95848201120100102 2011 Document Code: 201

QUARTERLY STATEMENT

AS OF June 30, 2011

OF THE CONDITION AND AFFAIRS OF THE

McLAREN HEALTH PLAN, INC

NAIC Group Code 4700 (Current Period), 4700 (Prior Period) NAIC Company Code 95848 Employer's ID Number 383383640

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

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[X]
Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 09/12/1997 Commenced Business 08/01/1998

Statutory Home Office G-3245 Beecher Rd. (Street and Number), FLINT, MI 48532 (City, or Town, State and Zip Code)

Main Administrative Office G-3245 Beecher Rd. (Street and Number)
FLINT, MI 48532 (City or Town, State and Zip Code) (810)733-9723 (Area Code) (Telephone Number)

Mail Address G-3245 Beecher Rd. (Street and Number or P.O. Box), FLINT, MI 48532 (City, or Town, State and Zip Code)

Primary Location of Books and Records G-3245 Beecher Rd. (Street and Number)
FLINT, MI 48532 (City, or Town, State and Zip Code) (810)733-9723 (Area Code) (Telephone Number)

Internet Web Site Address www.mclarenhealthplan.org

Statutory Statement Contact CHERYL WESTOBY (Name) (810)733-9723 (Area Code)(Telephone Number)(Extension)
cherylwe@mclaren.org (E-Mail Address) (810)733-9652 (Fax Number)

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer

OTHERS

CAROL SOLOMON, Chief Financial Officer

DIRECTORS OR TRUSTEES

KATHY KENDALL
RONALD SHAHEEN D.O.
DENNIS LAFOREST
DAVE MAZURKIEWICZ
DON KOOY
KEVIN TOMPKINS
PATRICK HAYES
LAKISHA ATKINS

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 the 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)	(Signature)	(Signature)
KATHY KENDALL	DAVE MAZURKIEWICZ	CAROL SOLOMON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this _____ day of _____, 2011

a. Is this an original filing? Yes[X] No[ ]
b. If no, 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

(Notary Public Signature)

