



**QUARTERLY STATEMENT**  
**AS OF JUNE 30, 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[X] No[ ]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (Notary Public Signature)

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	1,010,749		1,010,749	1,013,591
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	2,009,234		2,009,234	
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 (\$.....12,630,359), cash equivalents (\$.....17,960,262) and short-term investments (\$.....0) .....	30,590,622		30,590,622	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) .....	33,610,604		33,610,604	36,037,054
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	68,244		68,244	76,894
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,837,011	482,462	1,354,548	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 .....	543,828		543,828	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 .....	918,541		918,541	1,108,454
24. Health care (\$.....0) and other amounts receivable .....				
25. Aggregate write-ins for other-than-invested assets .....	429,087		429,087	660,883
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	37,407,314	482,462	36,924,852	40,166,939
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. TOTAL (Lines 26 and 27) .....	37,407,314	482,462	36,924,852	40,166,939
<b>DETAILS OF WRITE-INS</b>				
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 .....	429,087		429,087	660,883
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	429,087		429,087	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) .....	12,146,043		12,146,043	16,869,071
2. Accrued medical incentive pool and bonus amounts .....	491,880		491,880	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 .....	145,459		145,459	211,424
8. Premiums received in advance .....	2,515,601		2,515,601	810,691
9. General expenses due or accrued .....	1,584,163		1,584,163	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 .....	960,977		960,977	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) .....	2,987,636		2,987,636	549,377
24. Total liabilities (Lines 1 to 23) .....	21,311,483		21,311,483	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	(2,386,631)	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	15,613,369	18,926,552
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	36,924,852	40,166,939
<b>DETAILS OF WRITE-INS</b>				
2301. Risk Adjustment Payable .....	2,987,636		2,987,636	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) .....	2,987,636		2,987,636	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	147,130	180,525	354,914
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	58,228,603	72,353,835	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	58,228,603	72,353,835	143,773,241
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		40,901,715	46,855,540	96,558,037
10. Other professional services .....		596,960	936,737	1,898,029
11. Outside referrals .....				
12. Emergency room and out-of-area .....		2,400,723	2,470,226	4,838,871
13. Prescription drugs .....		11,618,029	11,971,642	23,733,391
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....		131,000	161,320	292,320
16. Subtotal (Lines 9 to 15) .....		55,648,426	62,395,464	127,320,648
<b>Less:</b>				
17. Net reinsurance recoveries .....		2,366,041	765,789	2,416,040
18. Total hospital and medical (Lines 16 minus 17) .....		53,282,386	61,629,676	124,904,608
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....289,201 cost containment expenses .....		1,522,112	2,904,047	2,342,999
21. General administrative expenses .....		7,045,364	4,894,162	12,360,832
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....		(65,965)		211,424
23. Total underwriting deductions (Lines 18 through 22) .....		61,783,897	69,427,885	139,819,862
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	(3,555,294)	2,925,950	3,953,378
25. Net investment income earned .....		381,948	241,641	624,644
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27. Net investment gains or (losses) (Lines 25 plus 26) .....		381,948	241,641	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	(3,173,345)	3,167,591	4,578,022
31. Federal and foreign income taxes incurred .....	X X X			
32. Net income (loss) (Lines 30 minus 31) .....	X X X	(3,173,345)	3,167,591	4,578,022
<b>DETAILS OF WRITE-INS</b>				
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
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	18,926,552	14,552,320	14,552,320
34. Net income or (loss) from Line 32 .....	(3,173,345)	3,167,591	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	9,234		
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	(149,072)	(27,594)	(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) .....	(3,313,183)	3,139,997	4,374,232
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	15,613,369	17,692,317	18,926,552
<b>DETAILS OF WRITE-INS</b>			
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
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	59,637,587	61,404,296	142,031,367
2. Net investment income .....	393,439	9,894	589,430
3. Miscellaneous income .....			
4. TOTAL (Lines 1 to 3) .....	60,031,026	61,414,190	142,620,797
5. Benefit and loss related payments .....	57,410,780	51,700,081	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 .....	7,768,303	5,523,741	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) .....	65,179,084	57,223,822	137,396,134
11. Net cash from operations (Line 4 minus Line 10) .....	(5,148,058)	4,190,369	5,224,664
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....			
12.2 Stocks .....			
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....			
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 .....	2,000,000		
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....		410	
13.7 TOTAL investments acquired (Lines 13.1 to 13.6) .....	2,000,000	410	
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) .....	(2,000,000)	(410)	
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	2,715,216	295,374	(898,774)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	2,715,216	295,374	(898,774)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(4,432,841)	4,485,333	4,325,889
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	35,023,463	25,150,465	30,697,574
19.2 End of period (Line 18 plus Line 19.1) .....	30,590,622	29,635,798	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 .....	23,784	2,362	21,146	276						
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	147,130	16,329	129,221	1,580						
Total Member Ambulatory Encounters for Period:										
7. Physician .....	85,796	9,522	75,353	921						
8. Non-Physician .....	14,678	1,629	12,891	158						
9. Total .....	100,474	11,151	88,244	1,079						
10. Hospital Patient Days Incurred .....	35,092	5,743	29,208	141						
11. Number of Inpatient Admissions .....	7,053	1,049	5,982	22						
12. Health Premiums Written (a) .....	59,224,165	4,711,714	54,275,915	236,536						
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	59,224,165	4,711,714	54,275,915	236,536						
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	58,005,414	8,278,599	49,550,856	175,959						
18. Amount Incurred for Provision of Health Care Services .....	55,648,426	7,066,918	48,368,626	212,883						

