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QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2005

OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code 1311 (Current Period) 1311 (Prior Period) NAIC Company Code 95844 Employer's ID Number 38-2242827

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 [ ] Dental Service Corporation [ ]
Vision Service Corporation [ ] Other [ ] Health Maintenance Organization [X]
Hospital, Medical & Dental Service or Indemnity [ ] Is HMO, Federally Qualified? Yes [X] No [ ]

Incorporated/Organized 06/27/1978 Commenced Business 02/08/1979

Statutory Home Office 2850 West Grand Boulevard (Street and Number), Detroit, MI 48202 (City or Town, State and Zip Code)

Main Administrative Office 2850 West Grand Boulevard (Street and Number) Detroit, MI 48202 (City or Town, State and Zip Code) 313-872-8100 (Area Code) (Telephone Number)

Mail Address 2850 West Grand Boulevard (Street and Number or P.O. Box), Detroit, MI 48202 (City or Town, State and Zip Code)

Primary Location of Books and Records 2850 West Grand Boulevard (Street and Number) Detroit, MI 48202 (City or Town, State and Zip Code) 248-443-1093 (Area Code) (Telephone Number)

Internet Website Address www.hap.org

Statutory Statement Contact Dianna Ronan CPA (Name) 248-443-1093 (Area Code) (Telephone Number) (Extension)

Dronan@hap.org (E-mail Address) 248-443-8610 (FAX Number)

Policyowner Relations Contact 2850 West Grand Boulevard (Street and Number) Detroit, MI 48202 (City or Town, State and Zip Code) 313-872-8100 (Area Code) (Telephone Number) (Extension)

OFFICERS

Name	Title	Name	Title
Francine Parker	President and CEO	Maurice E. McMurray	Secretary
Ronald W. Berry	Treasurer	Colleen McClorey #	Assistant Secretary

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Nicholas C. Anderson	Donald W. Boggs	Mary Beth Bolton M.D.	Herman W. Coleman
William A. Conway M.D. #	Dennis H. DePaulis	Mary C. Dickson	John T. Gargaro
Jethro Joseph	Francine Parker	William L. Peirce	Carol Quigley IHM
Catherine A. Roberts	Robin Scales-Wooten	Nancy Schlicting	Gerald K. Smith
Rebecca R. Smith M.D.	Daniel Watson		

State of Michigan
County of Wayne 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.

Francine Parker	Maurice E. McMurray	Ronald W. Berry
President and CEO	Secretary	Treasurer

Subscribed and sworn to before me this 14th day of November, 2005

Roderick I. Curry, CPA, Notary
August 14, 2006

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

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			0	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	196,005,447	11,802,976	184,202,471	169,819,134
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less $ ..... encumbrances)	3,441,184	2,520,988	920,196	943,411
4.2 Properties held for the production of income (less $ ..... encumbrances)			0	0
4.3 Properties held for sale (less $ ..... encumbrances)			0	0
5. Cash ($ (1,094,593)), cash equivalents ($ 138,878,860) and short-term investments ($ 22,907,231)	160,691,497		160,691,497	163,765,513
6. Contract loans, (including $ ..... premium notes)			0	0
7. Other invested assets	0	0	0	0
8. Receivables for securities			0	0
9. Aggregate write-ins for invested assets	744,610	0	744,610	467,102
10. Subtotals, cash and invested assets (Lines 1 to 9)	360,882,738	14,323,964	346,558,774	334,995,159
11. Title plants less $ ..... charged off (for Title insurers only)			0	
12. Investment income due and accrued	656,647		656,647	782,432
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	29,668,291		29,668,291	13,655,985
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)			0	0
13.3 Accrued retrospective premiums			0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers			0	0
14.2 Funds held by or deposited with reinsured companies			0	0
14.3 Other amounts receivable under reinsurance contracts			0	0
15. Amounts receivable relating to uninsured plans			0	0
16.1 Current federal and foreign income tax recoverable and interest thereon			0	0
16.2 Net deferred tax asset			0	0
17. Guaranty funds receivable or on deposit			0	0
18. Electronic data processing equipment and software	16,687,831	14,746,337	1,941,494	1,054,764
19. Furniture and equipment, including health care delivery assets ($ .....)	2,044,938	2,044,938	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
21. Receivables from parent, subsidiaries and affiliates	821,696		821,696	1,433,585
22. Health care ($ 12,053,482) and other amounts receivable	12,053,482		12,053,482	2,418,873
23. Aggregate write-ins for other than invested assets	4,262,811	3,749,952	512,859	1,744,379
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	427,078,434	34,865,192	392,213,243	356,085,177
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	427,078,434	34,865,192	392,213,243	356,085,177
DETAILS OF WRITE-INS				
0901. Rabbi Trust	744,610		744,610	467,102
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	744,610	0	744,610	467,102
2301. Other Receivables	151,447		151,447	128,119
2302. Deferred Compensation	361,412		361,412	228,141
2303. Intangible Asset	1,388,119	1,388,119	0	1,388,119
2398. Summary of remaining write-ins for Line 23 from overflow page	2,361,833	2,361,833	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	4,262,811	3,749,952	512,859	1,744,379