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	18,317,285		18,317,285	17,898,510
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)	2,849,251		2,849,251	2,959,988
4.2 Properties held for the production of income (less $.....0 encumbrances)				
4.3 Properties held for sale (less $.....0 encumbrances)				
5. Cash ($.....4,292,758), cash equivalents ($.....0) and short-term investments ($.....119,636,379)	123,929,137		123,929,137	98,229,158
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	479,524	330,406	149,118	119,091
12. Subtotals, cash and invested assets (Lines 1 to 11)	145,575,197	330,406	145,244,791	119,206,746
13. Title plants less $.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	20,961		20,961	15,248
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	614,096		614,096	510,153
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	430,440		430,440	448,207
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	142,535	14,663	127,872	64,364
21. Furniture and equipment, including health care delivery assets ($.....0)	323,951	323,951		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	1,316,571	12,484	1,304,087	703,253
24. Health care ($.....1,671,733) and other amounts receivable	1,781,813		1,781,813	3,367,334
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	150,205,563	681,504	149,524,060	124,315,304
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	150,205,563	681,504	149,524,060	124,315,304
DETAILS OF WRITE-INS				
1101. INVENTORY	17,056	17,056		
1102. DEFERRED CHARGES EQUIP FEES	16,799	16,799		
1103. PREPAID EXPENSES	296,552	296,552		
1198. Summary of remaining write-ins for Line 11 from overflow page	149,118		149,118	119,091
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	479,524	330,406	149,118	119,091
2501.				
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)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	37,592,804		37,592,804	35,223,559
2.	Accrued medical incentive pool and bonus amounts	2,131,662		2,131,662	3,194,228
3.	Unpaid claims adjustment expenses	854,064		854,064	854,064
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	21,477,484		21,477,484	3,239,830
9.	General expenses due or accrued	2,471,853		2,471,853	1,913,055
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	93,169		93,169	66,107
13.	Remittances and items not allocated				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	1,767,704		1,767,704	1,147,635
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers and $.....0 unauthorized reinsurers)				
20.	Reinsurance in unauthorized 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)	581,382		581,382	581,382
24.	Total liabilities (Lines 1 to 23)	66,970,122		66,970,122	46,219,861
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	1,140,000	1,140,000
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	81,413,938	76,955,443
32.	Less treasury stock, at cost:				
	32.1 .....0 shares common (value included in Line 26 $.....0)	XXX	XXX		
	32.2 .....0 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	82,553,938	78,095,443
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	149,524,060	124,315,304
DETAILS OF WRITE-INS					
2301.	ACCRUED PENSION	581,382		581,382	581,382
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)	581,382		581,382	581,382
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date 1 Uncovered	Current Year To Date 2 Total	Prior Year To Date 3 Total	Prior Year Ended December 31 4 Total
1.	Member Months	XXX	551,326	529,755	1,073,558
2.	Net premium income (including $.....0 non-health premium income)	XXX	154,373,951	151,833,218	302,633,809
3.	Change in unearned premium reserves and reserves for rate credits	XXX			
4.	Fee-for-service (net of $.....0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX	(624,799)	(614,656)	(1,200,992)
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	153,749,152	151,218,562	301,432,817
Hospital and Medical:					
9.	Hospital/medical benefits		110,770,925	106,802,668	209,962,112
10.	Other professional services		1,373,048	1,232,346	2,437,097
11.	Outside referrals				
12.	Emergency room and out-of-area		6,077,257	6,655,489	10,239,701
13.	Prescription drugs		15,683,246	15,441,279	29,439,704
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		990,549	1,291,530	2,324,388
16.	Subtotal (Lines 9 to 15)		134,895,024	131,423,312	254,403,001
Less:					
17.	Net reinsurance recoveries		919,625	332,785	1,166,200
18.	Total hospital and medical (Lines 16 minus 17)		133,975,400	131,090,527	253,236,801
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....290,318 cost containment expenses		1,451,591	1,269,658	2,084,395
21.	General administrative expenses		14,154,413	13,371,613	27,284,835
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		149,581,404	145,731,798	282,606,031
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	4,167,747	5,486,764	18,826,786
25.	Net investment income earned		(220,379)	(114,998)	(321,809)
26.	Net realized capital gains (losses) less capital gains tax of $.....0		78	(518)	(10,955)
27.	Net investment gains or (losses) (Lines 25 plus 26)		(220,302)	(115,516)	(332,764)
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)	XXX	3,947,446	5,371,248	18,494,021
31.	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	3,947,446	5,371,248	18,494,021
DETAILS OF WRITE-INS					
0601.	OTHER HEALTH CARE RELATED REVENUE	XXX	8,766	9,525	17,815
0602.	QAAP TAX	XXX			55,242
0603.	MPCA	XXX	(633,565)	(624,180)	(1,274,048)
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	(624,799)	(614,656)	(1,200,992)
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
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.	LOSS ON SALE OF EQUIPMENT				
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	78,095,443	69,822,552	69,822,552
34.	Net income or (loss) from Line 32	3,947,446	5,371,248	18,494,021
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	328,677	177,351	700,632
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(41,453)	200,119	302,062
40.	Change in unauthorized 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			(11,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	223,824		(223,824)
48.	Net change in capital and surplus (Lines 34 to 47)	4,458,493	5,748,719	8,272,891
49.	Capital and surplus end of reporting period (Line 33 plus 48)	82,553,937	75,571,270	78,095,443
DETAILS OF WRITE-INS				
4701.	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	223,824		(223,824)
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)	223,824		(223,824)