(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
<b>Claims unpaid (Reported)</b>						
Allegiance Health .....	11,000			16,536		27,536
DMC Detroit Receiving Hospital .....		66,773				66,773
GLOBALCARE, INC .....				11,435		11,435
Henry Ford Hospital - Detroit .....	18,803					18,803
McLaren Flint Hospital .....	30,850				11,081	41,931
McLaren Macomb Hospital .....	10,081					10,081
Sparrow Hospital .....					13,561	13,561
University of Michigan .....	10,025	36,000				46,025
William Beaumont Hospital Royal Oak .....	23,989					23,989
0199999 Individually Listed Claims Unpaid .....	104,748	102,773		27,971	24,642	260,134
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	2,987,416	292,618	93,407	77,331	163,972	3,614,744
0499999 Subtotals .....	3,092,164	395,391	93,407	105,302	188,614	3,874,878
0599999 Unreported claims and other claim reserves .....						8,271,165
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						12,146,043
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						491,880



## 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		
1. Comprehensive (hospital & medical) .....	18,064,856	39,699,564	977,168	11,184,864	19,042,024	16,987,949
2. Medicare Supplement .....	67,389	108,569	22,118	107,352	89,507	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) .....	18,132,245	39,808,134	999,286	11,292,216	19,131,531	17,080,495
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....			360,880	131,000	360,880	360,880
13. Totals (Lines 9 - 10 + 11 + 12) .....	18,132,245	39,808,134	1,360,166	11,423,216	19,492,411	17,441,374

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

## Notes to Financial Statement

### Note 1 - Summary of Significant Accounting Policies

#### A. Accounting Practices

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 June 30, 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	(3,173,345)	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	(3,173,345)	4,578,022
Surplus							
5	State Basis	XXX	XXX	XXX	MI	15,613,369	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	15,613,369	18,926,552

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

No change

#### C. Accounting Policy

No change

#### D. Going Concern

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

### Note 2 - Accounting Changes and Corrections of Errors

No change

### Note 3 - Business Combinations and Goodwill

No change

### Note 4 - Discontinued Operations

No change

### Note 5 - Investments

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

B. Debt Restructuring: None

C. Reverse Mortgages: None

D. Loan-Backed Securities: None

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

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

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

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

## Notes to Financial Statement

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

J. Real Estate: None

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

L. Restricted Assets:

Restricted Asset Category		Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted	Percent Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a.	Subject to contractual obligation for which liability is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
h.	Letter stock or securities restricted as to sale							
i.	FHLB capital stock							
j.	On deposit with states	1,010,749	1,013,591	-2,842	-	1,010,749	2.702	2.737
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	1,010,749	1,013,591	-2,842	-	1,010,749	2.702	2.737

M. Working Capital Finance Investments: None

N. Offsetting and Netting of Assets and Liabilities: None

O. Structured Notes: None

P. 5\* Securities: None

Q. Short Sales: None

R. Prepayment Penalty and Acceleration Fees: None

### Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No change

### Note 7 - Investment Income

No change

### Note 8 - Derivative Investments

No change

### Note 9 - Income Taxes

No change

### Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

A. No change

B. No change

C. No change

D. Due from Affiliate: \$918,541 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Due to Affiliate: \$960,977 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

## Notes to Financial Statement

perform certain operational, personnel services and other resources to MHP Community. Amount for January – June 2019 = \$4,654,677

- G. Nature of control relationship: No change
- H. Upstream/downstream activity: No change
- I. Investment in SCA: No change
- J. Investments in impaired SCA: No change
- K. Investment in foreign insurance subsidiary: No change
- L. Investment in downstream noninsurance holding company: No change
- M. All SCA investments: No change
- N. Investment in Insurance SCAs: No change
- O. SCA Loss Tracking: No change

### Note 11 - Debt

No change

### Note 12 - Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No change

### Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No change

### Note 14 - Contingencies

No change

### Note 15 - Leases

No change

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

No change

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

No change

### Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No change

### Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No change

### Note 20 - Fair Value Measurements

A. Fair Value Measurements:

20A	Assets measured or disclosed at Fair Value at June 30, 2019			
	Level 1	Level 2	Level 3	Total
Cash, Cash Equivalents, and Short-term Investments	\$30,590,622			\$30,590,622
Mutual funds - Industrial and miscellaneous	\$2,009,234			\$2,009,234
Total	\$32,599,855			\$32,599,855

B. Other Fair Value Measurements: N/A

C. Fair Value of Financial Instruments:

## Notes to Financial Statement

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$ 1,004,414	\$ 1,010,749		\$ 1,010,749		

