



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2004
OF THE CONDITION AND AFFAIRS OF THE

THE WELLNESS PLAN

NAIC Group Code 1150 1150 NAIC Company Code 95471 Employer's ID Number 38-2008890
(Current Period) (Prior Period)

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 []

Date Incorporated 11/08/1972 Commenced Business 02/28/1973

Statutory Home Office 7700 SECOND AVENUE, DETROIT, MI 48202
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 7700 SECOND AVENUE DETROIT, MI 48202 313-202-8500
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 7700 SECOND AVENUE, DETROIT, MI 48202
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 7700 SECOND AVENUE DETROIT, MI 48202 313-202-8500-27828
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.wellplan.com

Statutory Statement Contact Rao Kakarala Mr. 313-202-8500-27828
(Name) (Area Code) (Telephone Number) (Extension)
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Policyowner Relations Contact 7700 SECOND AVENUE DETROIT, MI 48202 313-202-8500
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

Name	Title	Name	Title
<u>Richard Eugene Standridge, M.D.</u>	<u>Deputy Rehabilitator</u>	<u>Donn Robert Merrill</u>	<u>Deputy Rehabilitator</u>

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Kathleen Callahan Bernard Francis Parker Carol Ann Williams Charles Francis Whitten, M.D.

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.

Richard Eugene Standridge, M.D.
Deputy Rehabilitator

Donn Robert Merrill
Deputy Rehabilitator

Subscribed and sworn to before me this
 day of April, 2004

- 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

Polly J. Jones, Notary Public Wayne County, MI
August 17, 2007

STATEMENT AS OF MARCH 31, 2004 OF THE THE WELLNESS PLAN

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds			0	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	669,721	669,721	0	11,461,304
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 \$0 encumbrances)	19,913,643		19,913,643	20,275,152
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 (\$(679,565)), cash equivalents (\$45,260,140) and short-term investments (\$0)	44,580,575	360,064	44,220,511	33,348,859
6. Contract loans, (including \$premium notes)			0	0
7. Other invested assets	406,862	0	406,862	1,080,195
8. Receivable for securities			0	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	65,570,801	1,029,785	64,541,016	66,165,510
11. Investment income due and accrued	21,729		21,729	46,295
12. Premiums and considerations:				
12.1 Uncollected premiums and agents' balances in the course of collection	325,815		325,815	655,510
12.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
12.3 Accrued retrospective premiums			0	0
13. Reinsurance:				
13.1 Amounts recoverable from reinsurers			0	0
13.2 Funds held by or deposited with reinsured companies			0	0
13.3 Other amounts receivable under reinsurance contracts			0	0
14. Amounts receivable relating to uninsured plans			0	0
15.1 Current federal and foreign income tax recoverable and interest thereon			0	0
15.2 Net deferred tax asset			0	0
16. Guaranty funds receivable or on deposit			0	0
17. Electronic data processing equipment and software	2,198,422	1,915,270	283,152	367,512
18. Furniture and equipment, including health care delivery assets (\$1,443,813)	3,454,604	904,856	2,549,748	3,205,016
19. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
20. Receivables from parent, subsidiaries and affiliates	9,985	9,985	0	0
21. Health care (\$8,985,933) and other amounts receivable	9,020,214	3,474,391	5,545,823	3,584,857
22. Other assets nonadmitted			0	0
23. Aggregate write-ins for other than invested assets	541,059	541,059	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	81,142,629	7,875,346	73,267,283	74,024,700
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	81,142,629	7,875,346	73,267,283	74,024,700
DETAILS OF WRITE-INS				
0901.				
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)	0	0	0	0
2301. Employee Advances	7,802	7,802	0	0
2302. Prepaid Expenses	533,257	533,257	0	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	541,059	541,059	0	0