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	172,508,549	152,166,604	305,588,198
2.	Net investment income	(226,093)	(84,969)	(318,459)
3.	Miscellaneous income	(718,929)	(598,750)	(1,198,256)
4.	Total (Lines 1 to 3)	171,563,527	151,482,885	304,071,484
5.	Benefit and loss related payments	130,971,302	119,777,675	250,804,755
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	15,047,206	13,962,784	29,154,576
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)	146,018,508	133,740,459	279,959,331
11.	Net cash from operations (Line 4 minus Line 10)	25,545,019	17,742,426	24,112,153
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			
	12.2 Stocks	4,000	4,000	291,182
	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		109,171	
	12.7 Miscellaneous proceeds			333,582
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,000	113,171	624,764
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds			
	13.2 Stocks	67,546	8,773,233	9,148,063
	13.3 Mortgage loans			
	13.4 Real estate		10,642	26,907
	13.5 Other invested assets			
	13.6 Miscellaneous applications	32,791	109,172	
	13.7 Total investments acquired (Lines 13.1 to 13.6)	100,337	8,893,047	9,174,969
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	(96,337)	(8,779,876)	(8,550,205)
	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			11,000,000
	16.6 Other cash provided (applied)	251,297	79,550	332,078
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	251,297	79,550	(10,667,922)
	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)	25,699,979	9,042,099	4,894,026
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	98,229,158	93,335,132	93,335,132
	19.2 End of period (Line 18 plus Line 19.1)	123,929,137	102,377,231	98,229,158

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

20.0001				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	91,918	26	13,003						78,889	
2. First Quarter	91,665	37	13,860						77,768	
3. Second Quarter	91,106	39	15,004						76,063	
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	551,326	212	84,993						466,121	
Total Member Ambulatory Encounters for Period:										
7. Physician	354,645	124	49,562						304,959	
8. Non-Physician	72,404	21	8,479						63,904	
9. Total	427,049	145	58,041						368,863	
10. Hospital Patient Days Incurred	30,862		2,706						28,156	
11. Number of Inpatient Admissions	7,186		628						6,558	
12. Health Premiums Written (a)	155,191,949	93,098	26,787,544						128,311,307	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	155,191,949	93,098	26,787,544						128,311,307	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	132,525,779	105,386	22,493,388						109,927,005	
18. Amount Incurred for Provision of Health Care Services	134,895,024	118,029	23,331,482						111,445,513	

(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
Individually Listed Claims Unpaid						
MCLAREN REGIONAL MEDICAL CENITER	10,064					10,064
SPARROW HOSPITAL	10,660					10,660
HURLEY MEDICAL CENTER	10,714					10,714
HURLEY MEDICAL CENTER	10,714					10,714
SPARROW HOSPITAL	10,970					10,970
MCLAREN REGIONAL MEDICAL CENTER	11,060					11,060
MCLAREN REGIONAL MEDICAL CENTER	11,889					11,889
SPARROW HOSPITAL	12,123					12,123
SPARROW HOSPITAL	12,238					12,238
SPARROW HOSPITAL	12,267					12,267
INGHAM REGIONAL HOSPITAL	12,449					12,449
HOSMER	12,960					12,960
SPARROW HOSPITAL	13,035					13,035
SPARROW HOSPITAL	13,840					13,840
NORTHERN MICHIGAN HOSPITAL	16,854					16,854
WILLIAM BEAUMONT HOS	17,066					17,066
RENAL TREATMENT	17,907					17,907
BAY REGIONAL MEDICAL	19,692					19,692
BAY REGIONAL MEDICAL	20,418					20,418
SPARROW HOSPITAL	23,592					23,592
COVENANT	27,157					27,157
SPARROW HOSPITAL	31,735					31,735
HURLEY MEDICAL CENTER	36,322					36,322
HURLEY MEDICAL CENTER	36,322					36,322
SPARROW HOSPITAL	60,437					60,437
REGENTS OF U OF M/UM	102,303					102,303
INGHAM REGIONAL MEDICAL CENTER	109,363					109,363
SPARROW HOSPITAL	119,284					119,284
0199999 Individually Listed Claims Unpaid	803,435					803,435
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	13,727,136	22,563	12,554	547	3,106	13,765,906
0499999 Subtotals	14,530,571	22,563	12,554	547	3,106	14,569,341
0599999 Unreported claims and other claim reserves						23,023,463
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						37,592,804
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,131,662