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

### Note 21 - Other Items

A. Unusual or Infrequent Items: None

B. Troubled Debt Restructuring: Debtors: None

C. Other Disclosures: Assets in the amount of \$1,010,749 (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

F. Subprime Mortgage Related Risk Exposure: None

G. Retained Assets: None

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

### Note 22 - Events Subsequent

No change

### Note 23 - Reinsurance

No change

### Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

A-D. N/A

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

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 (including high-risk pool payments)		\$ 688,697
Liabilities			
2.	Risk adjustment user fees payable for ACA Risk Adjustment		\$ 3,762
3.	Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool payments)		\$ 3,159,113
Operations (Revenue & Expense)			
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		\$ (2,470,416)
5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid)		\$ 3,762
Transitional ACA Reinsurance Program			
Assets			
1.	Amounts recoverable for claims paid due to ACA Reinsurance		\$ -
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)		\$ -
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		\$ -
Liabilities			
4.	Liabilities for contribution payable due to ACA Reinsurance - not reported as ceded premium		\$ -
5.	Ceded reinsurance premiums payable due to ACA Reinsurance		\$ -
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		\$ -
Operations (Revenue & Expense)			
7.	Ceded reinsurance premiums due to ACA Reinsurance		\$ -
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		\$ 1,522
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	2	3	4	5	6	7	8	Ref	9	10
					Receivable	(Payable)	Receivable	(Payable)		Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2-4)
<b>Permanent ACA Risk Adjustment Program</b>											
Premium adjustments receivable (including high-risk pool payments)	\$ 660,883		\$ 47,435		\$ 613,447	\$ -	\$ 131,901	\$ -	A	\$ 745,348	\$ -
Premium adjustments (payable) (including high-risk pool payments)		\$ (549,377)	\$ -		\$ -	\$ (549,377)	\$ -	\$ (2,609,736)	B	\$ -	\$ (3,159,113)
Subtotal ACA Permanent Risk Adjustment Program	\$ 660,883	\$ (549,377)	\$ 47,435	\$ -	\$ 613,447	\$ (549,377)	\$ 131,901	\$ (2,609,736)		\$ 745,348	\$ (3,159,113)
<b>Transitional ACA Reinsurance Program</b>											
Amounts recoverable for claims paid	\$ 1,930		\$ 3,452		\$ (1,522)	\$ -	\$ 1,522		C	\$ 0	\$ -
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	\$ -		\$ 0	\$ -
<b>Temporary ACA Risk Corridors Program</b>											
Accrued retrospective premium	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
Reserve for rate credit or policy experience rating refunds					\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -
Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
<b>Total for ACA Risk Sharing Provisions</b>	<b>\$ 662,812</b>	<b>\$ (549,377)</b>	<b>\$ 50,887</b>	<b>\$ -</b>	<b>\$ 611,925</b>	<b>\$ (549,377)</b>	<b>\$ 133,423</b>	<b>\$ (2,609,736)</b>		<b>\$ 745,348</b>	<b>\$ (3,159,113)</b>

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

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	2	3	4	5	6	7	8	Ref	9	10
					Receivable	(Payable)	Receivable	(Payable)		Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments
<b>a. 2014</b>											
1. Accrued retrospective premium					\$ -	\$ -					
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
<b>b. 2015</b>											
1. Accrued retrospective premium	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -		\$ -	
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
<b>c. 2016</b>											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
<b>d. Total for Risk Corridors</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

### 5. ACA Risk Corridors Receivable as of Reporting Date

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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Notes to Financial Statement

### Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

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

### Note 26 - Intercompany Pooling Arrangements

No change

### Note 27 - Structured Settlements

No change

### Note 28 - Health Care Receivables

A. The Plan has no accounts receivable for pharmaceutical rebates. Pharmacy rebates were as follows.

*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	06/30/19						-
01	03/31/19						-
01	12/31/18			605,453			605,453
01	09/30/18			36,982	574,220		611,202
01	06/30/18			34,082	(2,866)	513,869	545,085
01	03/31/18			24,302		560,730	585,032
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

### Note 29 - Participating Policies

No change

### Note 30 - Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$145,459
2. Date of the most recent evaluation of this liability: June 30, 2019
3. Was anticipated investment income utilized in the calculation? No

### Note 31 - Anticipated Salvage and Subrogation

No change



# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]
  
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 2.2 If yes, date of change: .....
  
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[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: \$ ..... 918,541

### 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  | ..... 95.570% |
| 1.2 A&H cost containment percent  | ..... 0.500%  |
| 1.3 A&H expense percent excluding cost containment expenses   | ..... 14.220% |
| 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
<b>Accident and Health - Affiliates</b>								
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

State, Etc.		Direct Business Only								
		1 Active Status (a)	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 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	59,224,165						59,224,165	
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	59,224,165						59,224,165	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	<b>Total (Direct Business)</b>	<b>X X X</b>	<b>59,224,165</b>						<b>59,224,165</b>	
<b>DETAILS OF WRITE-INS</b>										
58001.		X X X								
58002.		X X X								
58003.		X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	<b>TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)</b>	<b>X X X</b>								

(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%	Willow Enterprises 38-2491659 (MI) 100%												
NMI Hematology/Oncology 32-0020293 (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



14217201936500002

2019

Document Code: 365



STATEMENT AS OF **June 30, 2019** OF THE **McLaren Health Plan Community**  
**SCHEDULE A - VERIFICATION**

**Real Estate**

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

**NONE**

**SCHEDULE BA - VERIFICATION**

**Other Long-Term Invested Assets**

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

**NONE**

**SCHEDULE D - VERIFICATION**

**Bonds and Stocks**

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	1,013,591	1,019,274
2. Cost of bonds and stocks acquired .....	2,000,000	
3. Accrual of discount .....	155	
4. Unrealized valuation increase (decrease) .....	9,234	
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....		
7. Deduct amortization of premium .....	2,997	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) .....	3,019,983	1,013,591
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	3,019,983	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
<b>BONDS</b>								
1. NAIC 1 (a) .....	1,012,170			(1,421)	1,012,170	1,010,749		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 .....	1,012,170			(1,421)	1,012,170	1,010,749		1,013,591
<b>PREFERRED STOCK</b>								
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 .....	1,012,170			(1,421)	1,012,170	1,010,749		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 .....	(4,794,851)	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) .....	17,960,262	22,755,113
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	17,960,262	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**

## SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation and Administrative Symbol/ Market Indicator (a)
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8399999	Subtotal - Bonds				X X X				X X X
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
8999999	Subtotal - Preferred Stocks				X X X		X X X		X X X
<b>Common Stocks - Mutual Funds</b>									
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN-		05/23/2019	JPMorgan	10.830	2,000,000	X X X		L
9299999	Subtotal - Common Stocks - Mutual Funds				X X X	2,000,000	X X X		X X X
9799997	Subtotal - Common Stocks - Part 3				X X X	2,000,000	X X X		X X X
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
9799999	Subtotal - Common Stocks				X X X	2,000,000	X X X		X X X
9899999	Subtotal - Preferred and Common Stocks				X X X	2,000,000	X X X		X X X
9999999	Total - Bonds, Preferred and Common Stocks				X X X	2,000,000	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

