



QUARTERLY STATEMENT
AS OF SEPTEMBER 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	1,009,328		1,009,328	1,013,591
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	5,034,505		5,034,505	
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 (\$.....11,356,762), cash equivalents (\$.....17,185,928) and short-term investments (\$.....0)	28,542,689		28,542,689	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)	34,586,523		34,586,523	36,037,054
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	48,400		48,400	76,894
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	2,100,880	288,485	1,812,395	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	126,041		126,041	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	296,872		296,872	1,108,454
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets	521,009	26,079	494,930	660,883
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	37,679,725	314,564	37,365,161	40,166,939
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	37,679,725	314,564	37,365,161	40,166,939
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Accounts Receivable - Risk Adjustment	494,930		494,930	660,883
2502. Pre-Paid Expenses	26,079	26,079		
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	521,009	26,079	494,930	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)	12,556,753		12,556,753	16,869,071
2. Accrued medical incentive pool and bonus amounts	354,432		354,432	360,880
3. Unpaid claims adjustment expenses	356,910		356,910	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	68,452		68,452	211,424
8. Premiums received in advance	2,585,477		2,585,477	810,691
9. General expenses due or accrued	1,743,286		1,743,286	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	2,306,320		2,306,320	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)	778,981		778,981	549,377
24. Total liabilities (Lines 1 to 23)	20,750,613		20,750,613	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	(1,385,452)	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	16,614,548	18,926,552
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	37,365,161	40,166,939
DETAILS OF WRITE-INS				
2301. Risk Adjustment Payable	778,981		778,981	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)	778,981		778,981	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	208,914	268,776	354,914
2. Net premium income (including \$.....0 non-health premium income)	X X X	84,084,217	108,270,850	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	84,084,217	108,270,850	143,773,241
Hospital and Medical:				
9. Hospital/medical benefits		56,293,651	70,643,796	96,558,037
10. Other professional services		793,163	1,436,407	1,898,029
11. Outside referrals				
12. Emergency room and out-of-area		3,122,723	3,634,651	4,838,871
13. Prescription drugs		16,612,849	17,697,922	23,733,391
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		196,500	226,820	292,320
16. Subtotal (Lines 9 to 15)		77,018,887	93,639,596	127,320,648
Less:				
17. Net reinsurance recoveries		2,479,004	1,780,430	2,416,040
18. Total hospital and medical (Lines 16 minus 17)		74,539,883	91,859,166	124,904,608
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....382,988 cost containment expenses		2,015,726	4,965,457	2,342,999
21. General administrative expenses		10,555,499	5,932,356	12,360,832
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(142,972)		211,424
23. Total underwriting deductions (Lines 18 through 22)		86,968,136	102,756,978	139,819,862
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(2,883,919)	5,513,872	3,953,378
25. Net investment income earned		550,265	427,793	624,644
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)		550,265	427,793	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	(2,333,653)	5,941,664	4,578,022
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	(2,333,653)	5,941,664	4,578,022
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	18,926,552	14,552,320	14,552,320
34. Net income or (loss) from Line 32	(2,333,653)	5,941,664	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	2,822		
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	18,827	(178,815)	(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)	(2,312,004)	5,762,849	4,374,232
49. Capital and surplus end of reporting period (Line 33 plus 48)	16,614,548	20,315,170	18,926,552
DETAILS OF WRITE-INS			
4701. 0			
4702. Proir Year Revenue and Expense			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	85,299,208	105,796,803	142,031,367
2. Net investment income	583,022	396,749	589,430
3. Miscellaneous income			
4. TOTAL (Lines 1 to 3)	85,882,229	106,193,552	142,620,797
5. Benefit and loss related payments	77,977,228	89,516,602	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	11,735,744	11,050,750	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)	89,712,972	100,567,352	137,396,134
11. Net cash from operations (Line 4 minus Line 10)	(3,830,742)	5,626,200	5,224,664
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	654		
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	654		
13. Cost of investments acquired (long-term only):			
13.1 Bonds	980,236		
13.2 Stocks	4,052,100		
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	5,032,336		
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)	(5,031,683)		
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	2,381,651	(2,362,920)	(898,774)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	2,381,651	(2,362,920)	(898,774)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(6,480,774)	3,263,280	4,325,889
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	35,023,463	30,697,574	30,697,574
19.2 End of period (Line 18 plus Line 19.1)	28,542,689	33,960,854	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	20,401	2,270	17,839	292						
5. Current Year										
6. Current Year Member Months	208,914	23,203	183,275	2,436						
Total Member Ambulatory Encounters for Period:										
7. Physician	121,824	13,530	106,873	1,421						
8. Non-Physician	20,841	2,315	18,283	243						
9. Total	142,665	15,845	125,156	1,664						
10. Hospital Patient Days Incurred	50,279	8,886	41,073	320						
11. Number of Inpatient Admissions	10,670	1,685	8,950	35						
12. Health Premiums Written (a)	85,498,241	8,341,444	76,789,527	367,270						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	85,498,241	8,341,444	76,789,527	367,270						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	78,852,200	10,977,342	67,531,836	343,022						
18. Amount Incurred for Provision of Health Care Services	77,018,887	9,689,223	66,942,894	386,770						