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	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	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1. Comprehensive (hospital & medical)	4,567,592	17,567,028	1,857,039	5,418,330	6,424,631	6,424,631
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid	21,903,842	85,436,031	6,895,086	23,422,348	28,798,928	28,798,927
8. Other health						
9. Health subtotal (Lines 1 to 8)	26,471,434	103,003,059	8,752,125	28,840,678	35,223,559	35,223,558
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts	3,194,228			2,131,662	3,194,228	3,194,228
13. Totals (Lines 9 - 10 + 11 + 12)	29,665,662	103,003,059	8,752,125	30,972,340	38,417,787	38,417,786

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

Notes to Financial Statement

McLaren Health Plan, Inc
June 30, 2011

1. Summary of Significant Accounting Policies
   No Change

2. Accounting Changes and Corrections of Errors
   A prior period adjustment was made in the 1st qtr 2011 statements, related to the treatment of amounts due to affiliates and aggregate write-in for gains or losses in surplus on the statement of changes in capital and surplus of $223,824.

   Beginning 1st qtr 2011, there is a reclassification of the JPMorgan Prime Money Market Funds – Agency Shares. Short-term investments now include these funds which were previously listed under Cash. On Schedule D, Part 1B, Schedule DA, Part 1 and on Schedule DA Verification, beginning balances as of 12/31/10, have been adjusted to accommodate this reporting change.

3. Business Combinations and Goodwill
   No Change

4. Discontinued Operations
   No Change

5. Investments
   No Change

6. Joint Ventures, Partnerships and Limited Liability Companies
   No Change

7. Investment Income
   No Change

8. Derivative Investments
   No Change

9. Income Taxes
   No Change

10. Information Concerning Parent, Subsidiaries and Affiliates

    A. No Change

    B. No Change

    C. No Change

    D. Due from Affiliates: $1,304,087: amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.
       Due to Affiliates: $1,767,704: amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.
    E. Guarantees or undertakings: No Change
    F. Management Agreements between:
       1) McLaren Health Plan and McLaren Health Care Corporation: McLaren Health Care Corporation agrees to provide certain operational services and other resources to McLaren Health Plan: $659,682 Jan-June 2011

       2) McLaren Health Plan and MRMC: MRMC agrees to provide certain accounting / resource services to McLaren Health Plan: $3,274 Jan-June 2011

Notes to Financial Statement

3) McLaren Health Plan and Anthelio: Anthelio agrees to provide certain information technology and telephony services to McLaren Health Plan: $127,628 Jan-June 2011

4) McLaren Health Plan and HAI: McLaren Health Plan agrees to provide to Health Advantage certain operational, personnel services and other resources to HAI: $ 1,838,061 Jan-June 2011

5) McLaren Health Plan and MHPIC: McLaren Health Plan agrees to provide to McLaren Health Plan Insurance Company certain operational, personnel services and other resources to MHPIC: $165,829 Jan-June 2011

G. No Change
H. No Change
I. No Change
J. No Change
K. No Change
L. No Change

11. Debt
No Change

12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans
No Change

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
No Change

14. Contingencies
No Change

15. Leases
No Change

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
No Change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
No Change

