



QUARTERLY STATEMENT
AS OF MARCH 31, 2021
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
Rachel Hairston	Assistant Treasurer / VP, Finance
Dennis Perry, MD	Chief Medical Officer
Cheryl Diehl	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) Cheryl Diehl _____ (Printed Name) 2. Assistant Secretary _____ (Title)	_____ (Signature) Rachel Hairston _____ (Printed Name) 3. Assistant Treasurer / VP, Finance _____ (Title)
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Subscribed and sworn to before me this _____ day of _____, 2021

- 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	1,103,712		1,103,712	1,104,185
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	5,604,482		5,604,482	5,516,335
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 (\$.....29,149,347), cash equivalents (\$.....4,825) and short-term investments (\$.....0)	29,154,172		29,154,172	25,572,958
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)	35,862,366		35,862,366	32,193,477
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	2,949		2,949	6,873
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,938,538	282,642	1,655,895	1,069,470
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)	179,754		179,754	179,754
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	115,376		115,376	115,376
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	1,309,820		1,309,820	188,400
24. Health care (\$.....0) and other amounts receivable				786,904
25. Aggregate write-ins for other-than-invested assets	2,285	2,285		
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	39,411,087	284,927	39,126,160	34,540,254
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	39,411,087	284,927	39,126,160	34,540,254
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Pre-Paid Expenses	2,285	2,285		
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,285	2,285		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	12,929,349		12,929,349	10,116,533
2. Accrued medical incentive pool and bonus amounts	541,117		541,117	475,617
3. Unpaid claims adjustment expenses	383,087		383,087	383,087
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	4,821,219		4,821,219	4,890,423
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	2,613,193		2,613,193	1,720,864
9. General expenses due or accrued	684,082		684,082	376,201
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	2,045,223		2,045,223	551,561
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	24,017,269		24,017,269	18,514,286
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	18,000,000	18,000,000
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(2,891,108)	(1,974,032)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	15,108,892	16,025,968
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	39,126,160	34,540,254
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	56,612	60,223	232,651
2. Net premium income (including \$.....0 non-health premium income)	X X X	24,402,034	25,329,299	99,944,653
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	24,402,034	25,329,299	99,944,653
Hospital and Medical:				
9. Hospital/medical benefits		17,372,502	17,871,385	64,845,362
10. Other professional services		297,046	292,833	1,210,859
11. Outside referrals				
12. Emergency room and out-of-area		516,627	1,446,710	2,535,114
13. Prescription drugs		4,990,922	5,465,089	21,350,350
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts		65,500	65,500	196,500
16. Subtotal (Lines 9 to 15)		23,242,596	25,141,518	90,138,186
Less:				
17. Net reinsurance recoveries		(39,991)	825,387	1,075,862
18. Total hospital and medical (Lines 16 minus 17)		23,282,586	24,316,130	89,062,323
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....68,206 cost containment expenses		358,980	373,378	1,451,130
21. General administrative expenses		1,791,688	2,922,740	8,310,808
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(86,041)	886	1,944,532
23. Total underwriting deductions (Lines 18 through 22)		25,347,214	27,613,133	100,768,793
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(945,179)	(2,283,834)	(824,140)
25. Net investment income earned		(16,531)	84,187	120,754
26. Net realized capital gains (losses) less capital gains tax of \$.....0			31,300	31,300
27. Net investment gains or (losses) (Lines 25 plus 26)		(16,531)	115,486	152,054
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	(961,711)	(2,168,348)	(672,087)
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	(961,711)	(2,168,348)	(672,087)
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	16,025,968	16,533,726	16,533,726
34. Net income or (loss) from Line 32	(961,711)	(2,168,348)	(672,087)
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	70,944	(296,812)	238,524
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(26,310)	(24,579)	(74,196)
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)	(917,077)	(2,489,739)	(507,758)
49. Capital and surplus end of reporting period (Line 33 plus 48)	15,108,892	14,043,987	16,025,968
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	24,611,527	25,874,825	104,942,964
2. Net investment income	(12,134)	99,674	148,261
3. Miscellaneous income	786,904		(786,904)
4. TOTAL (Lines 1 to 3)	25,386,297	25,974,498	104,304,320
5. Benefit and loss related payments	20,318,230	20,987,561	88,893,654
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	1,842,788	2,170,204	9,696,992
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)	22,161,018	23,157,764	98,590,647
11. Net cash from operations (Line 4 minus Line 10)	3,225,279	2,816,734	5,713,674
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			1,008,090
12.2 Stocks			4,110,203
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		31,300	0
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)		31,300	5,118,293
13. Cost of investments acquired (long-term only):			
13.1 Bonds		98,316	1,098,316
13.2 Stocks	17,204	49,407	4,217,543
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			0
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	17,204	147,723	5,315,859
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)	(17,204)	(116,423)	(197,566)
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)	373,138	22,220	(234,005)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	373,138	22,220	(234,005)
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)	3,581,214	2,722,531	5,282,103
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	25,572,958	20,290,855	20,290,855
19.2 End of period (Line 18 plus Line 19.1)	29,154,172	23,013,386	25,572,958