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

Q7

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
BARBARA ANN KARMANOS		35,765				35,765
DMC Huron Valley - Sinai Hospital	12,047					12,047
Eaton Rapids Med Center					12,343	12,343
Henry Ford Hospital - West Bloomfie	26,671					26,671
Hurley Medical Center	21,579					21,579
LANSING HOME HEMODIA	69,662					69,662
Mary Free Bed Rehabilitation Hospit	25,626					25,626
McLaren Flint Hospital	14,531	18,652	51,164			84,347
McLaren Greater Lansing Hospital	25,168					25,168
Memorial Hospital		12,366				12,366
Northwestern Memorial Hospital - Ps	22,105					22,105
Option Care Troy, LLC	111,594					111,594
Southeast Michigan Surgical Hospita	25,635					25,635
University of Michigan	10,025				19,448	29,473
William Beaumont Hospital Troy			23,882			23,882
0199999 Individually Listed Claims Unpaid	364,643	66,783	75,046		31,791	538,263
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	4,084,602	1,046,881	399,279	123,980	406,876	6,061,618
0499999 Subtotals	4,449,245	1,113,664	474,325	123,980	438,667	6,599,881
0599999 Unreported claims and other claim reserves						5,956,873
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						12,556,754
0899999 Accrued Medical Incentive Pool And Bonus Amounts						354,432

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
Line of Business						
1. Comprehensive (hospital & medical)	18,518,110	59,937,540	220,135	12,268,778	18,738,245	16,987,949
2. Medicare Supplement	70,815	272,207	6,477	129,817	77,292	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)	18,588,925	60,209,747	226,611	12,398,594	18,815,537	17,080,495
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts	297,343	(94,396)	63,536	290,896	360,880	360,880
13. Totals (Lines 9 - 10 + 11 + 12)	18,886,269	60,115,351	290,148	12,689,490	19,176,416	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 September 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	(2,333,653)	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	(2,333,653)	4,578,022
Surplus							
5	State Basis	XXX	XXX	XXX	MI	16,614,548	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	16,614,548	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

Notes to Financial Statement

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

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

J. Real Estate: None

K. 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	1,009,328	1,013,591	-4,262	-	1,009,328	2.679	2.701
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	1,009,328	1,013,591	-4,262	-	1,009,328	2.679	2.701

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: \$296,872 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Due to Affiliate: \$2,306,320 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 – September 2019 = \$5,870,373

- 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:

	Assets measured or disclosed at Fair Value at June 30, 2019				Total
	Level 1	Level 2	Level 3	Net Asset Value (NAV)	
Cash, Cash Equivalents, and Short-term Investments	\$28,542,689				\$28,542,689
Mutual funds - Industrial and miscellaneous	\$5,034,505				\$5,034,505
Total	\$33,577,194				\$33,577,194

B. Other Fair Value Measurements: N/A

C. Fair Value of Financial Instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$ 1,004,847	\$ 1,009,328		\$ 1,009,328		

Notes to Financial Statement

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 \$1,009,328 (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)	\$	688,704
Liabilities			
2.	Risk adjustment user fees payable for ACA Risk Adjustment	\$	5,796
3.	Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool payments)	\$	3,868,547
Operations (Revenue & Expense)			
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	(3,179,843)
5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	(7,902)
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	\$	-

3.

Notes to Financial Statement

ROLL-FORWARD OF PRIOR YEAR ACA RISK-SHARING PROVISIONS											
	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances			
	1	2	3	4	5	6	7	8	Ref	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		9	10
Permanent ACA Risk Adjustment Program											
Premium adjustments receivable (including high-risk pool payments)	\$ 660,883		\$ 297,859		\$ 363,023	\$ -	\$ 131,907		A	\$ 494,930	\$ -
Premium adjustments (payable) (including high-risk pool payments)		\$ (549,377)		\$ (3,089,565)	\$ -	\$ 2,540,189		\$ (2,540,189)	B	\$ -	\$ (0)
Subtotal ACA Permanent Risk Adjustment Program	\$ 660,883	\$ (549,377)	\$ 297,859	\$ (3,089,565)	\$ 363,023	\$ 2,540,189	\$ 131,907	\$ (2,540,189)		\$ 494,930	\$ (0)
Transitional ACA Reinsurance Program											
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	\$ -
Temporary ACA Risk Corridors Program											
Accrued retrospective premium	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
Reserve for rate credit or policy experience rating refunds					\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -
Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Total for ACA Risk Sharing Provisions	\$ 662,812	\$ (549,377)	\$ 301,311	\$ (3,089,565)	\$ 361,501	\$ 2,540,189	\$ 133,429	\$ (2,540,189)		\$ 494,930	\$ (0)

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

5. 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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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	09/30/19						-
01	06/30/19						-
01	03/31/19			971,822			971,822
01	12/31/18				605,453		605,453
01	09/30/18				36,982	574,220	611,202
01	06/30/18				34,082	511,003	545,085
01	03/31/18				24,303	560,730	585,033
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: \$68,452
2. Date of the most recent evaluation of this liability: September 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: \$ 296,872