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
No Change

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
No Change

20. Fair Value Measurement
No Change

21. Other Items:
No Change

22. Events Subsequent
No Change

Notes to Financial Statement

23. Reinsurance
No Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
No Change

25. Change in Incurred Claims and Claim Adjustment Expenses
No Change

26. Intercompany Pooling Arrangements
No Change

27. Structured Settlements
No Change

28. Health Care Receivables
A. Pharmaceutical Rebate Receivables

Quarter	Estimated Rebate	Confirmed	90days	91-180 days	>180 days	total received
12/31/2011						$ -
9/30/2011						$ -
6/30/2011						$ -
3/31/2011						$ -
12/31/2010					$ 89,677.36	$ 89,677.36
9/30/2010					$ 102,997.25	$ 102,997.25
6/30/2010				$ 72,222.52	$ 32,718.12	$ 104,940.64
3/31/2010				$ 14,781.45	$118,639.14	$ 133,420.59
12/31/2009				$ 90,150.21	$ 64,724.34	$ 154,874.55
9/30/2009					$137,819.77	$ 137,819.77
6/30/2009	$ -			$ 77,088.53	$ 56,887.77	$ 133,976.30
3/31/2009	$ -				$130,637.82	$ 130,637.82
12/31/2008	$ 18,011.00	$ 18,011.00		$ 22,833.02	$ 91,475.11	$ 114,308.13
9/30/2008	$ -			$ 88,571.81	$ 13,306.26	$ 101,878.07
6/30/2008	$ -			$ 78,368.82	$ 12,974.43	$ 91,343.25
3/31/2008	$ -			$ 10,032.27	$ 75,484.12	$ 85,516.39
12/31/2007	$ -		$ -	$ -	$ 84,400.59	$ 84,400.59
9/30/2007	$ 36,412.00	$ 36,412.00	$ -	$ -	$ 47,499.22	$ 47,499.22
6/30/2007	$ 395,493.00	$395,493.00	$ -	$ -	$ 46,548.41	$ 46,548.41
3/31/2007	$ 395,493.00	$395,493.00	$ -	$ -	$104,715.82	$ 104,715.82

B. Risk Sharing Receivables - No Change

29. Participating Policies
No Change

30. Premium Deficiency Reserves
No Change

31. Anticipated Salvage and Subrogation
No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
2.2 If yes, date of change:

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
If yes, complete the Schedule Y - Part 1 - organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[ ] N/A[X]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2010
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. 10/28/2008
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). 10/28/2008
6.4 By what department or departments?
MICHIGAN OFFICE OF FINANCIAL & INSURANCE REGULATION
6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] N/A[X]
6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[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 Office of Thrift Supervision (OTS), 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 OTS	6 FDIC	7 SEC
		Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

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: $ 352,343

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[ ] No[X]
11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[X] No[ ]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock	9,793,521	10,002,030
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)	9,793,521	10,002,030
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

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

16. 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 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[ ]
16.1 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

16.2 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)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes[ ] No[X]
16.4 If yes, give full and complete information relating thereto:

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

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No[ ]
17.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
   1.1 A&H loss percent 87.000%
   1.2 A&H cost containment percent 0.280%
   1.3 A&H expense percent excluding cost containment expenses 13.000%

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

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
Accident and Health - Non-affiliates						
22667	95-2371728	01/01/2011	ACE AMER INS CO	PA	SSL/L/I	Yes[ ] No[X]

Q13

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
	State, Etc.	Active Status	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	26,880,642		128,311,307				155,191,949	
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 (CN)	N								
58.	Aggregate other alien (OT)	XXX								
59.	Subtotal	XXX	26,880,642		128,311,307				155,191,949	
60.	Reporting entity contributions for Employee Benefit Plans	XXX								
61.	Total (Direct Business)	(a) 1	26,880,642		128,311,307				155,191,949	
DETAILS OF WRITE-INS										
5801.		XXX								
5802.		XXX								
5803.		XXX								
5898.	Summary of remaining write-ins for Line 58 from overflow page	XXX								
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (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.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

