X
Inland Bank and Trust	MICHIGAN	03/31/2019			78	69		X X X
International City Bank National Association	MICHIGAN	03/31/2019			6,958	723	727	X X X
Investar Bank	MICHIGAN	03/31/2019			231,748	244,233	238,972	X X X
Ion Bank	MICHIGAN	03/31/2019			68	2,416		X X X
Iowa State Bank	MICHIGAN	03/31/2019			23	23	38	X X X
Iowa Trust & Savings Bank	MICHIGAN	03/31/2019			14			X X X
Israel Discount Bank of New York	MICHIGAN	03/31/2019				16		X X X
Lake City Bank	MICHIGAN	03/31/2019			65,467	57,650	132,622	X X X
Landmark Community Bank	MICHIGAN	03/31/2019			228,047	231,612	241,963	X X X
Landmark National Bank	MICHIGAN	03/31/2019				309	308	X X X
Lead Bank	MICHIGAN	03/31/2019			344	202	202	X X X
Lee Bank	MICHIGAN	03/31/2019			10			X X X
LegacyTexas Bank	MICHIGAN	03/31/2019			240,477	247,597	244,348	X X X
Legends Bank	MICHIGAN	03/31/2019			187,257	11	290	X X X
Level One Bank	MICHIGAN	03/31/2019			369	48	48	X X X
Lewis & Clark Bank	MICHIGAN	03/31/2019			282	646	1,847	X X X
Lincoln Park Savings Bank (MHC)	MICHIGAN	03/31/2019					24	X X X
Lone Star Bank	MICHIGAN	03/31/2019					70	X X X
Lone Star Capital Bank NA	MICHIGAN	03/31/2019					1,204	X X X
Luana Savings Bank	MICHIGAN	03/31/2019			30		21,065	X X X
MainStreet Bank	MICHIGAN	03/31/2019			242,353	245,733	247,367	X X X
Manufacturers Bank	MICHIGAN	03/31/2019			147		64	X X X
MapleMark Bank	MICHIGAN	03/31/2019					14	X X X
Mascoma Savings Bank	MICHIGAN	03/31/2019				1,074	2,929	X X X
McGehee Bank	MICHIGAN	03/31/2019			12			X X X
Mercantile Bank of Michigan	MICHIGAN	03/31/2019			17			X X X
Merchants Bank of Indiana	MICHIGAN	03/31/2019			233,004	246,761	243,224	X X X
Meridian Bank	MICHIGAN	03/31/2019			33,289	50,168	230,399	X X X
Metropolitan National Bank	MICHIGAN	03/31/2019			195,388	183,524	63,524	X X X
Mid America Bank	MICHIGAN	03/31/2019			41		22	X X X
Mid Penn Bank	MICHIGAN	03/31/2019					201,122	X X X
Middlefield Banking Company	MICHIGAN	03/31/2019			244,459	240,899	362	X X X
Midland States Bank	MICHIGAN	03/31/2019			244,984	243,881	247,648	X X X
Midwest Bank	MICHIGAN	03/31/2019					11	X X X
Midwest Community Bank	MICHIGAN	03/31/2019					2,607	X X X
Morris Bank	MICHIGAN	03/31/2019			320			X X X
Morton Community Bank	MICHIGAN	03/31/2019			24			X X X