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 | 91.600% |
| 1.2 A&H cost containment percent | 0.460% |
| 1.3 A&H expense percent excluding cost containment expenses | 14.500% |
| 2.1 Do you act as a custodian for health savings accounts? | Yes[] No[X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. | \$..... 0 |
| 2.3 Do you act as an administrator for health savings accounts? | Yes[] No[X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date. | \$..... 0 |
| 3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | Yes[] No[X] |
| 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? | Yes[] No[X] |

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
Accident and Health - Affiliates								
11835	04-1590940	01/01/2019	PARTNERRE AMER INS CO	DE	SSL/L/I	Authorized	1	12/11/2017

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Direct Business Only							
		1	2	3	4	5	6	7	8	9
State, Etc.	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	L	85,498,241						85,498,241	
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	85,498,241						85,498,241	
60. Reporting entity contributions for Employee Benefit Plans	X X X								
61. Total (Direct Business)	X X X	85,498,241						85,498,241	
DETAILS OF WRITE-INS									
58001.	X X X								
58002.	X X X								
58003.	X X X								
58998. Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N None of the above - Not allowed to write business in the state

1

- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

McLaren Health Care Corporation



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

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
016		00000	38-2397643				McLaren HealthCare Corp	MI	UDP					N	
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2156534				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1976271				Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3161753				Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1420304				Central Michigan Community Hospital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hospital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*	
Q16.1		00000	38-2643070				Hospital Health Care	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-3136458				McLaren Physician Partners	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	45-5567669				McLaren Hospitality House	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2689033				Lapeer Regional Medical Center DBA McLaren Lapeer Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2689603				McLaren Lapeer Foundation	MI	NIA	Lapeer Regional Medical Center DBA McLaren Lapeer Region	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2777750				McLaren Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2683251				Marwood Manor Nursing	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2467310				Parkview Property Management	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2491659				Willow Enterprises	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2988086				McLaren Medical Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-3267121				Mid-Michigan Physicians	MI	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-3491714				Visiting Nurse Services of Michigan DBA McLaren Health Management Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	46-3643089				Hospice and Homecare Foundation	MI	NIA	Visiting Nurse Services of Michigan DBA McLaren Health Management Group	Ownership	100.0	McLaren Health Care Corporation	N		
	4700	McLaren Health Plan	95562	38-3252216				McLaren Health Plan	MI	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	N	
	4700	McLaren Health Plan	14217	27-2204037				McLaren Health Plan Community	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	N	
	4700	McLaren Health Plan	00000	91-2141720				Health Advantage Inc.	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	N	
			00000					McLaren Insurance Company LTD.	CYM	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
4700	MDWise	95807	35-1931354				MDWise	IN	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	47-3192307				MDWise Medicaid Network	IN	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	82-4449304				McLaren Integrated HMO Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-3426063				McLaren Caro Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N		
		00000	38-2422995				Caro Community Hospital McLaren Caro Region Foundation	MI	NIA	McLaren Caro Region	Ownership	100.0	McLaren Health Care Corporation	N		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....	00000	81-3487385	.....	.....	.....	CCH Holdings Inc. ....	.. MI ..	... NIA ..	McLaren Caro Region	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ....	.....
.....	00000	38-1474929	.....	.....	.....	McLaren Thumb Region .....	.. MI ..	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ....	.....

Asterisk	Explanation
0000001

Q16.2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

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

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



14217201936500003

2019

Document Code: 365

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

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,013,591	1,019,274
2. Cost of bonds and stocks acquired	5,032,336	
3. Accrual of discount	232	
4. Unrealized valuation increase (decrease)	2,168	
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		
7. Deduct amortization of premium	4,495	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)	6,043,833	1,013,591
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	6,043,833	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**

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	1,010,749			5,033,084	1,012,170	1,010,749	6,043,833	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	1,010,749			5,033,084	1,012,170	1,010,749	6,043,833	1,013,591
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	1,010,749			5,033,084	1,012,170	1,010,749	6,043,833	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

QS102

SI03 Schedule DA Part 1 NONE

SI03 Schedule DA Verification NONE

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	22,755,113	19,125,284
2.	Cost of cash equivalents acquired	(5,569,185)	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)	17,185,928	22,755,113
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	17,185,928	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

QE01 - QE03

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
Common Stocks - Industrial and Miscellaneous (Unaffiliated)									
921943809	VANGUARD DEVELOPED MARKETS INDEX FUND		07/19/2019	JPMORGAN	9,349,280	125,000	X X X		K
922042304	VANGUARD EMERGING MARKETS		07/19/2019	JPMORGAN	3,511,230	125,000	X X X		K
922908843	VANGUARD MIDCAP INDEX		07/19/2019	JPMORGAN	598,080	125,000	X X X		K
922908702	VANGUARD SMALL CAP INDEX		07/19/2019	JPMORGAN	1,664,890	125,000	X X X		K
922908108	VANGUARD S&P 500 INDEX		07/19/2019	JPMORGAN	1,818,970	500,000	X X X		K
921943809	VANGUARD DEVELOPED MARKETS INDEX FUND		09/23/2019	JPMORGAN	62,490	829	X X X		K
922042304	VANGUARD EMERGING MARKETS		09/23/2019	JPMORGAN	43,770	1,493	X X X		K
922908843	VANGUARD MIDCAP INDEX		09/13/2019	JPMORGAN	1,880	394	X X X		K
922908702	VANGUARD SMALL CAP INDEX		09/13/2019	JPMORGAN	4,750	359	X X X		K
922908108	VANGUARD S&P 500 INDEX		09/25/2019	JPMORGAN	8,600	2,370	X X X		K
9099999 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					X X X	1,005,445	X X X		X X X
Common Stocks - Mutual Funds									
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN-		05/23/2019	JPMORGAN	184,672.210	2,000,000	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN-		05/29/2019	JPMORGAN	184,672.210	2,000,000	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN-		08/31/2019	JPMORGAN	787.261	8,605	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN-		09/30/2019	JPMORGAN	803.048	8,745	X X X		L
9299999 Subtotal - Common Stocks - Mutual Funds					X X X	4,017,350	X X X		X X X
9799997 Subtotal - Common Stocks - Part 3					X X X	5,022,795	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	5,022,795	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	5,022,795	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	5,022,795	X X X		X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