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)	80,889,473	1,252,400	82,141,873	98,301,462
2. Accrued medical incentive pool and bonus amounts	2,507,664		2,507,664	3,027,572
3. Unpaid claims adjustment expenses	996,625		996,625	1,236,892
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	37,595,956		37,595,956	17,449,507
9. General expenses due or accrued	14,430,230		14,430,230	13,260,124
10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	382,520		382,520	556,368
16. Payable for securities	398,106		398,106	536,216
17. Funds held under reinsurance treaties with ($ ..... authorized reinsurers and $ ..... unauthorized reinsurers)			0	0
18. Reinsurance in unauthorized companies			0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
20. Liability for amounts held under uninsured accident and health plans			0	0
21. Aggregate write-ins for other liabilities (including $ ..... current)	7,764,273	0	7,764,273	5,229,317
22. Total liabilities (Lines 1 to 21)	144,964,847	1,252,400	146,217,247	139,597,457
23. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
24. Common capital stock	XXX	XXX		0
25. Preferred capital stock	XXX	XXX		0
26. Gross paid in and contributed surplus	XXX	XXX		0
27. Surplus notes	XXX	XXX		0
28. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29. Unassigned funds (surplus)	XXX	XXX	245,995,995	216,487,720
30. Less treasury stock, at cost:				
30.1 ..... shares common (value included in Line 24) $ .....)	XXX	XXX		0
30.2 ..... shares preferred (value included in Line 25) $ .....)	XXX	XXX		0
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	245,995,995	216,487,720
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	392,213,243	356,085,177
DETAILS OF WRITE-INS				
2101. Pension Liability - Long Term	6,339,146		6,339,146	3,982,265
2102. Retiree Health Benefits	1,063,716		1,063,716	1,018,911
2103. Deferred Compensation	361,412		361,412	228,141
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	7,764,273	0	7,764,273	5,229,317
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX	0	0
2801.	XXX	XXX		
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date
	1 Uncovered	2 Total	3 Total
1. Member Months	XXX	4,095,253	4,179,895
2. Net premium income (including non-health premium income)	XXX	1,128,761,421	1,081,783,013
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of $ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,128,761,421	1,081,783,013
Hospital and Medical:			
9. Hospital/medical benefits		417,474,138	423,852,231
10. Other professional services			0
11. Outside referrals		14,390,569	17,287,673
12. Emergency room and out-of-area		84,012,544	85,299,658
13. Prescription drugs		202,518,885	186,577,417
14. Aggregate write-ins for other hospital and medical	0	304,786,158	263,197,062
15. Incentive pool, withhold adjustments and bonus amounts		169,543	1,729,970
16. Subtotal (Lines 9 to 15)	0	1,023,351,837	977,944,011
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	1,023,351,837	977,944,011
19. Non-health claims (net)			0
20. Claims adjustment expenses, including $ 5,350,705 cost containment expenses		14,063,237	9,763,523
21. General administrative expenses		73,545,366	78,832,766
22. Increase in reserves for life and accident and health contracts including $ increase in reserves for life only)			0
23. Total underwriting deductions (Lines 18 through 22)	0	1,110,960,440	1,066,540,300
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	17,800,981	15,242,713
25. Net investment income earned		5,652,327	5,766,417
26. Net realized capital gains (losses) less capital gains tax of $		3,797,159	1,454,670
27. Net investment gains (losses) (Lines 25 plus 26)	0	9,449,486	7,221,087
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]			0
29. Aggregate write-ins for other income or expenses	0	416,691	518,619
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	27,667,157	22,982,419
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	27,667,157	22,982,419
DETAILS OF WRITE-INS			
0601.	XXX		0
0602.	XXX		0
0603.	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. Outpatient		154,951,966	181,002,975
1402. Radiology/Lab		70,888,751	22,308,345
1403. Ambulance		4,915,088	4,606,596
1498. Summary of remaining write-ins for Line 14 from overflow page	0	74,030,353	55,279,146
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	304,786,158	263,197,062
2901. Gain/(Loss) on the Sale of Assets		(22,304)	(4,590)
2902. Miscellaneous Revenue		438,995	523,209
2903.			0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	416,691	518,619