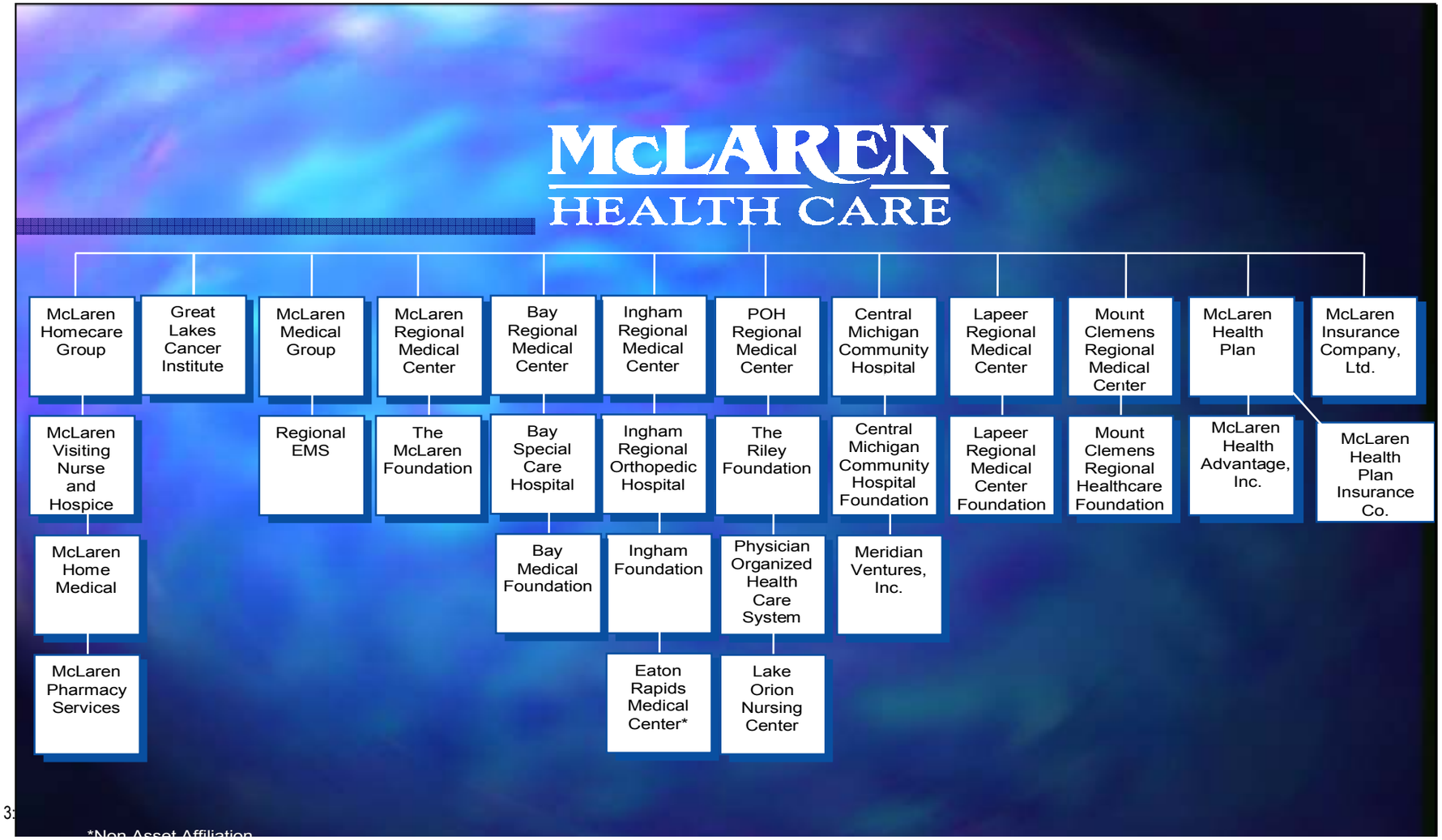
MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

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

95848201136500002 2011 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION	79,391		79,391	54,685
1105. SELF INS TRUST FUND CTF	69,727		69,727	64,405
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	149,118		149,118	119,091

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	2,959,988	3,152,449
2.	Cost of acquired		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		26,907
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	110,737	219,368
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)	2,849,251	2,959,988
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	2,849,251	2,959,988