QE04

**E05 Schedule D Part 4 ..... NONE**

**E06 Schedule DB Part A Section 1 ..... NONE**

**E07 Schedule DB Part B Section 1 ..... NONE**

**E08 Schedule DB Part D Section 1 ..... NONE**

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

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

**E10 Schedule 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		2	3	4	5	Book Balance at End of Each Month			9
						During Current Quarter			
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
						First Month	Second Month	Third Month	
<b>open depositories</b>									
JPMORGAN, CHASE	FLINT, MICHIGAN	06/30/2019				(976,509)	362,626	(365,737)	X X X
Access National Bank	MICHIGAN	06/30/2019				11			X X X
Admirals Bank	MICHIGAN	06/30/2019						50	X X X
AimBank	MICHIGAN	06/30/2019						179	X X X
Allegiance Bank Texas	MICHIGAN	06/30/2019				28,718	7,831	23,481	X X X
Alma Bank	MICHIGAN	06/30/2019				23,716	103,791	185,955	X X X
American Commerce Bank, National	MICHIGAN	06/30/2019				11			X X X
American National Bank	MICHIGAN	06/30/2019				12,583	108,720	73,654	X X X
American Savings Bank F.S.B.	MICHIGAN	06/30/2019				10			X X X
Associated Bank National Association	MICHIGAN	06/30/2019				1,690	114,535	2,143	X X X
Audubon State Bank	MICHIGAN	06/30/2019				22			X X X
Axiom Bank, National Association	MICHIGAN	06/30/2019				12,023	780		X X X
BNB Bank	MICHIGAN	06/30/2019				247,789	247,950	244,327	X X X
Banc of California, National Association	MICHIGAN	06/30/2019				236,712	245,896	247,058	X X X
BancCentral National Association	MICHIGAN	06/30/2019				240,353	103,553	74,610	X X X
Bancorp Bank	MICHIGAN	06/30/2019					15		X X X
Bank of Cave City	MICHIGAN	06/30/2019				22			X X X
Bank of China - New York Branch	MICHIGAN	06/30/2019				247,842	234,998	247,567	X X X
Bank of Commerce	MICHIGAN	06/30/2019				31			X X X
Bank of England	MICHIGAN	06/30/2019				247,384	245,527	247,674	X X X
Bank of Farmington	MICHIGAN	06/30/2019				14			X X X
Bank of Fayette County	MICHIGAN	06/30/2019				1,703		30	X X X
Bank of Hope	MICHIGAN	06/30/2019				22		22	X X X
Bank of Missouri	MICHIGAN	06/30/2019				17			X X X
Bank of Ontario	MICHIGAN	06/30/2019				10			X X X
Bank of Princeton	MICHIGAN	06/30/2019				27			X X X
Bank of Romney	MICHIGAN	06/30/2019				56			X X X
Bank of the Ozarks	MICHIGAN	06/30/2019				247,293	247,293	247,999	X X X
Bank of the Prairie	MICHIGAN	06/30/2019				11			X X X
Bank3	MICHIGAN	06/30/2019				183			X X X
BankUnited National Association	MICHIGAN	06/30/2019				39,909	94,358	18,268	X X X
Bankers Bank of Kansas	MICHIGAN	06/30/2019				606		99	X X X
Bankwell Bank	MICHIGAN	06/30/2019				200,168	48,899	86,346	X X X
Bar Harbor Bank & Trust	MICHIGAN	06/30/2019				248,000	246,571	247,205	X X X
Blue Ridge Bank, National Association	MICHIGAN	06/30/2019				11	11	14,625	X X X
BlueHarbor Bank	MICHIGAN	06/30/2019				27			X X X
Bofl Federal Bank	MICHIGAN	06/30/2019				125,409	34,330	97	X X X
Brunswick Bank and Trust Company	MICHIGAN	06/30/2019				281	281	281	X X X
Brunswick State Bank	MICHIGAN	06/30/2019				384	384	384	X X X
Business Bank of Saint Louis	MICHIGAN	06/30/2019						27	X X X
Business First Bank	MICHIGAN	06/30/2019				155			X X X
C US Bank	MICHIGAN	06/30/2019				1,448	1,359	6,399	X X X
CBank	MICHIGAN	06/30/2019				695		252	X X X
CFBank	MICHIGAN	06/30/2019				576			X X X
CIBM Bank	MICHIGAN	06/30/2019				15			X X X
Capital Bank National Association	MICHIGAN	06/30/2019				246,276	244,977	235,968	X X X
CapStar Bank	MICHIGAN	06/30/2019				11			X X X
Cedar Rapids Bank and Trust Company	MICHIGAN	06/30/2019						14	X X X
Centennial Bank	MICHIGAN	06/30/2019				244,293	212,125	127,564	X X X
CenterState Bank of Florida National Association	MICHIGAN	06/30/2019				136,285	135,351	188,100	X X X
Centier Bank	MICHIGAN	06/30/2019				19			X X X
Central Bank	MICHIGAN	06/30/2019				84		2,093	X X X
Central Bank	MICHIGAN	06/30/2019						300	X X X
Centric Bank	MICHIGAN	06/30/2019					124		X X X
Chambers Bank	MICHIGAN	06/30/2019				14		325	X X X
Chemical Bank	MICHIGAN	06/30/2019				113,342	67,272	2,667	X X X
Chino Commercial Bank N.A.	MICHIGAN	06/30/2019					82	44	X X X
Chisholm Trail State Bank	MICHIGAN	06/30/2019						12	X X X
CiVista Bank	MICHIGAN	06/30/2019				23,299	3,295	42,733	X X X
Citibank N.A.	MICHIGAN	06/30/2019				247,995	244,984	117,573	X X X
Citizens Bank	MICHIGAN	06/30/2019						1,112	X X X