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year to Date	2 Prior Year to Date	3 Prior Year
	CAPITAL AND SURPLUS ACCOUNT:			
33.	Capital and surplus prior reporting year	216,487,720	192,819,741	192,819,741
	GAINS AND LOSSES TO CAPITAL & SURPLUS:			
34.	Net income or (loss) from Line 32	27,667,157	22,982,419	31,962,032
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $	(1,919,055)	6,233,388	7,268,863
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax		0	0
39.	Change in nonadmitted assets	3,760,173	10,611,964	11,849,018
40.	Change in unauthorized reinsurance	0	0	0
41.	Change in treasury stock		0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	(29,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	1,588,066
48.	Net change in capital & surplus (Lines 34 to 47)	29,508,275	39,827,771	23,667,979
49.	Capital and surplus end of reporting period (Line 33 plus 48)	245,995,995	232,647,512	216,487,720
	DETAILS OF WRITE-INS			
4701.	Minimum Pension Liability Adjustment		0	1,588,066
4702.			0	0
4703.			0	0
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0	1,588,066

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance	1,132,895,565	1,435,214,629
2. Net investment income	5,778,111	8,795,442
3. Miscellaneous income	(9,218,942)	1,122,022
4. Total (Lines 1 to 3)	1,129,454,734	1,445,132,093
5. Benefits and loss related payments	1,040,031,333	1,282,365,005
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		0
7. Commissions, expenses paid and aggregate write-ins for deductions	74,625,592	108,703,060
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) $ ..... net of tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	1,114,656,925	1,391,068,065
11. Net cash from operations (Line 4 minus Line 10)	14,797,809	54,064,029
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	5,407,130
12.2 Stocks	129,892,706	13,038,380
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	129,892,706	18,445,510
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	158,551,939	14,522,666
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	415,618	79,832
13.7 Total investments acquired (Lines 13.1 to 13.6)	158,967,558	14,602,498
14. Net increase (or decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(29,074,852)	3,843,012
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	0	29,000,000
16.6 Other cash provided (applied)	11,203,027	(8,997,563)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	11,203,027	(37,997,563)
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)	(3,074,016)	19,909,478
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	163,765,513	143,856,036
19.2 End of period (Line 18 plus Line 19.1)	160,691,497	163,765,513

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	460,919	5,646	416,255	23,463	0	0	0	15,555	0	0	0	0	0
2 First Quarter	456,268	5,365	385,954	23,135	0	0	25,708	16,106	0	0	0	0	0
3 Second Quarter	454,356	5,163	383,601	23,277	0	0	25,820	16,495	0	0	0	0	0
4. Third Quarter	451,427	5,301	379,547	23,598			26,215	16,766					
5. Current Year	0	0	0	0			0	0					
6 Current Year Member Months	4,095,253	47,738	3,457,901	209,524			233,097	146,993					
Total Member Ambulatory Encounters for Period:													
7. Physician	1,259,006												1,259,006
8. Non-Physician	634,578												634,578
9. Total	1,893,584	0	0	0	0	0	0	0	0	0	0	0	1,893,584
10. Hospital Patient Days Incurred	134,365		77,504	34,251				21,521					1,089
11. Number of Inpatient Admissions	30,064		19,698	5,936				4,112					318
12. Health Premiums Written	1,132,895,564	10,273,309	848,069,537	79,870,754			61,089,534	133,592,430					
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	1,128,761,421	10,941,162	857,289,879	79,870,754			61,008,075	119,651,551					
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	1,040,031,333	10,096,875	791,136,142	70,805,009			55,670,784	112,242,301	80,222				
18. Amount Incurred for Provision of Health Care Services	1,023,351,837	9,885,529	774,576,243	72,449,029			55,033,531	111,407,505					