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 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
open depositories								
JPMORGAN, CHASE	FLINT, MICHIGAN	09/30/2019			354,094	406,794	793,143	X X X
1st Security Bank of Washington	MICHIGAN	09/30/2019					20	X X X
Access National Bank	MICHIGAN	09/30/2019					10	X X X
Allegiance Bank Texas	MICHIGAN	09/30/2019			234,587	233,978	237,621	X X X
Alma Bank	MICHIGAN	09/30/2019			165,166	159,632	965	X X X
American Commerce Bank, National	MICHIGAN	09/30/2019					24	X X X
American National Bank	MICHIGAN	09/30/2019			6,569	3,776	2,548	X X X
American Pride Bank	MICHIGAN	09/30/2019					1,092	X X X
Ameris Bank	MICHIGAN	09/30/2019				1,782	839	X X X
Anstaff Bank	MICHIGAN	09/30/2019			667	669	151	X X X
Apex Bank	MICHIGAN	09/30/2019					12	X X X
Associated Bank National Association	MICHIGAN	09/30/2019			8,289	49,514	14	X X X
Axiom Bank, National Association	MICHIGAN	09/30/2019				2,485	1,674	X X X
Banc of California, National Association	MICHIGAN	09/30/2019			229,324	247,933	131,933	X X X
BancCentral National Association	MICHIGAN	09/30/2019			2,285			X X X
BancorpSouth Bank	MICHIGAN	09/30/2019					17	X X X
Bank of Advance	MICHIGAN	09/30/2019			55	54	20	X X X
Bank of China - New York Branch	MICHIGAN	09/30/2019			247,667	247,781	247,328	X X X
Bank of England	MICHIGAN	09/30/2019			236,228	224,141	206,995	X X X
Bank of Fayette County	MICHIGAN	09/30/2019			37	463	6,761	X X X
Bank of Hope	MICHIGAN	09/30/2019			121	135	1,285	X X X
Bank Michigan	MICHIGAN	09/30/2019					21	X X X
Bank of Missouri	MICHIGAN	09/30/2019			29	1,794	11	X X X
Bank of New England	MICHIGAN	09/30/2019			106		78	X X X
Bank of the Ozarks	MICHIGAN	09/30/2019			18,563	247,404	245,302	X X X
BankUnited National Association	MICHIGAN	09/30/2019			85,394	246,308	34,234	X X X
Bankers Bank of Kansas	MICHIGAN	09/30/2019				79	22	X X X
Bankwell Bank	MICHIGAN	09/30/2019			4,821	1,541	7,775	X X X
Bar Harbor Bank & Trust	MICHIGAN	09/30/2019			244,836	237,569	229,693	X X X
Berkshire Bank	MICHIGAN	09/30/2019			10,216	5,277	9,695	X X X
BlueHarbor Bank	MICHIGAN	09/30/2019				51	51	X X X
BNB Bank	MICHIGAN	09/30/2019			11			X X X
Bofl Federal Bank	MICHIGAN	09/30/2019			5,474	1,265	5,675	X X X
Boone Bank & Trust Co.	MICHIGAN	09/30/2019			309	51		X X X
Busey Bank	MICHIGAN	09/30/2019			7,665	1,444	23	X X X
Business First Bank	MICHIGAN	09/30/2019			1,514			X X X
C US Bank	MICHIGAN	09/30/2019				41	57	X X X
CBank	MICHIGAN	09/30/2019			1,183	17	17	X X X
CFBank	MICHIGAN	09/30/2019			1,081	273	274	X X X
CIBM Bank	MICHIGAN	09/30/2019			1,318	60	45	X X X
Cadence Bank N.A.	MICHIGAN	09/30/2019				3,425	32	X X X
Campbell County Bank Inc.	MICHIGAN	09/30/2019			73	73	73	X X X
CapStar Bank	MICHIGAN	09/30/2019					885	X X X
Capital Bank National Association	MICHIGAN	09/30/2019			143,495	140,149	139,147	X X X
Capital One National Association	MICHIGAN	09/30/2019				18,195	624	X X X
Cedar Rapids Bank and Trust Company	MICHIGAN	09/30/2019				11,169	4,344	X X X
Centennial Bank	MICHIGAN	09/30/2019			118,497	111,031	106,824	X X X
CenterState Bank of Florida National Associat	MICHIGAN	09/30/2019			10,150	3,249	12,806	X X X