Citizens Bank and Trust Company	MICHIGAN	06/30/2019					22		X X X
Citizens Deposit Bank of Arlington Inc.	MICHIGAN	06/30/2019				89			X X X
Citizens National Bank of Bluffton	MICHIGAN	06/30/2019						1,095	X X X
Claxton Bank	MICHIGAN	06/30/2019				11			X X X
CommerceWest Bank	MICHIGAN	06/30/2019				42,241		364	X X X
Commercial Bank of Nelson	MICHIGAN	06/30/2019						35	X X X
Community Bank of the Bay	MICHIGAN	06/30/2019				3,343		29,516	X X X
Compass Bank	MICHIGAN	06/30/2019				10	113		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					
						Depository	Code	Rate of Interest		Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8
												First Month	Second Month	Third Month
ConnectOne Bank	MICHIGAN	06/30/2019					247,992	247,971	31,403	X X X				
Consumers National Bank	MICHIGAN	06/30/2019					19			X X X				
Cornerstone Bank	MICHIGAN	06/30/2019					1,147			X X X				
Cortland Savings and Banking Company	MICHIGAN	06/30/2019					203			X X X				
Country Bank	MICHIGAN	06/30/2019					784		567	X X X				
Covenant Bank	MICHIGAN	06/30/2019					247,548	199,790	193,285	X X X				
Customers Bank	MICHIGAN	06/30/2019					2,505			X X X				
Dedham Institution for Savings	MICHIGAN	06/30/2019					5,945	2,780		X X X				
Dime Savings Bank of Williamsburgh	MICHIGAN	06/30/2019							1,497	X X X				
Dundee Bank	MICHIGAN	06/30/2019						37		X X X				
Eagle Bank	MICHIGAN	06/30/2019					661		12,431	X X X				
EagleBank	MICHIGAN	06/30/2019					575	92	38	X X X				
East West Bank	MICHIGAN	06/30/2019					247,286	246,285	235,559	X X X				
Embassy National Bank	MICHIGAN	06/30/2019							1,179	X X X				
Entegra Bank	MICHIGAN	06/30/2019					1,436	349	350	X X X				
Envision Bank	MICHIGAN	06/30/2019					49			X X X				
Equity Bank	MICHIGAN	06/30/2019					878	213,848	195,319	X X X				
EvaBank	MICHIGAN	06/30/2019					48			X X X				
Evergreen Bank Group	MICHIGAN	06/30/2019					13		1,022	X X X				
Fannin Bank	MICHIGAN	06/30/2019					14			X X X				
Farmers & Merchants Bank	MICHIGAN	06/30/2019					48			X X X				
Farmers & Merchants Savings Bank	MICHIGAN	06/30/2019							195	X X X				
Farmers Trust and Savings Bank	MICHIGAN	06/30/2019					690		204	X X X				
Farmers Trust and Savings Bank	MICHIGAN	06/30/2019					3,802			X X X				
Federal Savings Bank	MICHIGAN	06/30/2019					248,000	22,842	114,448	X X X				
First Bank	MICHIGAN	06/30/2019					240,102	4,792	6,993	X X X				
First Bank Texas SSB	MICHIGAN	06/30/2019					159			X X X				
First Bank of Berne	MICHIGAN	06/30/2019					18			X X X				
First Bank of Utica	MICHIGAN	06/30/2019					13			X X X				
First Carolina Bank	MICHIGAN	06/30/2019					246,198	247,800	247,454	X X X				
First Central Savings Bank	MICHIGAN	06/30/2019					9,175			X X X				
First Choice Bank	MICHIGAN	06/30/2019					1,145			X X X				
First Citrus Bank	MICHIGAN	06/30/2019					10			X X X				
First Community Bank of Bedford County	MICHIGAN	06/30/2019					12,105	167,670	176,338	X X X				
First County Bank	MICHIGAN	06/30/2019					132	243	1,005	X X X				
First Credit Bank	MICHIGAN	06/30/2019					203			X X X				
First Eagle Bank	MICHIGAN	06/30/2019						54		X X X				
First Financial Bank	MICHIGAN	06/30/2019					502			X X X				
First Guaranty Bank	MICHIGAN	06/30/2019					13			X X X				
First International Bank & Trust	MICHIGAN	06/30/2019							531	X X X				
First Merchants Bank National Association	MICHIGAN	06/30/2019					14,627		25	X X X				
First N.A.	MICHIGAN	06/30/2019					341			X X X				
First National Bank	MICHIGAN	06/30/2019					1,473			X X X				
First National Bank	MICHIGAN	06/30/2019					12			X X X				
First National Bank	MICHIGAN	06/30/2019					23			X X X				
First National Bank Cortez	MICHIGAN	06/30/2019					91			X X X				
First National Bank of Long Island	MICHIGAN	06/30/2019					109,818	122,407	25,736	X X X				
First National Bank of Mifflintown	MICHIGAN	06/30/2019					150		20	X X X				
First National Bank of Pennsylvania	MICHIGAN	06/30/2019					247,993	8,761	52,206	X X X				
First Premier Bank	MICHIGAN	06/30/2019					10			X X X				
First Savings Bank	MICHIGAN	06/30/2019					999	445		X X X				
First Savings Bank Northwest	MICHIGAN	06/30/2019					247,717	246,266	243,702	X X X				
First Sentinel Bank	MICHIGAN	06/30/2019					301		838	X X X				
First State Bank	MICHIGAN	06/30/2019					247,084		65,118	X X X				
First State Bank	MICHIGAN	06/30/2019					1,141		1,040	X X X				