STATEMENT AS OF MARCH 31, 2004 OF THE THE WELLNESS PLAN

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	41,533,362		41,533,362	45,841,077
2. Accrued medical incentive pool and bonus amounts	4,334,136		4,334,136	3,550,379
3. Unpaid claims adjustment expenses	689,736		689,736	676,395
4. Aggregate health policy reserves	56,250		56,250	225,000
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	130,374		130,374	220,574
9. General expenses due or accrued	6,343,953		6,343,953	10,338,710
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital 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	1,086,820		1,086,820	1,093,081
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	1		1	1
16. Payable for securities			0	0
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 \$3,505,316 current)	3,505,316	0	3,505,316	3,473,311
22. Total liabilities (Lines 1 to 21)	57,679,948	0	57,679,948	65,418,528
23. Common capital stock	XXX	XXX		0
24. Preferred capital stock	XXX	XXX		0
25. Gross paid in and contributed surplus	XXX	XXX		0
26. Surplus notes	XXX	XXX		0
27. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
28. Unassigned funds (surplus)	XXX	XXX	15,587,335	8,606,172
29. Less treasury stock, at cost:				
29.1 shares common (value included in Line 23) \$)	XXX	XXX		0
29.2 shares preferred (value included in Line 24) \$)	XXX	XXX		0
30. Total capital and surplus (Lines 23 to 28 minus Line 29)	XXX	XXX	15,587,335	8,606,172
31. Total liabilities, capital and surplus (Lines 22 and 30)	XXX	XXX	73,267,283	74,024,700
DETAILS OF WRITE-INS				
2101. Provider Tax Liability	3,505,316		3,505,316	3,473,311
2102.				
2103.				
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)	3,505,316	0	3,505,316	3,473,311
2701.	XXX	XXX		
2702.	XXX	XXX		
2703.	XXX	XXX		
2798. Summary of remaining write-ins for Line 27 from overflow page	XXX	XXX	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	XXX	XXX	0	0

STATEMENT AS OF MARCH 31, 2004 OF THE THE WELLNESS PLAN

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	325,471	354,139
2. Net premium income (including non-health premium income).....	XXX	57,138,503	55,341,864
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$66,965 medical expenses)	XXX	10,366	9,484
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	(3,486,317)	29,440
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	53,662,552	55,380,788
Hospital and Medical:			
9. Hospital/medical benefits		24,591,255	30,482,476
10. Other professional services		2,241,990	2,047,901
11. Outside referrals		1,009,245	612,331
12. Emergency room and out-of-area		4,050,389	3,666,111
13. Prescription drugs		7,205,781	8,293,531
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		783,757	450,000
16. Subtotal (Lines 9 to 15)	0	39,882,417	45,552,350
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	39,882,417	45,552,350
19. Non-health claims			0
20. Claims adjustment expenses, including \$ cost containment expenses.....		380,950	298,748
21. General administrative expenses.....		5,890,026	6,247,775
22. Increase in reserves for life and accident and health contracts including \$ increase in reserves for life only).....		(168,750)	(1,046,831)
23. Total underwriting deductions (Lines 18 through 22)	0	45,984,643	51,052,042
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	7,677,909	4,328,746
25. Net investment income earned		195,655	773,411
26. Net realized capital gains (losses)		120,192	61,287
27. Net investment gains (losses) (Lines 25 plus 26)	0	315,847	834,698
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	0	0
30. Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	7,993,756	5,163,444
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	7,993,756	5,163,444
DETAILS OF WRITE-INS			
0601. Other Miscellaneous Revenue.....	XXX	18,999	29,440
0602. QAAP Tax.....	XXX	(3,505,316)	0
0603.	XXX		
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	(3,486,317)	29,440
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.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
2901.			0
2902.			
2903.			
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	0	0

STATEMENT AS OF MARCH 31, 2004 OF THE THE WELLNESS PLAN

CAPITAL AND SURPLUS ACCOUNT

	1 Current Year to Date	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT:		
33. Capital and surplus prior reporting year.....	8,606,172	3,227,164
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
34. Net income or (loss) from Line 32	7,993,756	5,096,000
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Net unrealized capital gains and losses	(18,133)	(278,281)
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	(994,460)	(5,751,019)
40. Change in unauthorized reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	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
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	6,312,308
48. Net change in capital & surplus (Lines 34 to 47)	6,981,163	5,379,008
49. Capital and surplus end of reporting period (Line 33 plus 48)	15,587,335	8,606,172
DETAILS OF WRITE-INS		
4701. Prior period adjustment.....		6,312,308
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	6,312,308