Centier Bank	MICHIGAN	09/30/2019			81	10,849		X X X
Central Bank	MICHIGAN	09/30/2019			663	838	834	X X X
Central Bank	MICHIGAN	09/30/2019			158	160	160	X X X
Centric Bank	MICHIGAN	09/30/2019					65,562	X X X
Chambers Bank	MICHIGAN	09/30/2019			1,757			X X X
Chemical Bank	MICHIGAN	09/30/2019			2,715	151,134	149,094	X X X
CiVista Bank	MICHIGAN	09/30/2019			4,743	1,420	74,702	X X X
Citibank N.A.	MICHIGAN	09/30/2019			246,699	246,224	228,597	X X X
Citizens Bank	MICHIGAN	09/30/2019			69,189	5,099	336	X X X
Citizens Bank and Trust Company	MICHIGAN	09/30/2019			12	73	73	X X X
Citizens Bank National Association	MICHIGAN	09/30/2019				14	14	X X X
Citizens National Bank of Bluffton	MICHIGAN	09/30/2019			8,125	84	1,560	X X X
City National Bank of Florida	MICHIGAN	09/30/2019					23	X X X
CommerceWest Bank	MICHIGAN	09/30/2019			1,158	224	1,492	X X X
Community Bank of the Bay	MICHIGAN	09/30/2019			464	17		X X X
ConnectOne Bank	MICHIGAN	09/30/2019			33,203	34,170	77,885	X X X
Cornerstone Bank	MICHIGAN	09/30/2019			1,036	253	255	X X X
Cornerstone Community Bank	MICHIGAN	09/30/2019			45	45	45	X X X
Covenant Bank	MICHIGAN	09/30/2019			185,163	172,265	201,794	X X X
Custer Federal State Bank	MICHIGAN	09/30/2019					10	X X X
Customers Bank	MICHIGAN	09/30/2019				140	140	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
Dedham Institution for Savings	MICHIGAN	09/30/2019				3,232	2,935	2,033	X X X					
Del Norte Bank	MICHIGAN	09/30/2019				688			X X X					
Denver Savings Bank	MICHIGAN	09/30/2019						16	X X X					
Dime Bank	MICHIGAN	09/30/2019				465	466	467	X X X					
Dime Savings Bank of Williamsburgh	MICHIGAN	09/30/2019					231	17	X X X					
Eagle Bank	MICHIGAN	09/30/2019					76		X X X					
EagleBank	MICHIGAN	09/30/2019				469	31,132	35,211	X X X					
East West Bank	MICHIGAN	09/30/2019				143,095	170,408	243,024	X X X					
Equity Bank	MICHIGAN	09/30/2019				169,719	181,802	163,144	X X X					
Evergreen Bank Group	MICHIGAN	09/30/2019						33,265	X X X					
Exchange Bank and Trust Company	MICHIGAN	09/30/2019					11	11	X X X					
F & M Community Bank National Association	MICHIGAN	09/30/2019				263	263	264	X X X					
Farmers & Merchants Savings Bank	MICHIGAN	09/30/2019				59	69		X X X					
Farmers Trust and Savings Bank	MICHIGAN	09/30/2019				6,576	4,189	317	X X X					
Farmers and Merchants State Bank	MICHIGAN	09/30/2019					11	11	X X X					
Federal Savings Bank	MICHIGAN	09/30/2019					93	93	X X X					
Fidelity Bank	MICHIGAN	09/30/2019				18	5,876	63	X X X					
Fifth Third Bank	MICHIGAN	09/30/2019					23,547	48,344	X X X					
First Advantage Bank	MICHIGAN	09/30/2019					133	133	X X X					
First Bank	MICHIGAN	09/30/2019				7,180	18,416	233,626	X X X					
First Bank of Berne	MICHIGAN	09/30/2019				20			X X X					
First Carolina Bank	MICHIGAN	09/30/2019				247,623	246,547	231,742	X X X					
First Central Savings Bank	MICHIGAN	09/30/2019				110			X X X					
First Central State Bank	MICHIGAN	09/30/2019				665	67		X X X					
First Community Bank of Bedford County	MICHIGAN	09/30/2019				171,512	134,991	147,722	X X X					
First County Bank	MICHIGAN	09/30/2019				8,589		214	X X X					