First State Bank of Middlebury	MICHIGAN	06/30/2019					1,063		11	X X X				
First Virginia Community Bank	MICHIGAN	06/30/2019					247,778	243,108	2,569	X X X				
FirstCity Bank of Commerce	MICHIGAN	06/30/2019							12	X X X				
Flagship Community Bank	MICHIGAN	06/30/2019					11			X X X				
Florida Business Bank	MICHIGAN	06/30/2019					324			X X X				
Franklin Synergy Bank	MICHIGAN	06/30/2019					245,616	247,822	246,795	X X X				
Freedom Bank	MICHIGAN	06/30/2019					21			X X X				
Freedom National Bank	MICHIGAN	06/30/2019					183			X X X				
GBC International Bank	MICHIGAN	06/30/2019					13,751	157,082	231,797	X X X				
GNB Bank	MICHIGAN	06/30/2019					26			X X X				
Georgia Banking Company	MICHIGAN	06/30/2019						247,349	235,632	X X X				
Georgia Primary Bank	MICHIGAN	06/30/2019					29			X X X				
Global Bank	MICHIGAN	06/30/2019					11			X X X				
Gold Coast Bank	MICHIGAN	06/30/2019					14			X X X				
Gorham Savings Bank	MICHIGAN	06/30/2019					29,044	486	213,874	X X X				
Grand Ridge National Bank	MICHIGAN	06/30/2019					16		12	X X X				
Great Midwest Bank SSB	MICHIGAN	06/30/2019					199,664			X X X				
Great North Bank	MICHIGAN	06/30/2019					13			X X X				
Great Western Bank	MICHIGAN	06/30/2019					246,292	244,933	187,740	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	*
Guaranty Bank	MICHIGAN	06/30/2019				38	39	X X X
Happy State Bank	MICHIGAN	06/30/2019			247,891	200,897	231,832	X X X
Hardin County Bank	MICHIGAN	06/30/2019			34,702		13	X X X
Hardin County Savings Bank	MICHIGAN	06/30/2019					718	X X X
Harvest Bank	MICHIGAN	06/30/2019			17			X X X
Hawthorn Bank	MICHIGAN	06/30/2019					43,287	X X X
Heartland Bank	MICHIGAN	06/30/2019			233,641			X X X
Heritage Bank	MICHIGAN	06/30/2019			74			X X X
Heritage Community Bank	MICHIGAN	06/30/2019			12			X X X
High Plains Bank	MICHIGAN	06/30/2019			396		612	X X X
Home Exchange Bank	MICHIGAN	06/30/2019			738		23	X X X
Home Savings Bank	MICHIGAN	06/30/2019			242			X X X
Home State Bank	MICHIGAN	06/30/2019			21		62	X X X
Horizon Bank National Association	MICHIGAN	06/30/2019					1,614	X X X
IBERIABANK	MICHIGAN	06/30/2019			538	2,670	24,884	X X X
Incommons Bank N.A.	MICHIGAN	06/30/2019					40	X X X
Independent Bank	MICHIGAN	06/30/2019			50,175	246,442	247,724	X X X
Inland Bank and Trust	MICHIGAN	06/30/2019			1,638		546	X X X
International City Bank								
National Association	MICHIGAN	06/30/2019					37	X X X
Investar Bank	MICHIGAN	06/30/2019			218,982	235,870	240,394	X X X
Ion Bank	MICHIGAN	06/30/2019			49,449		1,338	X X X
Iowa State Bank	MICHIGAN	06/30/2019			47			X X X
Iowa Trust & Savings Bank	MICHIGAN	06/30/2019			1,333			X X X
Israel Discount Bank of New York	MICHIGAN	06/30/2019			20,324	182,266	11,270	X X X
JD Bank	MICHIGAN	06/30/2019					18	X X X
Katahdin Trust Company	MICHIGAN	06/30/2019			11,640		157	X X X
Lake City Bank	MICHIGAN	06/30/2019			246,825	231	53,461	X X X
Landmark Community Bank	MICHIGAN	06/30/2019			246,030	159,985	161,786	X X X
Landmark National Bank	MICHIGAN	06/30/2019			305			X X X
Lead Bank	MICHIGAN	06/30/2019			201			X X X
Legacy Bank	MICHIGAN	06/30/2019					36	X X X
LegacyTexas Bank	MICHIGAN	06/30/2019			247,558	246,597	247,459	X X X
Legends Bank	MICHIGAN	06/30/2019					3,515	X X X
Level One Bank	MICHIGAN	06/30/2019			48			X X X
Lewis & Clark Bank	MICHIGAN	06/30/2019			2,935		123	X X X
Lincoln Park Savings Bank (MHC)	MICHIGAN	06/30/2019			18			X X X
Lone Star Bank	MICHIGAN	06/30/2019			69			X X X
Luana Savings Bank	MICHIGAN	06/30/2019			13			X X X
M.Y. Safra Bank	MICHIGAN	06/30/2019				35		X X X
MainStreet Bank	MICHIGAN	06/30/2019			188,199	222,906	214,151	X X X
Manufacturers Bank	MICHIGAN	06/30/2019			22	196,499	247,285	X X X
Mascoma Savings Bank	MICHIGAN	06/30/2019					964	X X X
Mechanics Bank	MICHIGAN	06/30/2019			12		23	X X X
Meramec Valley Bank	MICHIGAN	06/30/2019					1,356	X X X
Merchants & Planters Bank	MICHIGAN	06/30/2019			12,396			X X X
Merchants Bank of Indiana	MICHIGAN	06/30/2019			247,775	247,388	236,692	X X X
Meridian Bank	MICHIGAN	06/30/2019			199,906	240,060	235,391	X X X
Metropolitan National Bank	MICHIGAN	06/30/2019			75,763	33,759	20,108	X X X
Mid America Bank	MICHIGAN	06/30/2019			22		169	X X X
Mid Penn Bank	MICHIGAN	06/30/2019			196,211		95,830	X X X
MidCoast Community Bank	MICHIGAN	06/30/2019			122			X X X
Middlefield Banking Company	MICHIGAN	06/30/2019			6,874	13,575	2,154	X X X