STATEMENT AS OF MARCH 31, 2004 OF THE THE WELLNESS PLAN

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	54,888,010	224,373,399
2. Net investment income	340,413	530,496
3. Miscellaneous income	(3,443,946)	(9,457,964)
4. Total (Lines 1 to 3)	51,784,477	215,445,931
5. Benefits and loss related payments	43,406,375	171,139,071
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	10,252,392	23,126,466
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) \$ net of tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	53,658,767	194,265,537
11. Net cash from operations (Line 4 minus Line 10)	(1,874,290)	21,180,394
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	32,155,622	8,447,550
12.3 Mortgage loans	0	0
12.4 Real estate	0	5,134,313
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	1,050,075	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	33,205,697	13,581,863
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	20,600,000	10,553,027
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	5,134,313
13.6 Miscellaneous applications	120,192	475,443
13.7 Total investments acquired (Lines 13.1 to 13.6)	20,720,192	16,162,783
14. Net increase (or decrease) in policy loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	12,485,505	(2,580,920)
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	1,791,594
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied).....	260,437	12,533,738
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	260,437	14,325,332
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
18. Net change in cash and short-term investments (Line 11 plus Lines 15 and 17)	10,871,652	32,924,806
19. Cash and short-term investments:		
19.1 Beginning of period	33,348,859	424,053
19.2 End of period (Line 18 plus Line 19.1)	44,220,511	33,348,859

STATEMENT AS OF MARCH 31, 2004 OF THE THE WELLNESS PLAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	110,453	15	6,036	0	0	0	944	0	103,458	0	0	0	0
2 First Quarter	107,302	5	4,392						102,905				
3 Second Quarter	0												
4. Third Quarter	0												
5. Current Year	107,302	5	4,392						102,905				
6 Current Year Member Months	325,471	26	14,823						310,622				
Total Member Ambulatory Encounters for Period:													
7. Physician	24,263	4	2,557						21,702				
8. Non-Physician	86,476	8	4,583						81,885				
9. Total	110,739	12	7,140	0	0	0	0	0	103,587	0	0	0	0
10. Hospital Patient Days Incurred	11,247	63	295						10,889				
11. Number of Inpatient Admissions	2,568	14	68						2,486				
12. Health Premiums Written	57,138,503	5,134	3,044,311						54,089,058				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	57,138,503	5,134	3,044,311						54,089,058				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	43,406,374	9,930	4,581,753				479,787		38,334,904				
18. Amount Incurred for Provision of Health Care Services	39,882,417	3,715	2,203,102						37,675,600				

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STATEMENT AS OF MARCH 31, 2004 OF THE THE WELLNESS PLAN

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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	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		
1. Comprehensive (hospital & medical)	1,174,261	1,740,040	2,533,207	1,039,056	3,707,468	4,279,747
2. Medicare Supplement0	.0
3. Dental Only0	.0
4. Vision Only0	.0
5. Federal Employees Health Benefits Plan	131,642		348,145		479,787	479,787
6. Title XVIII - Medicare0	.0
7. Title XIX - Medicaid	11,271,804	29,088,627	24,316,402	13,296,553	35,588,206	41,081,543
8. Other Health0	.0
9. Health Subtotal (Lines 1 to 8).....	12,577,707	30,828,667	27,197,754	14,335,609	39,775,461	45,841,077
10. Other non-health0	.0
11. Medical incentive pools and bonus amounts			3,779,136	555,000	3,779,136	3,550,379
12. Totals	12,577,707	30,828,667	30,976,890	14,890,609	43,554,597	49,391,456

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NOTES TO FINANCIAL STATEMENTS

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of The Wellness Plan (TWP) are presented on the basis of accounting practices permitted by the Michigan Office of Financial and Insurance Services (OFIS).

As of January 1, 2003, OFIS has adopted the NAIC's *Accounting Practices and Procedures* as a component of prescribed and permitted practices. OFIS has certain permitted practices that can be used as a phase-in for the accounting practices.