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 Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	18,347	2,609	15,415	323						
2. First Quarter	18,738	3,854	14,584	300						
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	56,612	11,619	44,090	903						
Total Member Ambulatory Encounters for Period:										
7. Physician	33,012	6,775	25,710	527						
8. Non-Physician	5,647	1,159	4,398	90						
9. Total	38,659	7,934	30,108	617						
10. Hospital Patient Days Incurred	18,622	4,189	14,292	141						
11. Number of Inpatient Admissions	3,294	695	2,581	18						
12. Health Premiums Written (a)	24,883,917	5,270,722	19,463,067	150,128						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	24,883,917	5,270,722	19,463,067	150,128						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	20,469,771	4,907,029	15,414,723	148,019						
18. Amount Incurred for Provision of Health Care Services	23,242,596	5,382,442	17,728,948	131,206						

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
Complete Infusion Services LLC	13,230					13,230
EW Sparrow Hospital			56,895		126,532	183,427
Fresenius Med Care Lansing Central				26,779		26,779
Hurley Medical Center	10,841					10,841
McLaren Flint Hospital		40,530				40,530
Red Cedar Surgery Center, PLLC	16,200					16,200
Sunita Tummala MD	26,325					26,325
Una Source Surgery Center	13,446					13,446
University of Michigan	82,700					82,700
William Beaumont Hospital Royal Oak	12,233					12,233
William Beaumont Hospital Troy	11,264					11,264
0199999 Individually Listed Claims Unpaid	186,239	40,530	56,895	26,779	126,532	436,975
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	2,703,765	287,804	178,590	22,877	341,045	3,534,081
0499999 Subtotals	2,890,004	328,334	235,485	49,656	467,577	3,971,056
0599999 Unreported claims and other claim reserves						8,958,294
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						12,929,350
0899999 Accrued Medical Incentive Pool And Bonus Amounts						541,117

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)	6,545,226	13,711,025	2,004,494	10,819,122	8,549,720	9,993,988
2. Medicare Supplement	84,978	63,042	39,249	66,483	124,227	122,546
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)	6,630,204	13,774,067	2,043,743	10,885,605	8,673,947	10,116,533
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts			475,617	65,500	475,617	475,617
13. Totals (Lines 9 - 10 + 11 + 12)	6,630,204	13,774,067	2,519,360	10,951,105	9,149,564	10,592,150

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

Notes to Financial StatementNote 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 March 31, 2021 and December 31, 2020 is as follows:

Description	SSAP	F/S Page	F/S Line #	State of Domicile	2021	2020
Net Income						
1 State Basis	XXX	XXX	XXX	MI	(961,711)	(672,087)
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	(961,711)	(672,087)
Surplus						
5 State Basis	XXX	XXX	XXX	MI	15,108,892	16,025,968
6 State Prescribed Practices that increase/(decrease) NAIC SAP					-	-
7 State Permitted Practices that increase/(decrease) NAIC SAP					-	-
8 NAIC SAP	XXX	XXX	XXX	MI	15,108,892	16,025,968

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
Subject to contractual obligation for which liability is not shown							
Collateral held under security lending agreements							
Subject to repurchase agreements							
Subject to reverse repurchase agreements							
Subject to dollar repurchase agreements							
Subject to dollar reverse repurchase agreements							
Placed under option contracts							
Letter stock or securities restricted as to sale							
FHLB capital stock							
On deposit with states	1,103,712	1,104,185	-473	-	1,103,712	2.801	2.821
On deposit with other regulatory bodies							
Pledged as collateral to FHLB (including assets backing funding agreements)							
Pledged as collateral not captured in other categories							
Other restricted assets							
Total Restricted Assets	1,103,712	1,104,185	-473	-	1,103,712	2.801	2.821

- 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. Nature of relationship: No change
 B. Description of transactions: No change
 C. Amount of transactions: No change
 D. Due from Affiliate: \$1,309,820 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Due to Affiliate: \$2,045,223 amounts due to affiliates for various administrative support and information system operations support. The amounts are settled monthly.