First Federal Community Bank National Association	MICHIGAN	09/30/2019					12	12	X X X					
First Federal Savings Bank	MICHIGAN	09/30/2019						166	X X X					
First Financial Bank	MICHIGAN	09/30/2019					45	554	X X X					
First Foundation Bank	MICHIGAN	09/30/2019						10	X X X					
First International Bank & Trust	MICHIGAN	09/30/2019				1,253	1,115	10,168	X X X					
First Internet Bank of Indiana	MICHIGAN	09/30/2019				12		99,655	X X X					
First Merchants Bank National Association	MICHIGAN	09/30/2019				8,318	2,378	623	X X X					
First Midwest Bank of Dexter	MICHIGAN	09/30/2019						11	X X X					
First N.A.	MICHIGAN	09/30/2019						690	X X X					
First National Bank	MICHIGAN	09/30/2019						10	X X X					
First National Bank and Trust Company of Vini	MICHIGAN	09/30/2019					11		X X X					
First National Bank of Mifflintown	MICHIGAN	09/30/2019						18	X X X					
First National Bank of Pennsylvania	MICHIGAN	09/30/2019				15,654	243,278	242,392	X X X					
First Premier Bank	MICHIGAN	09/30/2019					105		X X X					
First Savings Bank	MICHIGAN	09/30/2019				373	374	375	X X X					
First Savings Bank Northwest	MICHIGAN	09/30/2019				235,307	231,202	229,664	X X X					
First Security Bank	MICHIGAN	09/30/2019				1,033			X X X					
First Sentinel Bank	MICHIGAN	09/30/2019						157	X X X					
First State Bank	MICHIGAN	09/30/2019				1,623	116	116	X X X					
First Virginia Community Bank	MICHIGAN	09/30/2019					6,428	52,091	X X X					
First Western Trust Bank	MICHIGAN	09/30/2019				266	1,297	2,974	X X X					
Fort Jennings State Bank	MICHIGAN	09/30/2019				40			X X X					
Franklin Synergy Bank	MICHIGAN	09/30/2019				247,676	244,530	222,102	X X X					
Freedom National Bank	MICHIGAN	09/30/2019					641	641	X X X					
GBC International Bank	MICHIGAN	09/30/2019				219,576	1,190	1,487	X X X					
GNB Bank	MICHIGAN	09/30/2019				1,050		74	X X X					
Genesee Regional Bank	MICHIGAN	09/30/2019				933	318	168	X X X					
Georgia Banking Company	MICHIGAN	09/30/2019				19,775	1,167	6,184	X X X					
Gold Coast Bank	MICHIGAN	09/30/2019				1,113	62	397	X X X					
Gorham Savings Bank	MICHIGAN	09/30/2019				160	1,672	1,586	X X X					
Grand Ridge National Bank	MICHIGAN	09/30/2019				1,183	184	185	X X X					
Great Midwest Bank SSB	MICHIGAN	09/30/2019				1,275	31	44	X X X					
Great Western Bank	MICHIGAN	09/30/2019				204,423	244,965	245,619	X X X					
Guaranty Bank	MICHIGAN	09/30/2019				10,710	760	3,989	X X X					
Happy State Bank	MICHIGAN	09/30/2019				230,550	243,032	245,593	X X X					
Hardin County Bank	MICHIGAN	09/30/2019				1,139	97	97	X X X					
Hawthorn Bank	MICHIGAN	09/30/2019				1,332			X X X					
Hingham Institution for Savings	MICHIGAN	09/30/2019					1,143	1,105	X X X					
Home Exchange Bank	MICHIGAN	09/30/2019					2,205	27	X X X					
Horizon Bank National Association	MICHIGAN	09/30/2019				2,266	238	937	X X X					
IBERIABANK	MICHIGAN	09/30/2019				35,172	53,243	77,267	X X X					
Incommons Bank N.A.	MICHIGAN	09/30/2019					35	35	X X X					
Independent Bank	MICHIGAN	09/30/2019				243,750	247,074	247,912	X X X					
International Bank	MICHIGAN	09/30/2019					11	11	X X X					