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)						
0199999 Individually Listed Claims Unpaid	0	0	0	0	0	0
0299999 Aggregate Accounts Not Individually Listed-Uncovered	1,249,976	1,093	565		766	1,252,400
0399999 Aggregate Accounts Not Individually Listed-Covered	15,070,060	14,268	21,736	3,139	27,919	15,137,122
0499999 Subtotals	16,320,036	15,361	22,301	3,139	28,685	16,389,522
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	42,517,279
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX	23,235,072
0799999 Total Claims Unpaid	XXX	XXX	XXX	XXX	XXX	82,141,873
0899999 Accrued Medical Incentive Pool and Bonus Amounts	XXX	XXX	XXX	XXX	XXX	2,507,664

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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 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)	72,120,650	728,422,917	9,301,452	63,563,955	81,422,102	89,116,746
2. Medicare Supplement	3,624,362	67,180,647	583,633	5,449,191	4,207,995	4,388,804
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan	4,375,303	51,295,481	483,708	2,738,045	4,859,011	3,859,006
6. Title XVIII - Medicare	848,626	111,393,675	2,214	19,675	850,840	856,684
7. Title XIX - Medicaid	80,222				80,222	80,222
8. Other Health					0	0
9. Health Subtotal (Lines 1 to 8)	81,049,163	958,292,720	10,371,007	71,770,866	91,420,170	98,301,462
10. Healthcare receivables (a)					0	
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	689,450		2,338,122	169,543	3,027,572	3,027,572
13. Totals	81,738,613	958,292,720	12,709,129	71,940,409	94,447,742	101,329,034

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

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices – No change.

B. Use of Estimates in the Preparation of the Financial Statements – No change.

C. Accounting Policy – No change.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

A. Material changes in accounting principles and/or correction of errors – No change.

B. The cumulative effect of changes in accounting principles – No change.

3. BUSINESS COMBINATIONS AND GOODWILL

A. Statutory Purchase Method – No change.

B. Statutory Merger – Not applicable.

C. Assumption Reinsurance – Not applicable.

D. Impairment Loss – Not applicable.

4. DISCONTINUED OPERATIONS

Not applicable.

5. INVESTMENTS

A. Mortgage Loans, including Mezzanine Real Estate Loans – Not applicable.

B. Debt Restructuring – Not applicable.

C. Reverse Mortgages – Not applicable.

D. Loan-Backed Securities – Not applicable.

E. Repurchase Agreements – Not applicable.

F. Real Estate – Not applicable.

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

Not applicable.

7. INVESTMENT INCOME

A. The bases for excluding (nonadmitting) any investment income due and accrued – Not applicable.

B. The total amount of investment excluded – Not applicable.

8. DERIVATIVE INSTRUMENTS

Not applicable.

9. INCOME TAXES

Not applicable.

NOTES TO FINANCIAL STATEMENTS

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

SelectCare, Inc. distributed 99% of its investment value to the current two shareholders Health Alliance Plan of Michigan and Blue Cross Blue Shield. This distribution of cash decreased the SelectCare investment value to $198,000 as of September 30, 2005.

11. DEBT

Not applicable.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

No change.

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS.

A. The Corporation has no common stock.

B. The Corporation has no preferred stock.

C. The Corporation has no restrictions on unassigned funds (surplus).

D. The Corporation holds 1,500,000 shares of AHLIC stock with a par value of $1,500,000.

E. The Corporation has no surplus notes outstanding.

E. The Corporation has no quasi-reorganization to report.

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

Not applicable.

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

A. Transfers of Receivables Reported as Sales – Not applicable.

B. Transfer and Servicing of Financial Assets – Not applicable.

C. Wash sales – Not applicable.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

A. ASO Plans – Not applicable.

B. ASC Plans – Not applicable.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract – Not applicable.

NOTES TO FINANCIAL STATEMENTS

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/ THIRD PARTY ADMINISTRATORS

Not applicable.