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
					6	7	8	
					Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	*	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Mutual Federal Savings Bank of Plymouth	MICHIGAN	03/31/2019			5,448	7,071		X X X
NOA Bank	MICHIGAN	03/31/2019			11			X X X
National Bank of Commerce	MICHIGAN	03/31/2019			6,908	101,062	114,781	X X X
National Bank of Kansas City	MICHIGAN	03/31/2019				246,211		X X X
NebraskaLand National Bank	MICHIGAN	03/31/2019					17,010	X X X
NewBank	MICHIGAN	03/31/2019			220,571	233,147	242,424	X X X
NexBank SSB	MICHIGAN	03/31/2019			240,228	247,879	244,664	X X X
Nicolet National Bank	MICHIGAN	03/31/2019					10	X X X
North Side Bank and Trust Company	MICHIGAN	03/31/2019				12		X X X
Norway Savings Bank	MICHIGAN	03/31/2019			279	285	104	X X X
OSB Community Bank	MICHIGAN	03/31/2019			49	46	46	X X X
Oak View National Bank	MICHIGAN	03/31/2019			12			X X X
Oculina Bank	MICHIGAN	03/31/2019			10			X X X
Ohnward Bank & Trust	MICHIGAN	03/31/2019				178		X X X
OneUnited Bank	MICHIGAN	03/31/2019				397	402	X X X
Open Bank	MICHIGAN	03/31/2019				23	18	X X X
Optima Bank & Trust Company	MICHIGAN	03/31/2019			37	35	35	X X X
Pacific Enterprise Bank	MICHIGAN	03/31/2019			227,995	242,437	240,952	X X X
Pacific Mercantile Bank	MICHIGAN	03/31/2019			227,007	247,847	246,533	X X X
Paducah Bank and Trust Company	MICHIGAN	03/31/2019			35	35	1,292	X X X
Pan American Bank	MICHIGAN	03/31/2019			49		13	X X X
Paragon National Bank	MICHIGAN	03/31/2019			15	24	28	X X X
Pathfinder Commercial Bank (MHC)	MICHIGAN	03/31/2019					11	X X X
Peapack-Gladstone Bank	MICHIGAN	03/31/2019			244,021	246,056	244,885	X X X
Peoples Bank	MICHIGAN	03/31/2019			97,208	93,513	1,445	X X X
Peoples Bank of Kentucky Inc.	MICHIGAN	03/31/2019					17,874	X X X
Peoples Community Bank	MICHIGAN	03/31/2019			652	36		X X X
Peoples Savings Bank	MICHIGAN	03/31/2019			15			X X X
Piedmont Bank	MICHIGAN	03/31/2019			4,321	134,974	89,392	X X X
Pilot Bank	MICHIGAN	03/31/2019			38,211		112	X X X
Pinnacle Bank	MICHIGAN	03/31/2019					18	X X X
Pioneer Bank	MICHIGAN	03/31/2019					1,309	X X X
Pioneer Bank SSB	MICHIGAN	03/31/2019			231,023	247,997	225,217	X X X
Platte Valley Bank	MICHIGAN	03/31/2019			23,676	18,025	510	X X X
Poppy Bank	MICHIGAN	03/31/2019			655	3,253	3,014	X X X
Post Oak Bank N.A.	MICHIGAN	03/31/2019			318			X X X