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *	
					6	7	8		
					First Month	Second Month	Third Month		
International City Bank									
National Association	MICHIGAN	09/30/2019					35	1,162	X X X
Investar Bank	MICHIGAN	09/30/2019				232,689	239,526	233,760	X X X
Ion Bank	MICHIGAN	09/30/2019				1,021		70,688	X X X
Iowa Trust & Savings Bank	MICHIGAN	09/30/2019					473	473	X X X
Israel Discount Bank of New York	MICHIGAN	09/30/2019				24,490	50,771	108,900	X X X
Katahdin Trust Company	MICHIGAN	09/30/2019				10	62	62	X X X
Lake City Bank	MICHIGAN	09/30/2019				14,977	3,788	22	X X X
Landmark Community Bank	MICHIGAN	09/30/2019				156,499	144,398	145,937	X X X
Landmark Community Bank	MICHIGAN	09/30/2019						15	X X X
Landmark National Bank	MICHIGAN	09/30/2019					82	82	X X X
Lead Bank	MICHIGAN	09/30/2019					577	578	X X X
Lee Bank	MICHIGAN	09/30/2019				1,028			X X X
Legacy Bank	MICHIGAN	09/30/2019				15			X X X
Legacy Texas Bank	MICHIGAN	09/30/2019				239,010	244,508	231,330	X X X
Legends Bank	MICHIGAN	09/30/2019				1,023	207		X X X
Lincoln Park Savings Bank (MHC)	MICHIGAN	09/30/2019					1,897		X X X
Luana Savings Bank	MICHIGAN	09/30/2019					1,024	239,638	X X X
MainStreet Bank	MICHIGAN	09/30/2019				247,783	242,172	234,595	X X X
Manufacturers Bank	MICHIGAN	09/30/2019				245,409	247,654	238,629	X X X
Mascoma Savings Bank	MICHIGAN	09/30/2019				1,113	1,167	860	X X X
Merchants & Planters Bank	MICHIGAN	09/30/2019				237	237	237	X X X
Merchants Bank of Indiana	MICHIGAN	09/30/2019				247,199	247,954	58,385	X X X
Meridian Bank	MICHIGAN	09/30/2019				241,374	42,489	81,603	X X X
Metropolitan National Bank	MICHIGAN	09/30/2019				2,166	1,877	572	X X X
Mid America Bank	MICHIGAN	09/30/2019				166	1,650	7,359	X X X
Mid Penn Bank	MICHIGAN	09/30/2019				23,360	85	753	X X X
MidCoast Community Bank	MICHIGAN	09/30/2019				1,018			X X X
Middlefield Banking Company	MICHIGAN	09/30/2019				234,568	1,991	2,127	X X X
Midwest Community Bank	MICHIGAN	09/30/2019				146			X X X
NOA Bank	MICHIGAN	09/30/2019				312			X X X
NebraskaLand National Bank	MICHIGAN	09/30/2019						1,574	X X X
NewBank	MICHIGAN	09/30/2019				59,734	1,189	22,327	X X X
NexBank SSB	MICHIGAN	09/30/2019				73,638		101	X X X
Northern Bank & Trust Company	MICHIGAN	09/30/2019					27		X X X
Ohio Valley Bank Company	MICHIGAN	09/30/2019						29	X X X
One American Bank	MICHIGAN	09/30/2019					125	125	X X X
Open Bank	MICHIGAN	09/30/2019				17		19,467	X X X
Optima Bank & Trust Company	MICHIGAN	09/30/2019				15		15	X X X
Oregon Community Bank & Trust	MICHIGAN	09/30/2019				1,009			X X X
Pacific Enterprise Bank	MICHIGAN	09/30/2019				184,219	92,772	74,448	X X X
Pacific Global Bank	MICHIGAN	09/30/2019				13			X X X
Pacific Mercantile Bank	MICHIGAN	09/30/2019				239,007	247,120	246,494	X X X
Park National Bank	MICHIGAN	09/30/2019				1,046	58	58	X X X
Parkside Financial Bank & Trust	MICHIGAN	09/30/2019					10		X X X
Peoples Bank	MICHIGAN	09/30/2019					21		X X X
Peoples Bank	MICHIGAN	09/30/2019						408	X X X
Peoples Bank of Kentucky Inc.	MICHIGAN	09/30/2019						1,881	X X X
Peoples Savings Bank	MICHIGAN	09/30/2019				1,254	157		X X X
PeoplesBank	MICHIGAN	09/30/2019					12		X X X
Piedmont Bank	MICHIGAN	09/30/2019						224,282	X X X
Piermont Bank	MICHIGAN	09/30/2019						24	X X X
Pioneer Bank SSB	MICHIGAN	09/30/2019					11	2,623	X X X
Plains State Bank	MICHIGAN	09/30/2019					51	50	X X X
Platte Valley Bank	MICHIGAN	09/30/2019				1,144	1,107	87	X X X
Poppy Bank	MICHIGAN	09/30/2019					2,755		X X X
Prairie State Bank and Trust	MICHIGAN	09/30/2019						1,671	X X X
Preferred Bank	MICHIGAN	09/30/2019				217,502	239,597	224,472	X X X
Premier Bank	MICHIGAN	09/30/2019						9,061	X X X
Prime Alliance Bank	MICHIGAN	09/30/2019				1,258	48	48	X X X
PrimeSouth Bank	MICHIGAN	09/30/2019				1,174	324	325	X X X
PrivateBank and Trust Company	MICHIGAN	09/30/2019				491	802	134	X X X
Progress Bank and Trust	MICHIGAN	09/30/2019				1,053	65	2,087	X X X
PromiseOne Bank	MICHIGAN	09/30/2019					316	317	X X X
Prospect Bank	MICHIGAN	09/30/2019					15		X X X
Providence Bank	MICHIGAN	09/30/2019						60	X X X
Provident Bank	MICHIGAN	09/30/2019				229,765	247,924		X X X
Quontic Bank	MICHIGAN	09/30/2019				226	237	131	X X X
Reading Co-operative Bank	MICHIGAN	09/30/2019				95,679	87,995	93,808	X X X
Regent Bank	MICHIGAN	09/30/2019				1,284	319		X X X
Relyance Bank National Association	MICHIGAN	09/30/2019				1,019			X X X
Royal Savings Bank	MICHIGAN	09/30/2019				236,028	154,030	21,829	X X X
Salem Co-operative Bank	MICHIGAN	09/30/2019				273	273	266	X X X