- E. Guarantees or undertakings: No change
 F. Management Agreements between:
 (1) McLaren Health Plan (MHP) and McLaren Health Plan Community (MHP Community) – MHP agrees to provide Leased Employees to perform certain operational, personnel services and other resources to MHP Community. Amount for January – March 2021 = \$739,519.

- G. Guarantees or undertakings: No change

Notes to Financial Statement

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

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 March 31, 2021				Total
	Level 1	Level 2	Level 3	Net Asset Value (NAV)	
Cash, Cash Equivalents, and Short-term Investments	\$29,154,172				\$29,154,172
Mutual funds - Industrial and miscellaneous	\$5,604,482				\$5,604,482
Total	\$34,758,654				\$34,758,654
	Assets measured or disclosed at Fair Value at December 31, 2020				Total
	Level 1	Level 2	Level 3	Net Asset Value (NAV)	
Cash, Cash Equivalents, and Short-term Investments	\$25,572,958				\$25,572,958
Mutual funds - Industrial and miscellaneous	\$5,516,335				\$5,516,335
Total	\$31,089,293				\$31,089,293

B. Other Fair Value Measurements: N/A

C. Fair Value of Financial Instruments:

Notes to Financial Statement

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$ 1,120,096	\$ 1,103,712		\$ 1,103,712		

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 \$1,103,712 (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		
		<u>AMOUNT</u>
Permanent ACA Risk Adjustment Program		
Assets		
1.	Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$ -
Liabilities		
2.	Risk adjustment user fees payable for ACA Risk Adjustment	\$ 8,956
3.	Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool payments)	\$ 16,837
Operations (Revenue & Expense)		
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (16,837)
5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 8,956
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	\$ -
9.	ACA Reinsurance contributions - not reported as ceded premium	\$ -
Temporary ACA Risk Corridors Program		
Assets		
1.	Accrued retrospective premium due to ACA Risk Corridors	\$ -
Liabilities		
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
Operations (Revenue & Expense)		
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	\$ -
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

Notes to Financial Statement

3.

ROLL-FORWARD OF PRIOR YEAR ACA RISK-SHARING PROVISIONS											
	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	5	6	7	8	Ref	9	10
Permanent ACA Risk Adjustment Program											
Premium adjustments receivable (including high-risk pool payments)	\$ 179,754	\$ -	\$ -	\$ -	\$ 179,754	\$ -			A	\$ 179,754	\$ -
Premium adjustments (payable) (including high-risk pool payments)	\$ -	\$ (2,822,566)	\$ -	\$ -	\$ -	\$ (2,822,566)		\$ -	B	\$ -	\$ (2,822,566)
Subtotal ACA Permanent Risk Adjustment Program	\$ 179,754	\$ (2,822,566)	\$ -	\$ -	\$ 179,754	\$ (2,822,566)	\$ -	\$ -		\$ 179,754	\$ (2,822,566)
Transitional ACA Reinsurance Program											
Amounts recoverable for claims paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	C	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
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	\$ 179,754	\$ (2,822,566)	\$ -	\$ -	\$ 179,754	\$ (2,822,566)	\$ -	\$ -		\$ 179,754	\$ (2,822,566)

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

None

5. ACA Risk Corridors Receivable as of Reporting Date

None

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

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.

Notes to Financial Statement

*Section ID	Quarter	Estimated pharmacy rebates reported	Pharmacy rebates as billed or otherwise confirmed	Actual rebates received <= 90 days	Actual rebates received 91 - 180 days	Actual rebates received > 180 days	Total Received
01	03/31/21	-	-	-	-	-	-
01	12/31/20	-	-	-	-	-	-
01	09/30/20	-	-	801,552	-	-	801,552
01	06/30/20	786,904	-	786,904	-	-	786,904
01	03/31/20	-	-	-	-	765,397	765,397
01	12/31/19	400,000	400,000	-	-	732,760	732,760
01	09/30/19	839,315	839,315	-	-	822,877	822,877
01	06/30/19	-	-	-	-	970,267	970,267
01	03/31/19	-	-	-	-	971,822	971,822
01	12/31/18	-	-	-	-	605,453	605,453
01	09/30/18	-	-	-	-	611,202	611,202
01	06/30/18	-	-	-	-	545,085	545,085

B. Risk Sharing Receivables – No ChangeNote 29 - Participating Policies

No change

Note 30 - Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves: \$1,981,816
2. Date of the most recent evaluation of this liability: March 31, 2021
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.
- 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. 12/31/2019
- 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: \$ 1,309,820

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
Rachel Hairston, Assistant Treasurer/VP, Finance	I

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes No
 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes No
 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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