Preferred Bank	MICHIGAN	03/31/2019			247,554	240,639	245,950	X X X
Premier Bank	MICHIGAN	03/31/2019			22	231	231	X X X
Premier Bank	MICHIGAN	03/31/2019			38			X X X
Prime Alliance Bank	MICHIGAN	03/31/2019			50			X X X
Prime Bank	MICHIGAN	03/31/2019					11,361	X X X
PrimeSouth Bank	MICHIGAN	03/31/2019			253	253	11	X X X
PrivateBank and Trust Company	MICHIGAN	03/31/2019			1,015	996	3,339	X X X
Progress Bank and Trust	MICHIGAN	03/31/2019			234,623	115,650	29,881	X X X
Providence Bank	MICHIGAN	03/31/2019			32,024		36	X X X
Provident Bank	MICHIGAN	03/31/2019			209,986	181,493	245,005	X X X
Provident State Bank Inc.	MICHIGAN	03/31/2019				30	59	X X X
Quontic	MICHIGAN	03/31/2019			41			X X X
Reading Co-operative Bank	MICHIGAN	03/31/2019			144,160	144,946	148,062	X X X
Regent Bank	MICHIGAN	03/31/2019					1,876	X X X
Reliant Bank	MICHIGAN	03/31/2019			27,223	19,176	46	X X X
Relyance Bank National Association	MICHIGAN	03/31/2019			36,715	48,887		X X X
Richwood Banking Company	MICHIGAN	03/31/2019			1,170		1,271	X X X
River Cities Bank	MICHIGAN	03/31/2019			1,002			X X X
Riverview Bank	MICHIGAN	03/31/2019					13	X X X
RiverWood Bank	MICHIGAN	03/31/2019			68			X X X
Rockford Bank and Trust Company	MICHIGAN	03/31/2019			53	17		X X X
Rockhold Brown & Company Bank	MICHIGAN	03/31/2019					15	X X X
Royal Savings Bank	MICHIGAN	03/31/2019			227,851	246,901	244,204	X X X
Salem Co-operative Bank	MICHIGAN	03/31/2019			319	323	328	X X X
Sandy Spring Break	MICHIGAN	03/31/2019				6,134	24,735	X X X
Santander Bank, N.A.	MICHIGAN	03/31/2019					11	X X X
SaviBank	MICHIGAN	03/31/2019			64,739	14,233	1,981	X X X
Savings Institute Bank and Trust Company	MICHIGAN	03/31/2019				11		X X X
Schuyler Savings Bank	MICHIGAN	03/31/2019					1,351	X X X
Seaside National Bank & Trust	MICHIGAN	03/31/2019			229,485	233,325	235,352	X X X
Seattle Bank	MICHIGAN	03/31/2019			8,105	13,476		X X X
Security Bank	MICHIGAN	03/31/2019			11	326		X X X
Security First Bank	MICHIGAN	03/31/2019			82	83	1,343	X X X
Security State Bank	MICHIGAN	03/31/2019			158,210	12	1,383	X X X
Security State Bank	MICHIGAN	03/31/2019				11		X X X
ServisFirst Bank	MICHIGAN	03/31/2019			244,841	244,989	244,042	X X X
Sherwood State Bank	MICHIGAN	03/31/2019			10			X X X
Signature Bank	MICHIGAN	03/31/2019			238,449	247,983	237,431	X X X
Simmons First National Bank	MICHIGAN	03/31/2019			134,164	245,208	247,764	X X X