1. Three-year phase-in period for the limitation of admitted electronic data processing equipment and software (SSAP 16)
2. Three-year phase-in period for the amount of nonadmitted furniture and equipment (SSAP 19)

TWP, with the previous permission of OFIS, records their Malpractice Trust Self Insurance Fund and the Stop Loss Self Insurance Trust on Schedule BA. These two items are not specifically addressed in statutory accounting. If these funds were not allowed as admitted assets, the surplus would be decreased by \$1,343,519 as March 31, 2004 and by \$2,009,040 as of December 31, 2003.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

	<u>3/31/04</u>	<u>12/31/03</u>
(1) Net income – Mich. OFIS basis	\$ 7,993,756	\$ 5,096,000
(2) State prescribed practice	-0-	-0-
(3) State permitted practice	-0-	-0-
(4) Net income – NAIC SAP	<u>\$ 7,993,756</u>	<u>\$ 5,096,000</u>
(5) Statutory surplus – Mich. OFIS basis	\$15,587,335	\$ 8,606,172
(6) State prescribed practices (surplus):		
EDP equipment	24,967	215,440
Furniture & equipment	1,105,935	1,802,686
(7) State permitted practices (surplus):	-0-	-0-
(8) Statutory surplus – NAIC SAP	<u>\$ 14,456,433</u>	<u>\$ 6,588,046</u>

B. Use of Estimates in the Preparation of the Financial Statements: No changes

C. Accounting Policy: No changes

2. Accounting Changes and Correction of Errors

As of January 1, 2003, OFIS has adopted the NAIC's *Accounting Practices and Procedures* as a component of prescribed and permitted practices. OFIS has certain prescribed practices that can be used as a phase-in for the accounting procedures.

- The reported amount for computer hardware is limited to 15%, for 2004, and 25%, for 2003, of the Company's capital surplus, as allowed under the State of Michigan prescribed accounting practices. The amount of the Company's non-operating systems software is treated as a non-admitted asset.

NOTES TO FINANCIAL STATEMENTS

	<u>3/31/04</u>	<u>12/31/03</u>
Capital and surplus, beginning of period	8,606,172	5,069,062
Percentage allowed	<u>15%</u>	<u>25%</u>
Allowable limit of computer equipment	1,290,926	1,267,266
Amount of EDP equipment and software	2,198,422	2,477,122
Less amount of EDP software	<u>1,915,270</u>	<u>2,109,610</u>
Net amount of EDP equipment	283,152	367,512
Admitted amount (not to exceed the allowable limit as determined above)	<u>283,152</u>	<u>367,512</u>
Nonadmitted amount	<u>1,915,270</u>	<u>2,109,610</u>

• Office Furniture and Equipment is stated at 55%, for 2004, and 85%, for 2003, of the net book value as allowed under the State of Michigan's prescribed accounting practices.

	<u>3/31/04</u>	<u>12/31/03</u>
Furniture and Equipment	3,454,604	3,523,137
Less: Medical Delivery assets (*)	<u>1,443,813</u>	<u>1,402,330</u>
Net Office Equipment	2,010,791	2,120,807
Admitted amount at 55% of total (2004)	1,105,935	
Admitted amount at 85% of total (2003)		<u>1,802,686</u>
Nonadmitted amount	<u>904,856</u>	<u>318,121</u>

* Medical Delivery assets of \$1,443,813 and \$1,402,330 consisting of inventory of medical supplies, drugs and staff clinics equipment were deducted from the total office furniture and equipment when determining nonadmitted assets.

3. Business Combinations and Goodwill:

- A. Statutory Purpose Method: Not applicable
- B. Statutory Merger: Not applicable
- C. Assumption Reinsurance: Not applicable
- D. Impairment Loss: Not applicable

4. Discontinued Operations: No changes

5. Investments (Mortgage Loans, Debt Restructuring, Reverse Mortgages, Loan-Backed Securities and Repurchase Agreements)

- A. Mortgage 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: Not applicable

8. Derivative Instruments: Not applicable

9. Income Taxes:

The corporation is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for federal income taxes has been made.