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

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

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]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	..... 95.250%
1.2 A&H cost containment percent	..... 0.280%
1.3 A&H expense percent excluding cost containment expenses	..... 8.530%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[] No[X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[] No[X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
Accident and Health - Affiliates									
11835	04-1590940	01/01/2021	PARTNERRE AMER INS CO	DE	SSL/I	XXXL	Authorized	1	01/01/2021

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

1	State, Etc.	Active Status (a)	Direct Business Only								
			2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit -Type Contracts
1.	Alabama (AL)	N									
2.	Alaska (AK)	N									
3.	Arizona (AZ)	N									
4.	Arkansas (AR)	N									
5.	California (CA)	N									
6.	Colorado (CO)	N									
7.	Connecticut (CT)	N									
8.	Delaware (DE)	N									
9.	District of Columbia (DC)	N									
10.	Florida (FL)	N									
11.	Georgia (GA)	N									
12.	Hawaii (HI)	N									
13.	Idaho (ID)	N									
14.	Illinois (IL)	N									
15.	Indiana (IN)	N									
16.	Iowa (IA)	N									
17.	Kansas (KS)	N									
18.	Kentucky (KY)	N									
19.	Louisiana (LA)	N									
20.	Maine (ME)	N									
21.	Maryland (MD)	N									
22.	Massachusetts (MA)	N									
23.	Michigan (MI)	L	24,883,917							24,883,917	
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	24,883,917							24,883,917	
60.	Reporting entity contributions for Employee Benefit Plans	X X X									
61.	Total (Direct Business)	X X X	24,883,917							24,883,917	
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 Michigan 38-2146751 [MI] 100%	McLaren Bay Region 38-1976271 [MI] 100%	McLaren Central Michigan 38-1420304 [MI] 100%	McLaren Macomb 38-1218516 [MI] 100%	McLaren Oakland 38-1428164 [MI] 100%	McLaren Flint 38-2383119 [MI] 100%	McLaren Lapeer 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 St. Luke's Hospital 34-4428232 [OH] 100%
McLaren Healthcare Village 26-2693350 [MI] 100%	McLaren Lansing Foundation 38-2463637 [MI] 100%	McLaren Northern Michigan 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-Michigan Physicians 38-3267121 [MI] 100%	Hospice and Homecare Foundation 46-3643089 [MI] 100%	McLaren Health Plan 38-3252216 [MI] 100%	MDWise, Inc 35-1931354 [IN] 100%	MDWise Medicaid Network 47-3192307 [IN] 100%	McLaren Caro Region Foundation 38-2422995 [MI] 100%	Wellcare Physician Group 61-1528443 [OH] 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%			CCH Holdings Inc 81-3487385 [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] 100%																
		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 .....	.....
.....	00000	34-4428232	.....	.....	.....	McLaren St. Luke's Hospital .....	.. OH ..	... NIA ..	McLaren HealthCare Corp	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	..... N .....	.....
.....	00000	61-1528443	.....	.....	.....	Wellcare Physician Group .....	.. OH ..	... NIA ..	McLaren St. Luke's Hospital	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



14217202136500001

2021

Document Code: 365

STATEMENT AS OF **March 31, 2021** 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	6,620,519	6,155,168
2. Cost of bonds and stocks acquired	17,204	5,315,859
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	70,944	238,524
5. Total gain (loss) on disposals		31,300
6. Deduct consideration for bonds and stocks disposed of		5,118,293
7. Deduct amortization of premium	473	2,039
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)	6,708,194	6,620,519
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	6,708,194	6,620,519

SCHEDULE D - PART 1B

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

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	1,104,185			(473)	1,103,712			1,104,185
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	1,104,185			(473)	1,103,712			1,104,185
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	1,104,185			(473)	1,103,712			1,104,185

(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	5,155	12,235,953
2.	Cost of cash equivalents acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	330	12,230,798
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)	4,825	5,155
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	4,825	5,155

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, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - U.S. Governments									
0599999	Subtotal - Bonds - U.S. Governments				X X X				X X X
Bonds - All Other Governments									
1099999	Subtotal - Bonds - All Other Governments				X X X				X X X
Bonds - U.S. States, Territories and Possessions									
1799999	Subtotal - Bonds - U.S. States, Territories and Possessions				X X X				X X X
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
2499999	Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions				X X X				X X X
Bonds - U.S. Special Revenue, Special Assessment									
3199999	Subtotal - Bonds - U.S. Special Revenue, Special Assessment				X X X				X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X				X X X
Bonds - Hybrid Securities									
4899999	Subtotal - Bonds - Hybrid Securities				X X X				X X X
Bonds - Parent, Subsidiaries and Affiliates									
5599999	Subtotal - Bonds - Parent, Subsidiaries and Affiliates				X X X				X X X
Bonds - SVO Identified Funds									
8099999	Subtotal - Bonds - SVO Identified Funds				X X X				X X X
Bonds - Unaffiliated Bank Loans									
8299999	Subtotal - Bonds - Unaffiliated Bank Loans				X X X				X X X
8399997	Subtotal - Bonds - Part 3				X X X				X X X
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
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated) Perpetual Preferred									
8499999	Subtotal - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated) Perpetual Preferred				X X X		X X X		X X X
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated) Redeemable Preferred									
8599999	Subtotal - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated) Redeemable Preferred				X X X		X X X		X X X