Midland States Bank	MICHIGAN	06/30/2019			247,695		100	X X X
Minnesota Bank & Trust	MICHIGAN	06/30/2019				15		X X X
Mutual Federal Savings Bank of Plymouth	MICHIGAN	06/30/2019				107	30	X X X
NBKC Bank	MICHIGAN	06/30/2019					74,768	X X X
National Bank of Kansas City	MICHIGAN	06/30/2019				49,145		X X X
NewBank	MICHIGAN	06/30/2019			247,142	186,082	189,017	X X X
NexBank SSB	MICHIGAN	06/30/2019			247,966	198,755	207,896	X X X
North Side Bank and Trust Company	MICHIGAN	06/30/2019			31			X X X
Northern Bank & Trust Company	MICHIGAN	06/30/2019			55	10		X X X
Norway Savings Bank	MICHIGAN	06/30/2019			506			X X X
OSB Community Bank	MICHIGAN	06/30/2019			45			X X X
Ohio Valley Bank Company	MICHIGAN	06/30/2019					744	X X X
Ohnward Bank & Trust	MICHIGAN	06/30/2019			28			X X X
OneUnited Bank	MICHIGAN	06/30/2019			392			X X X
Opportunity Bank of Montana	MICHIGAN	06/30/2019					147	X X X
Optima Bank & Trust Company	MICHIGAN	06/30/2019			35			X X X
Oregon Community Bank & Trust	MICHIGAN	06/30/2019					481	X X X
Pacific Enterprise Bank	MICHIGAN	06/30/2019			245,675	246,628	247,075	X X X
Pacific Mercantile Bank	MICHIGAN	06/30/2019			247,419	244,212	247,302	X X X
Paragon National Bank	MICHIGAN	06/30/2019			29			X X X
Park National Bank	MICHIGAN	06/30/2019			132			X X X
Peapack-Gladstone Bank	MICHIGAN	06/30/2019			454			X X X
Peoples Bank	MICHIGAN	06/30/2019			1,137		466	X X X
Piedmont Bank	MICHIGAN	06/30/2019			145,181	804	24,131	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	*
Pilot Bank	MICHIGAN	06/30/2019			112			X X X
Pinnacle Bank	MICHIGAN	06/30/2019			19			X X X
Pioneer Bank SSB	MICHIGAN	06/30/2019			10			X X X
Plains State Bank	MICHIGAN	06/30/2019			11			X X X
Platte Valley Bank	MICHIGAN	06/30/2019			995		4,797	X X X
Poppy Bank	MICHIGAN	06/30/2019			3,120	218	18,525	X X X
Preferred Bank	MICHIGAN	06/30/2019			247,999	246,907	246,629	X X X
Premier Bank	MICHIGAN	06/30/2019			218	296	49	X X X
Prime Alliance Bank	MICHIGAN	06/30/2019					427	X X X
Prime Bank	MICHIGAN	06/30/2019			13			X X X
PrimeSouth Bank	MICHIGAN	06/30/2019					14	X X X
PrivateBank and Trust Company	MICHIGAN	06/30/2019			4,777			X X X
Progress Bank and Trust	MICHIGAN	06/30/2019			62,028		379	X X X
Provident Bank	MICHIGAN	06/30/2019			247,090	1,344	244,058	X X X
Provident State Bank Inc.	MICHIGAN	06/30/2019			70			X X X
Reading Co-operative Bank	MICHIGAN	06/30/2019			166,906	130,550	128,430	X X X
Regent Bank	MICHIGAN	06/30/2019			181,213	128,991	219,032	X X X
Reliant Bank	MICHIGAN	06/30/2019			195			X X X
Richwood Banking Company	MICHIGAN	06/30/2019					63	X X X
RiverBank	MICHIGAN	06/30/2019			64			X X X
RiverWood Bank	MICHIGAN	06/30/2019					52	X X X
Rockford Bank and Trust Company	MICHIGAN	06/30/2019			13			X X X
Rockhold Brown & Company Bank	MICHIGAN	06/30/2019			19			X X X
Rolling Hills Bank & Trust	MICHIGAN	06/30/2019					14	X X X
Royal Savings Bank	MICHIGAN	06/30/2019			245,673	213,888	247,270	X X X
Salem Co-operative Bank	MICHIGAN	06/30/2019			331			X X X
Sandy Spring Break	MICHIGAN	06/30/2019			47,467	235,534	244,062	X X X
SaviBank	MICHIGAN	06/30/2019			3,248		7,135	X X X
Savoy Bank	MICHIGAN	06/30/2019				1,369		X X X
Schuyler Savings Bank	MICHIGAN	06/30/2019			1,470		33	X X X
Seaside National Bank & Trust	MICHIGAN	06/30/2019			209,814	235,259	323	X X X
Seattle Bank	MICHIGAN	06/30/2019			93		19	X X X
Security Bank	MICHIGAN	06/30/2019					25	X X X
Security Bank and Trust Company	MICHIGAN	06/30/2019			282			X X X
Security First Bank	MICHIGAN	06/30/2019			176			X X X
Security State Bank	MICHIGAN	06/30/2019			259		31	X X X
Security State Bank of Wewoka Oklahoma	MICHIGAN	06/30/2019			71			X X X
ServisFirst Bank	MICHIGAN	06/30/2019			240,470	247,109	247,888	X X X
Signature Bank	MICHIGAN	06/30/2019			247,959	246,921	246,670	X X X
Simmons First National Bank	MICHIGAN	06/30/2019			247,135	247,898	247,706	X X X
Slovak Savings Bank	MICHIGAN	06/30/2019			21,839			X X X
SmartBank	MICHIGAN	06/30/2019			124,923	590	190,689	X X X
Solera National Bank	MICHIGAN	06/30/2019			716			X X X
South Story Bank & Trust	MICHIGAN	06/30/2019					20	X X X
SouthEast Bank	MICHIGAN	06/30/2019			162	156		X X X
Southern Bank	MICHIGAN	06/30/2019			757	105	1,772	X X X
Southern States Bank	MICHIGAN	06/30/2019			248,000	16,697	81,683	X X X
St. Charles Bank & Trust Company	MICHIGAN	06/30/2019				14		X X X
State Bank of Lismore	MICHIGAN	06/30/2019					255	X X X