20. SEPTEMBER 11 EVENTS

Not applicable.

21. OTHER ITEMS

A. Extraordinary Items – Not applicable.

B. Troubled Debt Restructuring – Not applicable.

C. Other Disclosures – Not applicable.

D. Uncollectible Portions of Premium Balances, Bills Receivable for Premiums, Amounts Due From Agents And Brokers, Uninsured Plans and Retrospectively Rated Contracts – Not applicable.

E. Business Interruption Insurance Recoveries – Not applicable.

22. EVENTS SUBSEQUENT

Not applicable.

23. REINSURANCE

A. Ceded Reinsurance Report – Not applicable.

B. Uncollectible Reinsurance – Not applicable.

C. Commutation of Ceded Reinsurance – Not applicable.

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

Not applicable.

25. CHANGE IN INCURRED CLAIMS AND CLAIM ADJUSTMENT EXPENSES

Not applicable.

26. INTERCOMPANY POOLING ARRANGEMENTS

Not applicable.

27. STRUCTURED SETTLEMENTS

Not applicable.

NOTES TO FINANCIAL STATEMENTS

28. HEALTH CARE RECEIVABLES

A. Pharmaceutical Rebate Receivables (dollars in thousands)

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 180 days after Billing
9/30/2005	1,047	1,166			
6/30/2005	952	1,086	986		
3/31/2005	937	1,154	962	22	
12/31/2004	923	1,129	927	9	131
9/30/2004	878	1,096	1,049	28	1
6/30/2004	876	1,352	1,221	12	
3/31/2004	924	1,223	1,139	113	
12/31/2003	942	1,304	943	114	117
9/30/2003	943	1,289	976	132	127
6/30/2003	953	1,196	971	17	6
3/31/2003	961	1,032	759	185	134

29. PARTICIPATING POLICIES

Not applicable.

30. PREMIUM DEFICIENCY RESERVES

Not applicable.

31. ANTICIPATED SALVAGE AND SUBROGATION

Not applicable.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Did the reporting entity implement any significant accounting policy changes that would require disclosure in the Notes to the Financial Statements? ..... Yes [ ] No [X]

1.2 If yes, explain:

.....

2.1 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]

2.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

3.1 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]

3.2 If yes, date of change: .....

If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. 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.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]

5.2 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

6. 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 [X] NA [ ]

If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2002

7.2 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. 12/31/2002

7.3 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). 05/11/2004

7.4 By what department or departments?

The Michigan Office of Financial and Insurance Services .....

8.1 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? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) ..... Yes [ ] No [X]

8.2 If yes, give full information:

.....

9.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [X]

9.2 If response to 9.1 is yes, please identify the name of the bank holding company.

.....

9.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [X]

9.4 If response to 9.3 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

GENERAL INTERROGATORIES

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: $ 12,053,482

INVESTMENT

11.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [ ] No [ ]

11.2 If yes, explain:

12.1 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]

12.2 If yes, give full and complete information relating thereto:

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

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

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

15.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Statement Value
15.21	Bonds	$	$
15.22	Preferred Stock	$	$
15.23	Common Stock	$ 58,698,629	$ 38,796,292
15.24	Short-Term Investments	$	$
15.25	Mortgage Loans on Real Estate	$	$
15.26	All Other	$	$
15.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 15.21 to 15.26)	$ 58,698,629	$ 38,796,292
15.28	Total Investment in Parent included in Lines 15.21 to 15.26 above	$	$

16.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

16.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

17. Excluding items in Schedule E, 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 Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] 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
Comerica Bank, NA	Detroit, Michigan
The Northern Trust Company	Chicago, Illinois

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 [X]

17.4 If yes, give full and complete information relating thereto:

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

GENERAL INTERROGATORIES

17.5 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
107247	Joe Wich	Detroit, Michigan
70923	Calvin Johnson	Chicago, Illinois
Not applicable	Brian Gamble	Detroit, Michigan
7691	Susan Renaud	Detroit, Michigan
110441	Sandy Goodman	Pasadena, California
126292	Joe Gasky	Charlotte, North Carolina

18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? ..... Yes [ ] No [X]

18.2 If no, list exceptions:

The fair values of the Company's affiliate common stock have been analytically determined by the Company and the fair values of the Company's mutual funds classified as common stock have been provided by the fund managers.....