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
					6	7	8	
					Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	*	
Depository	Code	Rate of Interest			First Month	Second Month	Third Month	
Slovak Savings Bank	MICHIGAN	03/31/2019					1,129	X X X
SmartBank	MICHIGAN	03/31/2019			246,002	235,393	240,921	X X X
Solera National Bank	MICHIGAN	03/31/2019					21	X X X
SouthEast Bank	MICHIGAN	03/31/2019				1,741	5,051	X X X
Southern Bank	MICHIGAN	03/31/2019					2,191	X X X
Southern States Bank	MICHIGAN	03/31/2019			240,585	245,968	236,594	X X X
SouthPoint Bank	MICHIGAN	03/31/2019					28	X X X
Southside Bank	MICHIGAN	03/31/2019				12	3,742	X X X
Success Bank	MICHIGAN	03/31/2019			1,039			X X X
SunTrust Bank	MICHIGAN	03/31/2019			2,091	213,245	76,380	X X X
Sussex Bank	MICHIGAN	03/31/2019				241,454	149,233	X X X
Tensas State Bank	MICHIGAN	03/31/2019			23			X X X
Texana Bank National Association	MICHIGAN	03/31/2019			96			X X X
Texas Capital Bank National Association	MICHIGAN	03/31/2019			230,668	205,327	200,370	X X X
Texas Citizens Bank National Association	MICHIGAN	03/31/2019				18	18	X X X
Texas Heritage National Bank	MICHIGAN	03/31/2019			11			X X X
Third Coast Bank SSB	MICHIGAN	03/31/2019			247,254	245,806	247,517	X X X
Tioga State Bank	MICHIGAN	03/31/2019					11	X X X
Touchmark National Bank	MICHIGAN	03/31/2019			391	45		X X X
Town and Country	MICHIGAN	03/31/2019				11		X X X
Tradition Capital Bank	MICHIGAN	03/31/2019			187,731	141,096	19,865	X X X
Traditional Bank Inc.	MICHIGAN	03/31/2019				13		X X X
Transportation Alliance Bank Inc.	MICHIGAN	03/31/2019					40,694	X X X
TriStar Bank	MICHIGAN	03/31/2019			1,276	247	249	X X X
TriState Capital Bank	MICHIGAN	03/31/2019			236,426	247,995	241,304	X X X
Twin City Bank	MICHIGAN	03/31/2019			54			X X X
UniBank	MICHIGAN	03/31/2019			30	30		X X X
Union Bank & Trust	MICHIGAN	03/31/2019			223,258	246,361	213,541	X X X
Union Savings and Loan Association	MICHIGAN	03/31/2019			506	507	508	X X X
Unison Bank	MICHIGAN	03/31/2019				25	17	X X X
United Bank	MICHIGAN	03/31/2019			223,672	245,513	138,380	X X X
United Community Bank	MICHIGAN	03/31/2019					12	X X X
United Fidelity Bank FSB	MICHIGAN	03/31/2019			20,753			X X X
Unity National Bank of Houston	MICHIGAN	03/31/2019			1,270			X X X
Univest Bank and Trust Co.	MICHIGAN	03/31/2019			38,770	72,356	149,033	X X X
Valley National Bank	MICHIGAN	03/31/2019				329	2,663	X X X
Valley National Bank	MICHIGAN	03/31/2019			31,700	72,675	209,989	X X X
Valliance Bank	MICHIGAN	03/31/2019			25	541	542	X X X
Valor Bank	MICHIGAN	03/31/2019			82			X X X
Vintage Bank Kansas	MICHIGAN	03/31/2019			296			X X X
Vista Bank	MICHIGAN	03/31/2019			877		194,656	X X X
Washington Trust Company of Westerly	MICHIGAN	03/31/2019			244,823	245,902	243,606	X X X
West Michigan Community Bank	MICHIGAN	03/31/2019			38,773	30,059	38	X X X
Westbury Bank	MICHIGAN	03/31/2019			88	91	91	X X X
Westfield Bank FSB	MICHIGAN	03/31/2019			12			X X X
Westside State Bank	MICHIGAN	03/31/2019			24			X X X
Woori America Bank	MICHIGAN	03/31/2019			57	29	190,767	X X X
Beacon Credit Union	MICHIGAN	03/31/2019				472	474	X X X
ELGA Credit Union	MICHIGAN	03/31/2019			15,768	2,815	13,128	X X X
Essential Federal Credit Union	MICHIGAN	03/31/2019			17,067	618	636	X X X
Financial One Credit Union	MICHIGAN	03/31/2019				299	278	X X X
Harvesters Federal Credit Union	MICHIGAN	03/31/2019			99	98	98	X X X
Jefferson Financial Credit Union	MICHIGAN	03/31/2019			245,280	221,691	213,922	X X X
Neighbors Federal Credit Union	MICHIGAN	03/31/2019				344	6,098	X X X
Rivermark Community Credit Union	MICHIGAN	03/31/2019					2,961	X X X
Saint Lawrence Federal Credit Union	MICHIGAN	03/31/2019			244	241		X X X
Solarity Credit Union	MICHIGAN	03/31/2019			49,025			X X X
Star USA Federal Credit Union	MICHIGAN	03/31/2019			138	145	166	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories	X X X	X X X						X X X
0199999 Totals - Open Depositories	X X X	X X X			9,970,374	12,832,482	12,831,050	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 Totals - Suspended Depositories	X X X	X X X						X X X
0399999 Total Cash On Deposit	X X X	X X X			9,970,374	12,832,482	12,831,050	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 Cash	X X X	X X X			9,970,374	12,832,482	12,831,050	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Sweep Accounts								
	JP Morgan Chase	DR ..	03/31/2019 ...	0.000	03/31/2019 ...	19,682,342		37,469
8499999 Subtotal - Sweep Accounts						19,682,342		37,469
8899999 Total - Cash Equivalents						19,682,342		37,469

QE13



MEDICARE PART D COVERAGE SUPPLEMENT (Net of Reinsurance)

NAIC Group Code: 4700

NAIC Company Code: 14217

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