10. Information Concerning Parent, Subsidiaries and Affiliates: No changes

11. Debt: No changes

NOTES TO FINANCIAL STATEMENTS

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
 - A. Defined Benefit Plan: Not applicable
 - B. Defined Contribution Plans: No changes
 - C. Multiemployer Plans: Not applicable
 - D. Consolidated/Holding Company Plans: Not applicable
 - E. Postemployment Benefits and Compensated Absences: No changes
13. Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

Not applicable
14. Contingencies: No changes
15. Leases: No changes
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 A&H 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
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable
20. September 11 Events: Not applicable
21. Other Items: Not applicable
 - A. Extraordinary Items: Not applicable
 - B. Troubled Debt Restructuring: Debtors: Not applicable
 - C. Other Disclosures: Not applicable
 - D. Uncollectible assets covered by SSAP 6: No changes
 - E. Business Interruption Insurance Recoveries: Not applicable
22. Events Subsequent:

The Rehabilitator (OFIS Commissioner) has signed a letter of intent to sell certain assets of the corporation to a non-affiliated Michigan corporation on September 30, 2004, which is pending final approval of the Ingham County Circuit Court.
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

NOTES TO FINANCIAL STATEMENTS

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased \$5,836,859 from \$49,391,456 at December 31, 2003 to \$43,554,597 at March 31, 2004 as a result of reestimation of unpaid claims and claim adjustment expenses. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased when additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements: Not applicable27. Structured Settlements: Not applicable28. Health Care Receivables:A. Pharmaceutical Rebate Receivables:

	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- 180 days of billing	Actual rebates received more than 180 days after billing
	-----	-----	-----	-----	-----
3/31/2004	613,553	-0-	-0-	-0-	401,032
12/31/2003	1,014,585	729,733	-0-	-0-	601,972
9/30/2003	886,824	336,039	-0-	-0-	208,089
6/30/2003	758,874	79,807	-0-	-0-	147,582
3/31/2003	826,649	237,408	-0-	-0-	237,854
12/31/2002	827,095	342,202	-0-	-0-	235,107
9/30/2002	720,000	380,727	-0-	-0-	487,610
6/30/2002	826,883	245,991	-0-	-0-	304,256
3/31/2002	885,148	240,229	-0-	-0-	335,103

B. Risk Sharing Receivables:

Calendar year	Evaluation period ending year	Risk sharing receivable as estimated in the prior year	Risk sharing receivable as estimated in the current year	Risk sharing receivable billed	Risk sharing receivable not yet billed	Actual risk sharing amounts received in year billed	Actual risk sharing amounts received in second subsequent year	Actual risk sharing amounts received – all other
-----	-----	-----	-----	-----	-----	-----	-----	-----
2004	2004 2005	335,349	355,877 -0-	-0-	355,877	-0-		
2003	2003 2004	717,782	658,733 335,349	717,782		-0-		
2002	2002 2003	45,334	332,844 717,782	45,334	287,510	-0-	58,725	19,575

29. Participating Policies: Not applicable30. Premium Deficiency Reserves

At December 31, 2003, the Company recorded a loss of \$225,000 in commercial premium deficiency reserves based on expected losses occurring during 2004. Resulting from the net reduction of commercial membership as well as the reduction in incurred claims expenses, \$168,750 was recognized as a reduction of medical expenses during the three months ended March 31, 2004.

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 which 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. 12/31/2001
- 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. 12/31/1997
- 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). 04/15/1999
- 7.4 By what department or departments?
Office of Financial and Insurance Services (Michigan).....
- 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

STATEMENT AS OF MARCH 31, 2004 OF THE THE WELLNESS PLAN

GENERAL INTERROGATORIES
INVESTMENT

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

10.2 If yes, explain:
.....

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: \$5,028,173

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 []

14.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-term Investments	\$	\$
14.25 Mortgages, Loans or Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$
14.29 Receivable from Parent not 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 []

If no, attach a description with this statement.

16. 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 []

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
Comerica Bank.....	411 West Lafayette, Detroit, Michigan 48226.....
Bank One.....	611 Woodward, Detroit, Michigan 48226.....

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
DTC 2255.....	Harry Hunter.....	Bank One, 611 Woodward, Detroit, MI 48226.....
DTC 2108.....	Randy L. Browning.....	Comerica Bank, 411 W. Lafayette, Detroit, MI 48226.....