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 poin		
9.	Total foreign exchange change in book value/recorded inve		
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	17,924,985	8,378,427
2.	Cost of bonds and stocks acquired	67,546	9,148,063
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	328,677	700,632
5.	Total gain (loss) on disposals	78	(10,955)
6.	Deduct consideration for bonds and stocks disposed of	4,000	291,182
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)	18,317,285	17,924,985
11.	Deduct total nonadmitted amounts		26,475
12.	Statement value at end of current period (Line 10 minus Line 11)	18,317,285	17,898,510

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	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. Class 1 (a)	106,749,037	12,887,342			106,749,037	119,636,379		103,834,571
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	106,749,037	12,887,342			106,749,037	119,636,379		103,834,571
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	106,749,037	12,887,342			106,749,037	119,636,379		103,834,571

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated 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

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	119,636,379	X X X	119,636,379	24,497	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	103,834,571	1,216,261
2.	Cost of short-term investments acquired	15,801,808	752
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)	119,636,379	1,217,012
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	119,636,379	1,217,012

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

SI08 Schedule E - Verification (Cash Equivalents) . . . . . NONE

E01 Schedule A Part 2 . . . . . NONE

E01 Schedule A Part 3 . . . . . NONE

E02 Schedule B Part 2 . . . . . NONE

E02 Schedule B Part 3 . . . . . NONE

E03 Schedule BA Part 2 . . . . . NONE

E03 Schedule BA Part 3 . . . . . NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or 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
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
Common Stock - Mutual Funds									
4812C1553	JPMORGAN EQUITY INDEX FUND		04/01/2011	VARIOUS	303.350	9,125	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		04/01/2001	VARIOUS	915.309	10,023	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		05/02/2011	VARIOUS	862.728	9,481	X X X		L
4812C0167	JPMORGAN MUTUAL SHT DURATION BD FD ULTRA		06/01/2011	VARIOUS	912.398	10,055	X X X		L
9299999 Subtotal - Common Stock - Mutual Funds					X X X	38,683	X X X		X X X
9799997 Subtotal - Common Stock - Part 3					X X X	38,683	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	38,683	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	38,683	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	38,683	X X X		X X X

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

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Common Stock - Mutual Funds																					
4812C1553	JPMORGAN EQUITY FUND SELECT		04/15/2011	VARIOUS	22.341	667	XXX	652									15	15		XXX	L
4812C1553	JPMORGAN EQUITY FUND SELECT		05/17/2011	VARIOUS	22.061	667	XXX	644									23	23		XXX	L
4812C1553	JPMORGAN EQUITY FUND SELECT		06/15/2011	VARIOUS	22.730	667	XXX	663									3	3		XXX	L
9299999 Subtotal - Common Stock - Mutual Funds					XXX	2,000	XXX	1,959									41	41		XXX	XXX
9799997 Subtotal - Common Stocks - Part 4					XXX	2,000	XXX	1,959									41	41		XXX	XXX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999 Subtotal - Common Stocks					XXX	2,000	XXX	1,959									41	41		XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX	2,000	XXX	1,959									41	41		XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	2,000	XXX	1,959									41	41		XXX	XXX

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

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

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

E08 Schedule DB Part D . . . . . NONE

E09 Schedule DL - Part 1 - Securities Lending Collateral Assets . . . . . NONE

E10 Schedule DL - Part 2 - Securities Lending Collateral Assets . . . . . NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
							6	7	8	
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
JPMORGAN, CHASE	FLINT, MICHIGAN	06/30/2011					(5,671,050)	(3,060,198)	4,292,758	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - open depositories			X X X	X X X						X X X
0199999 Totals - Open Depositories			X X X	X X X			(5,671,050)	(3,060,198)	4,292,758	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository - 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			(5,671,050)	(3,060,198)	4,292,758	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			(5,671,050)	(3,060,198)	4,292,758	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
N O N E							
8699999 Total - Cash Equivalents							

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