Sandhills State Bank	MICHIGAN	09/30/2019					15	15	X X X
Sandy Spring Bank	MICHIGAN	09/30/2019				231,469	230,260	162,649	X X X
SaviBank	MICHIGAN	09/30/2019				5,038	90,889	1,831	X X X
Savoy Bank	MICHIGAN	09/30/2019					418	419	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
									*					
Seaside National Bank & Trust	MICHIGAN	09/30/2019				1,313		1,144	X X X					
Security Bank	MICHIGAN	09/30/2019					170	63	X X X					
Security First Bank	MICHIGAN	09/30/2019					90	399	X X X					
Security State Bank of Wewoka Oklahoma	MICHIGAN	09/30/2019						558	X X X					
ServisFirst Bank	MICHIGAN	09/30/2019				247,838	247,499	235,503	X X X					
Signature Bank	MICHIGAN	09/30/2019				243,888	247,992	235,986	X X X					
Simmons First National Bank	MICHIGAN	09/30/2019				111,755	188,292	231,514	X X X					
SmartBank	MICHIGAN	09/30/2019				1,948	8,111	32,152	X X X					
SouthEast Bank	MICHIGAN	09/30/2019				2,326	43	63	X X X					
Southern Bank	MICHIGAN	09/30/2019				1,870	535	535	X X X					
Southern States Bank	MICHIGAN	09/30/2019				5,525	717		X X X					
St. Henry Bank	MICHIGAN	09/30/2019				1,053			X X X					
State Bank of Lismore	MICHIGAN	09/30/2019					281	300	X X X					
SunTrust Bank	MICHIGAN	09/30/2019				56,127	78,176	106,354	X X X					
Surety Bank	MICHIGAN	09/30/2019						22	X X X					
Sussex Bank	MICHIGAN	09/30/2019				1,088	30		X X X					
Texas Capital Bank National Association	MICHIGAN	09/30/2019				240,921	246,958	195,730	X X X					
Third Coast Bank SSB	MICHIGAN	09/30/2019				149,297	247,598	247,993	X X X					
Today's Bank	MICHIGAN	09/30/2019						25	X X X					
Tradition Capital Bank	MICHIGAN	09/30/2019				1,315	351	352	X X X					
Traditional Bank Inc.	MICHIGAN	09/30/2019				1,981		1,088	X X X					
Transportation Alliance Bank Inc.	MICHIGAN	09/30/2019				45,787	595	596	X X X					
TriStar Bank	MICHIGAN	09/30/2019				104	111	111	X X X					
TriState Capital Bank	MICHIGAN	09/30/2019				246,643	243,319	244,091	X X X					
Union Bank & Trust	MICHIGAN	09/30/2019				174,059	5,041	125	X X X					
Union Bank Company	MICHIGAN	09/30/2019						16	X X X					
United Bank	MICHIGAN	09/30/2019				134,953	226,142	242,197	X X X					
Univest Bank and Trust Co.	MICHIGAN	09/30/2019					96	97	X X X					
Valley National Bank	MICHIGAN	09/30/2019				238,581	246,112	233,774	X X X					
Valliance Bank	MICHIGAN	09/30/2019				168	169	169	X X X					
Verus Bank of Commerce	MICHIGAN	09/30/2019				1,664		120	X X X					
Vintage Bank Kansas	MICHIGAN	09/30/2019				355	143		X X X					
Washington Trust Company of Westerly	MICHIGAN	09/30/2019				234,526	233,685	244,420	X X X					
Webster Five Cents Savings Bank	MICHIGAN	09/30/2019				1,057			X X X					
Western Alliance Bank	MICHIGAN	09/30/2019				257	866	1,177	X X X					
Western States Bank	MICHIGAN	09/30/2019				24	1,443	256	X X X					
Westfield Bank FSB	MICHIGAN	09/30/2019				89			X X X					
Woori America Bank	MICHIGAN	09/30/2019				48,019	24,293	21,520	X X X					
Yorktown Bank	MICHIGAN	09/30/2019						13	X X X					
Beacon Credit Union	MICHIGAN	09/30/2019					78		X X X					
ELGA Credit Union	MICHIGAN	09/30/2019				1,048	55	87	X X X					
Hudson Heritage Federal Credit Union	MICHIGAN	09/30/2019				1,301			X X X					
Jefferson Financial Credit Union	MICHIGAN	09/30/2019				238,252	243,528	239,744	X X X					
Rivermark Community Credit Union	MICHIGAN	09/30/2019				133	348		X X X					
Superior Choice Credit Union	MICHIGAN	09/30/2019					2,205		X X X					
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			X X X	X X X					X X X					
0199999 Totals - Open Depositories			X X X	X X X		10,875,506	10,951,493	11,356,762	X X X					
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			X X X	X X X					X X X					
0299999 Totals - Suspended Depositories			X X X	X X X					X X X					
0399999 Total Cash On Deposit			X X X	X X X		10,875,506	10,951,493	11,356,762	X X X					
0499999 Cash in Company's Office			X X X	X X X	X X X				X X X					
0599999 Total Cash			X X X	X X X		10,875,506	10,951,493	11,356,762	X X X					

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Sweep Accounts								
	JP Morgan Chase	DR ..	09/30/2019 ...	0.000	09/30/2019 ...	17,179,115		245,862
8499999 Subtotal - Sweep Accounts						17,179,115		245,862
All Other Money Market Mutual Funds								
46699A9A6 ...	JP Morgan Prime Money Market Fund		09/30/2019 ...	0.000	X X X	6,813		6,962
8699999 Subtotal - All Other Money Market Mutual Funds						6,813		6,962
8899999 Total - Cash Equivalents						17,185,928		252,824

QE13

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