SCHEDULE A - VERIFICATION

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	20,275,151	28,422,937
2. Increase (decrease) by adjustment	(361,509)	(3,013,473)
3. Cost of acquired		0
4. Cost of additions to and permanent improvements		0
5. Total profit (loss) on sales		0
6. Increase (decrease) by foreign exchange adjustment		0
7. Amount received on sales		5,134,313
8. Book/adjusted carrying value at end of current period	19,913,642	20,275,151
9. Total valuation allowance		0
10. Subtotal (Lines 8 plus 9)	19,913,642	20,275,151
11. Total nonadmitted amounts		0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	19,913,642	20,275,151

SCHEDULE B – VERIFICATION

	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**

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,080,195	(7,441,674)
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions		5,134,313
2.2. Additional investment made after acquisitions		0
3. Accrual of discount		0
4. Increase (decrease) by adjustment	(673,333)	3,387,556
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	406,862	1,080,195
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	406,862	1,080,195
12. Total nonadmitted amounts		0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	406,862	1,080,195

SCHEDULE D - VERIFICATION

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	12,120,384	9,828,328
2. Cost of bonds and stocks acquired	20,600,000	10,553,027
3. Accrual of discount		0
4. Increase (decrease) by adjustment	(15,233)	85,219
5. Increase (decrease) by foreign exchange adjustment		0
6. Total profit (loss) on disposal	120,192	101,360
7. Consideration for bonds and stocks disposed of	32,155,622	8,447,550
8. Amortization of premium		0
9. Book/adjusted carrying value, current period	669,721	12,120,384
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	669,721	12,120,384
12. Total nonadmitted amounts	669,721	659,080
13. Statement value	0	11,461,304