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	3,890,907	4,573,591
2. Increase (decrease) by adjustment	(593,299)	(1,007,936)
3. Cost of acquired		0
4. Cost of additions to and permanent improvements	143,576	325,251
5. Total profit (loss) on sales		0
6. Increase (decrease) by foreign exchange adjustment		0
7. Amount received on sales		0
8. Book/adjusted carrying value at end of current period	3,441,184	3,890,907
9. Total valuation allowance		0
10. Subtotal (Lines 8 plus 9)	3,441,184	3,890,907
11. Total nonadmitted amounts	2,520,988	2,947,496
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	920,196	943,411

SCHEDULE B – VERIFICATION

Mortgage Loans

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Amount loaned during period:		
2.1. Actual cost at time of acquisitions		0
2.2. Additional investment made after acquisitions		0
3. Accrual of discount and mortgage interest points and commitment fees		0
4. Increase (decrease) by adjustment		0
5. Total profit (loss) on sale		0
6. Amounts paid on account or in full during the period		0
7. Amortization of premium		0
8. Increase (decrease) by foreign exchange adjustment		0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0	0
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts		0
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0	0

SCHEDULE BA – VERIFICATION

Other Invested Assets Included in Schedule BA

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions		0
2.2. Additional investment made after acquisitions		0
3. Accrual of discount		0
4. Increase (decrease) by adjustment		0
5. Total profit (loss) on sale		0
6. Amounts paid on account or in full during the period		0
7. Amortization of premium		0
8. Increase (decrease) by foreign exchange adjustment		0
9. Book/adjusted carrying value of long-term invested assets at end of current period	0	0
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts		0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	0	0

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	187,624,468	186,412,302
2. Cost of bonds and stocks acquired	158,551,939	14,522,666
3. Accrual of discount		0
4. Increase (decrease) by adjustment	(24,075,413)	4,381,510
5. Increase (decrease) by foreign exchange adjustment		0
6. Total profit (loss) on disposal	3,797,159	753,501
7. Consideration for bonds and stocks disposed of	129,892,707	18,445,510
8. Amortization of premium		0
9. Book/adjusted carrying value, current period	196,005,447	187,624,468
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	196,005,447	187,624,468
12. Total nonadmitted amounts	11,802,976	17,805,335
13. Statement value	184,202,471	169,819,134

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	17,962,842	9,907,231	4,962,842		13,000,000	17,962,842	22,907,231	13,000,000
2. Class 2	0				0	0	0	0
3. Class 3	0				0	0	0	0
4. Class 4	0				0	0	0	0
5. Class 5	0				0	0	0	0
6. Class 6	0				0	0	0	0
7. Total Bonds	17,962,842	9,907,231	4,962,842	0	13,000,000	17,962,842	22,907,231	13,000,000
PREFERRED STOCK								
8. Class 1	0				0	0	0	0
9. Class 2	0				0	0	0	0
10. Class 3	0				0	0	0	0
11. Class 4	0				0	0	0	0
12. Class 5	0				0	0	0	0
13. Class 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	17,962,842	9,907,231	4,962,842	0	13,000,000	17,962,842	22,907,231	13,000,000

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	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
8299999 Totals	22,907,231	XXX	22,907,231	293,670	

SCHEDULE DA - PART 2- VERIFICATION

Short-Term Investments Owned

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	13,000,000	19,935,486
2. Cost of short-term investments acquired	14,870,072	42,909,310
3. Increase (decrease) by adjustment		0
4. Increase (decrease) by foreign exchange adjustment		0
5. Total profit (loss) on disposal of short-term investments		0
6. Consideration received on disposal of short-term investments	4,962,842	49,844,796
7. Book/adjusted carrying value, current period	22,907,231	13,000,000
8. Total valuation allowance		0
9. Subtotal (Lines 7 plus 8)	22,907,231	13,000,000
10. Total nonadmitted amounts		0
11. Statement value (Lines 9 minus 10)	22,907,231	13,000,000
12. Income collected during period	259,247	258,321
13. Income earned during period	293,670	244,484