QE04

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, NAIC Designation Modifier and SVO Administrative Symbol
Preferred Stocks - Parent, Subsidiaries and Affiliates Perpetual Preferred									
8699999 Subtotal - Preferred Stocks - Parent, Subsidiaries and Affiliates Perpetual Preferred					X X X		X X X		X X X
Preferred Stocks - Parent, Subsidiaries and Affiliates Redeemable Preferred									
8799999 Subtotal - Preferred Stocks - Parent, Subsidiaries and Affiliates Redeemable Preferred					X X X		X X X		X X X
8999997 Subtotal - Preferred Stocks - Part 3					X X X		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) Publicly Traded									
9099999 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded					X X X		X X X		X X X
Common Stocks - Industrial and Miscellaneous (Unaffiliated) Other									
921943882	VANGUARD DEVELOPED MARKETS INDEX FUND		03/22/2021	JPMORGAN	45.570	724	X X X		
922042841	VANGUARD EMERGING MARKETS		03/22/2021	JPMORGAN	4.420	193	X X X		
922908645	VANGUARD MIDCAP INDEX		03/25/2021	JPMORGAN	1.770	476	X X X		
922908686	VANGUARD SMALL CAP INDEX		03/25/2021	JPMORGAN	4.640	459	X X X		
922908710	VANGUARD S&P 500 INDEX		03/26/2021	JPMORGAN	6.530	2,359	X X X		
9199999 Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Other					X X X	4,211	X X X		X X X
Common Stocks - Parent, Subsidiaries and Affiliates Publicly Traded									
9299999 Subtotal - Common Stocks - Parent, Subsidiaries and Affiliates Publicly Traded					X X X		X X X		X X X
Common Stocks - Parent, Subsidiaries and Affiliates Other									
9399999 Subtotal - Common Stocks - Parent, Subsidiaries and Affiliates Other					X X X		X X X		X X X
Common Stocks - Mutual Funds									
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN-		01/28/2021	JPMORGAN	400.660	4,471	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN-		02/25/2021	JPMORGAN	374.090	4,175	X X X		
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD OPEN-		03/30/2021	JPMORGAN	389.850	4,347	X X X		
9499999 Subtotal - Common Stocks - Mutual Funds					X X X	12,993	X X X		X X X
Common Stocks - Unit Investment Trusts									
9599999 Subtotal - Common Stocks - Unit Investment Trusts					X X X		X X X		X X X
Common Stocks - Closed-End Funds									
9699999 Subtotal - Common Stocks - Closed-End Funds					X X X		X X X		X X X
9799997 Subtotal - Common Stocks - Part 3					X X X	17,204	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	17,204	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	17,204	X X X		X X X

QE04.1

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, NAIC Designation Modifier and SVO Administrative Symbol
999999 Total -	Bonds, Preferred and Common Stocks				X X X	17,204	X X X		X X X

QE04.2

E05 Schedule D Part 4 NONE

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

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

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

E10 Schedule DB Part E NONE

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

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

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

1 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 First Month	7 Second Month	8 Third Month	
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	03/31/2021					16,297,917	16,966,927	18,480,686	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	1,496		10,667,618	10,668,252	10,668,661	X X X
0199999 Totals - Open Depositories			X X X	X X X	1,496		26,965,535	27,635,179	29,149,347	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	1,496		26,965,535	27,635,179	29,149,347	X X X
0499999 Cash in Company's Office			X X X	X X X	X X X	X X X				X X X
0599999 Total Cash			X X X	X X X	1,496		26,965,535	27,635,179	29,149,347	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
Exempt Money Market Mutual Funds - as Identified by SVO								
				0.000	X X X			
8599999 Subtotal - Exempt Money Market Mutual Funds - as Identified by SVO								
All Other Money Market Mutual Funds								
	JP Morgan Prime Money Market Fund		03/31/2021	0.000	X X X	4,825		0
8699999 Subtotal - All Other Money Market Mutual Funds								
9999999 Total Cash Equivalents								

QE14