Schedule D - Part 1B

NONE

Schedule DA - Part 1

NONE

Schedule DA - Part 2

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S

NONE

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

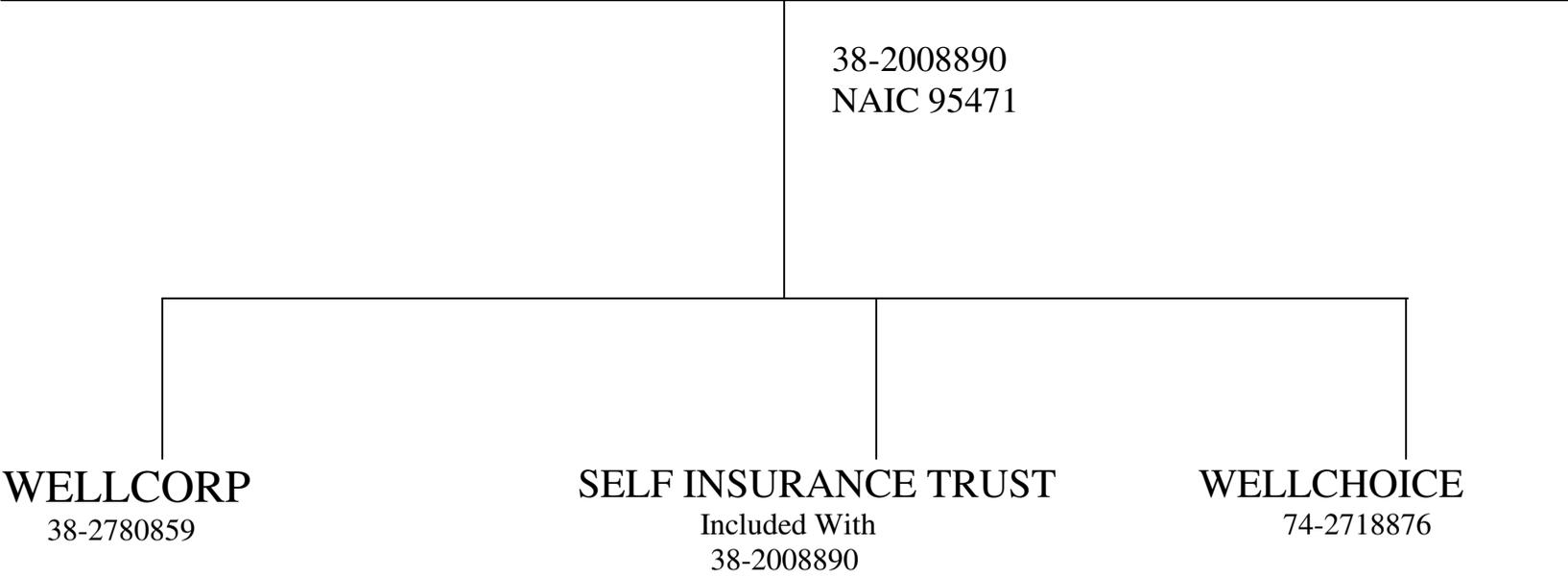
Allocated by States and Territories

States, Etc.	1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed? (Yes or No)	Direct Business Only Year-to-Date						
			3 Accident and Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefit Program Premiums	7 Life and Annuity Premiums and Deposit-Type Contract Funds	8 Property/Casualty Premiums	
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI	No	Yes	3,049,445		54,089,058			
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH								
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Canada	CN								
57. Aggregate Other Alien	OT	XXX	XXX	0	0	0	0	0	0
58. Total (Direct Business)	XXX	(a)	1	3,049,445	0	54,089,058	0	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 - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART**

THE WELLNESS PLAN (NAIC Code) FIN



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 on "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 question.

RESPONSE

1. Will the SVO Compliance Certification be filed with this statement?

.....YES.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

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

STATEMENT AS OF MARCH 31, 2004 OF THE THE WELLNESS PLAN

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company 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)
681937-32-2	Bank One One Group Ultra Short-Term Bond Fund		02/19/2004	Bank One		10,600,000			1
681937-32-2	Bank One One Group Ultra Short-Term Bond Fund		02/20/2004	Bank One		10,000,000			1
4599999	- Total - Bonds - Industrial, Misc.					20,600,000			XXX
6099997	- Total - Bonds - Part 3					20,600,000			XXX
6099999	- Total - Bonds					20,600,000	0	0	XXX
6599999	- Total - Preferred Stocks					0	XXX	0	XXX
7299999	- Total - Common Stocks					0	XXX	0	XXX
7399999	- Total - Preferred and Common Stocks					0	XXX	0	XXX
7499999	- Totals					20,600,000	XXX	0	XXX

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

E04

STATEMENT AS OF MARCH 31, 2004 OF THE THE WELLNESS PLAN

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 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)	
681937-63-7	One Group Short-Term Bond Fund		03/24/2004	Bank One		983,489		976,103	977,132	(3,753)			(3,753)		983,489		7,385	7,385	6,247		1	
681937-32-2	One Group Ultra Short-Term Bond Fund		03/22/2004	Bank One		10,237,333		10,176,611	10,020,182	(19,680)			(19,680)		10,237,333		60,722	60,722	124,126		1	
681937-32-2	One Group Ultra Short-Term Bond Fund		03/23/2004	Bank One		10,221,947		10,201,462					0		10,221,947		20,485	20,485			1	
681937-32-2	One Group Ultra Short-Term Bond Fund		03/24/2004	Bank One		10,242,453		10,221,927					0		10,242,453		20,526	20,526			1	
681937-63-7	Plan & Trust - Stop Loss		03/24/2004	Bank One		470,400		459,326	463,991	(9,336)			(9,336)		470,400		11,074	11,074	4,011		1	
4599999	- Bonds - Industrial and Miscellaneous					32,155,622		32,035,429	11,461,305	(32,769)			(32,769)		32,155,622		120,192	120,192	134,384	XXX	XXX	
6099997	- Bonds - Part 4					32,155,622		32,035,429	11,461,305	(32,769)			(32,769)		32,155,622		120,192	120,192	134,384	XXX	XXX	
6099999	- Total - Bonds					32,155,622	0	32,035,429	11,461,305	(32,769)	0	0	(32,769)	0	32,155,622	0	120,192	120,192	134,384	XXX	XXX	
6599999	- Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7299999	- Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7399999	- Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7499999	Totals					32,155,622	XXX	32,035,429	11,461,305	(32,769)	0	0	(32,769)	0	32,155,622	0	120,192	120,192	134,384	XXX	XXX	

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

E05

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