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S

NONE

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	1	2	Direct Business Only Year-to-Date					
			3	4	5	6	7	8
States, Etc.	Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefit Program Premiums	Life and Annuity Premiums and Deposit-Type Contract Funds	Property/ Casualty Premiums
1. Alabama AL	No	No						
2. Alaska AK	No	No						
3. Arizona AZ	No	No						
4. Arkansas AR	No	No						
5. California CA	No	No						
6. Colorado CO	No	No						
7. Connecticut CT	No	No						
8. Delaware DE	No	No						
9. District of Columbia DC	No	No						
10. Florida FL	No	No						
11. Georgia GA	No	No						
12. Hawaii HI	No	No						
13. Idaho ID	No	No						
14. Illinois IL	No	No						
15. Indiana IN	No	No						
16. Iowa IA	No	No						
17. Kansas KS	No	No						
18. Kentucky KY	No	No						
19. Louisiana LA	No	No						
20. Maine ME	No	No						
21. Maryland MD	No	No						
22. Massachusetts MA	No	No						
23. Michigan MI	No	Yes	948,101,795	119,651,551		61,008,075		
24. Minnesota MN	No	No						
25. Mississippi MS	No	No						
26. Missouri MO	No	No						
27. Montana MT	No	No						
28. Nebraska NE	No	No						
29. Nevada NV	No	No						
30. New Hampshire NH	No	No						
31. New Jersey NJ	No	No						
32. New Mexico NM	No	No						
33. New York NY	No	No						
34. North Carolina NC	No	No						
35. North Dakota ND	No	No						
36. Ohio OH	No	No						
37. Oklahoma OK	No	No						
38. Oregon OR	No	No						
39. Pennsylvania PA	No	No						
40. Rhode Island RI	No	No						
41. South Carolina SC	No	No						
42. South Dakota SD	No	No						
43. Tennessee TN	No	No						
44. Texas TX	No	No						
45. Utah UT	No	No						
46. Vermont VT	No	No						
47. Virginia VA	No	No						
48. Washington WA	No	No						
49. West Virginia WV	No	No						
50. Wisconsin WI	No	No						
51. Wyoming WY	No	No						
52. American Samoa AS	No	No						
53. Guam GU	No	No						
54. Puerto Rico PR	No	No						
55. U.S. Virgin Islands VI	No	No						
56 Canada CN	No	No						
57. Aggregate Other Alien OT	XXX	XXX	0	0	0	0	0	0
58. Subtotal	XXX	XXX	948,101,795	119,651,551	0	61,008,075	0	0
59. Reporting entity contributions for Employee Benefit Plans	XXX	XXX						
60. Total (Direct Business)	XXX	(a) 1	948,101,795	119,651,551	0	61,008,075	0	0
DETAILS OF WRITE-INS								
5701.								
5702.								
5703.								
5798. Summary of remaining write-ins for Line 57 from overflow page			0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)			0	0	0	0	0	0

(a) Insert the number of yes responses except for Canada and other Alien.

Schedule Y - Part 1

NONE

OVERFLOW PAGE FOR WRITE-INS

MQ002 Additional Aggregate Lines for Page 02 Line 23.
*ASSETS

	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Prior Year Net Admitted Assets
2304. Prepaid Expense	2,361,833	2,361,833	0	0
2397. Summary of remaining write-ins for Line 23 from Page 02	2,361,833	2,361,833	0	0

MQ004 Additional Aggregate Lines for Page 04 Line 14.
*REVEX1

	1 Uncovered	2 Total	3 Total
1404. Mental Health and Substance Abuse		30,098,583	28,778,282
1405. Other		43,931,770	26,500,864
1497. Summary of remaining write-ins for Line 14 from Page 04	0	74,030,353	55,279,146