State Bank of Reeseville	MICHIGAN	06/30/2019			65,524		45	X X X
State Bank of the Lakes	MICHIGAN	06/30/2019					10	X X X
State Guaranty Bank	MICHIGAN	06/30/2019					20	X X X
Sterling Bank	MICHIGAN	06/30/2019			30			X X X
SunTrust Bank	MICHIGAN	06/30/2019			120,163	91,773	79,711	X X X
Surety Bank	MICHIGAN	06/30/2019			44	16		X X X
Sussex Bank	MICHIGAN	06/30/2019					563	X X X
Sutton Bank	MICHIGAN	06/30/2019				11		X X X
Tensas State Bank	MICHIGAN	06/30/2019					20	X X X
Texana Bank National Association	MICHIGAN	06/30/2019					32	X X X
Texas Capital Bank National Association	MICHIGAN	06/30/2019			212,589	208,722	232,659	X X X
Texas Citizens Bank National Association	MICHIGAN	06/30/2019			19			X X X
Texas Heritage National Bank	MICHIGAN	06/30/2019			11			X X X
Third Coast Bank SSB	MICHIGAN	06/30/2019			246,610	69,374	33,050	X X X
Tradition Capital Bank	MICHIGAN	06/30/2019			20,250	938	33	X X X
Traditional Bank Inc.	MICHIGAN	06/30/2019				1,820	33,072	X X X
TransPecos Banks	MICHIGAN	06/30/2019					11	X X X
Transportation Alliance Bank Inc.	MICHIGAN	06/30/2019			12			X X X
TriStar Bank	MICHIGAN	06/30/2019			249	245,498		X X X
TriState Capital Bank	MICHIGAN	06/30/2019			247,996		247,394	X X X
Truxton Trust Company	MICHIGAN	06/30/2019				1,058	21	X X X
Uinta Bank	MICHIGAN	06/30/2019			1,229			X X X
Union Bank & Trust	MICHIGAN	06/30/2019			247,186	206,327	178,541	X X X
Union Savings and Loan Association	MICHIGAN	06/30/2019			509			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	*
United Bank	MICHIGAN	06/30/2019			187,297	231,335	237,239	X X X
Univest Bank and Trust Co.	MICHIGAN	06/30/2019			171,172	233,444	64,847	X X X
Valley National Bank	MICHIGAN	06/30/2019			1,089		238,849	X X X
Valley National Bank	MICHIGAN	06/30/2019			247,991	244,066		X X X
Valliance Bank	MICHIGAN	06/30/2019			542		42	X X X
Verus Bank of Commerce	MICHIGAN	06/30/2019					71	X X X
Vintage Bank Kansas	MICHIGAN	06/30/2019					1,000	X X X
Washington Trust Company of Westerly	MICHIGAN	06/30/2019			247,286	246,936	247,961	X X X
Webster Five Cents Savings Bank	MICHIGAN	06/30/2019			87,712		12	X X X
West Michigan Community Bank	MICHIGAN	06/30/2019			48		5,259	X X X
Westbury Bank	MICHIGAN	06/30/2019			1,594			X X X
Western Alliance Bank	MICHIGAN	06/30/2019					34	X X X
Western States Bank	MICHIGAN	06/30/2019				564	63	X X X
Woori America Bank	MICHIGAN	06/30/2019			1,715	281	42,757	X X X
Beacon Credit Union	MICHIGAN	06/30/2019			474			X X X
ELGA Credit Union	MICHIGAN	06/30/2019			4,174		352	X X X
Essential Federal Credit Union	MICHIGAN	06/30/2019			414			X X X
Financial One Credit Union	MICHIGAN	06/30/2019			279	1,400	213	X X X
Harvesters Federal Credit Union	MICHIGAN	06/30/2019			89	2,319	97	X X X
Jefferson Financial Credit Union	MICHIGAN	06/30/2019			239,662	202,740	211,534	X X X
Neighbors Federal Credit Union	MICHIGAN	06/30/2019			103			X X X
Saint Lawrence Federal Credit Union	MICHIGAN	06/30/2019			30			X X X
Sharonview Federal Credit Union	MICHIGAN	06/30/2019					62	X X X
University of Iowa Community Credit Union	MICHIGAN	06/30/2019				1,117		X X X
Weber State Federal Credit Union	MICHIGAN	06/30/2019			1,546			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
0199999 Totals - Open Depositories					14,460,239	13,329,825	12,630,359	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
0299999 Totals - Suspended Depositories								X X X
0399999 Total Cash On Deposit					14,460,239	13,329,825	12,630,359	X X X
0499999 Cash in Company's Office								X X X
0599999 Total Cash					14,460,239	13,329,825	12,630,359	X X X



## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<b>Sweep Accounts</b>								
	JP Morgan Chase .....	DR ..	06/30/2019 ...	0.000	06/30/2019 ...	17,459,794		151,175
8499999 Subtotal - Sweep Accounts .....						17,459,794		151,175
<b>All Other Money Market Mutual Funds</b>								
46699A9A6 ....	JP Morgan Prime Money Market Fund .....		06/30/2019 ...	0.000	X X X .....	500,469		500,469
8699999 Subtotal - All Other Money Market Mutual Funds .....						500,469		500,469
8899999 Total - Cash Equivalents .....						17,960,262		651,644

QE13

# INDEX TO HEALTH QUARTERLY STATEMENT

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    Earned; Q2; QSI03  
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# INDEX TO HEALTH QUARTERLY STATEMENT

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