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule D - Part 3

NONE

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company 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 Identi-fication	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 Desig-nation or Market Indicator (a)
6099999 - Total - Bonds						0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6599999 - Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
000000-00-0	WESTN AST CORE PORT INSTL CL		08/16/2005	NOT APPLICABLE	1,712.800	17,804		17,493					0		17,493		312	312			U
000000-00-0	MFO 1 GROUP BD CL 1		07/14/2005	NOT APPLICABLE	1,759.260	17,417		17,590					0		17,590		(173)	(173)			U
000000-00-0	WESTN AST US LIMITED DURATION		08/04/2005	NOT APPLICABLE	1,288.190	13,375		13,235					0		13,235		140	140			U
7099999 - Common Stocks - Mutual Fund						48,596	XXX	48,317							48,317		279	279		XXX	XXX
7299997 - Common Stocks - Part 4						48,596	XXX	48,317							48,317		279	279		XXX	XXX
7299999 - Total - Common Stocks						48,596	XXX	48,317	0	0	0	0	0	0	48,317	0	279	279	0	XXX	XXX
7399999 - Total - Preferred and Common Stocks						48,596	XXX	48,317	0	0	0	0	0	0	48,317	0	279	279	0	XXX	XXX
7499999 Totals						48,596	XXX	48,317	0	0	0	0	0	0	48,317	0	279	279	0	XXX	XXX

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

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

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	*
Comerica Bank, NA Detroit, Michigan					(13,158,231)	(12,614,760)	(1,195,256)	XXX
Detroit Commerce Bank Detroit, Michigan		3.504	2,000	584	100,000	100,000	100,000	XXX
The Northern Trust Company Chicago, Illinois		3.780	46	6	5,323	5,346	63	XXX
0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX					600	XXX
0199999 Totals - Open Depositories	XXX	XXX	2,046	590	(13,052,908)	(12,509,414)	(1,094,593)	XXX
0399999 Total Cash on Deposit	XXX	XXX	2,046	590	(13,052,908)	(12,509,414)	(1,094,593)	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total Cash	XXX	XXX	2,046	590	(13,052,908)	(12,509,414)	(1,094,593)	XXX

SCHEDULE E - PART 2 CASH EQUIVALENTS

Showing Investments Owned End of Current Quarter

1 CUSIP Identification	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Gross Investment Income
000000-00-0	WACHOVIA		09/30/2005	3.770	10/03/2005	49,400,000		
02635R-X6-1	AMERICAN GENERAL FINANCE		09/06/2005	3.550	10/06/2005	4,985,208	12,326	12,326
74433G-X6-8	PRUDENTIAL		09/06/2005	3.540	10/06/2005	4,985,250	12,292	12,292
36959H-X7-7	GENERAL ELECTRIC CAPITAL CORP		09/07/2005	3.560	10/07/2005	4,985,167	11,867	11,867
61745A-XE-4	MORGAN STANLEY		09/14/2005	3.650	10/14/2005	4,984,792	8,618	8,618
98719C-XQ-7	YORKSHIRE BLDG		09/12/2005	3.580	10/24/2005	4,979,117	9,447	9,447
81989C-Y4-4	SHARP ELECTRIC		09/13/2005	3.630	11/04/2005	4,973,783	9,075	9,075
00077E-Y7-6	ABN AMRO		09/14/2005	3.630	11/07/2005	4,972,775	8,571	8,571
45974M-Y7-7	INTERNATIONAL LEASE FINANCE		09/08/2005	3.600	11/07/2005	4,970,000	11,500	11,500
23636J-YE-6	DANSKE CORP		09/09/2005	3.640	11/14/2005	4,966,633	11,122	11,122
89233G-YE-0	TOYOTA MOTOR CREDIT		09/30/2005	3.740	11/14/2005	4,976,625	519	519
4662J0-YM-8	J.P. MORGAN		09/21/2005	3.710	11/21/2005	4,968,568	5,153	5,153
07389A-YU-1	BEAR STEARNS		09/26/2005	3.770	11/28/2005	4,967,013	2,618	2,618
36959H-YU-5	GENERAL ELECTRIC COMPANY		09/26/2005	3.740	11/28/2005	4,967,275	2,597	2,597
17307R-YV-0	CITIGROUP		09/29/2005	3.780	11/29/2005	4,967,975	1,050	1,050
83365R-Z2-4	SOCIETE GENERALE		09/15/2005	3.700	12/02/2005	4,959,917	8,222	8,222
84855L-Z2-2	SPINTAB		09/09/2005	3.680	12/02/2005	4,957,067	11,244	11,244
11040E-Z6-8	BRITANIA BLDG		09/09/2005	3.680	12/06/2005	4,955,022	11,244	11,244
44977R-Z6-7	ING AMERICA		09/12/2005	3.670	12/06/2005	4,956,674	9,685	9,685
0199999 Total Cash Equivalents						138,878,860	147,151	147,151