



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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 313-202-8500-27828
(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
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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>James Eric Gerber</u>	<u>Deputy Rehabilitator</u>		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>Kathleen Callahan</u>	<u>Bernard Francis Parker</u>	<u>Carol Ann Williams</u>	<u>Charles Francis Whitten, M.D.</u>
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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.

James Eric Gerber
Deputy Rehabilitator

Subscribed and sworn to before me this
12 day of November, 2004

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

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 _____

STATEMENT AS OF SEPTEMBER 30, 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	243,938		243,938	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	426,850		426,850	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 \$ encumbrances)	19,191,036		19,191,036	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 (\$ (1,563,680)), cash equivalents (\$55,175,781) and short-term investments (\$0)	53,612,101		53,612,101	33,348,859
6. Contract loans, (including \$premium notes)			0	0
7. Other invested assets	1,114,105	0	1,114,105	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)	74,588,030	0	74,588,030	66,165,510
11. Investment income due and accrued	15,923		15,923	46,295
12. Premiums and considerations:				
12.1 Uncollected premiums and agents' balances in the course of collection	1,931	1,931	0	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	1,581,262	1,507,246	74,016	367,512
18. Furniture and equipment, including health care delivery assets (\$1,079,672)	2,263,460	532,705	1,730,755	3,205,016
19. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
20. Receivables from parent, subsidiaries and affiliates	9,927	9,927	0	0
21. Health care (\$5,652,294) and other amounts receivable	7,384,647	2,659,020	4,725,627	3,584,857
22. Other assets nonadmitted			0	0
23. Aggregate write-ins for other than invested assets	575,942	575,942	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	86,421,122	5,286,771	81,134,351	74,024,700
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	86,421,122	5,286,771	81,134,351	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	945	945	0	0
2302. Prepaid Expenses	574,997	574,997	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)	575,942	575,942	0	0

STATEMENT AS OF SEPTEMBER 30, 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 \$ reinsurance ceded)	41,861,112		41,861,112	45,841,077
2. Accrued medical incentive pool and bonus amounts	4,731,012		4,731,012	3,550,379
3. Unpaid claims adjustment expenses	912,337		912,337	676,395
4. Aggregate health policy reserves			0	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			0	220,574
9. General expenses due or accrued	7,576,101		7,576,101	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	1,119,729		1,119,729	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 \$3,321,495 current)	3,321,495	0	3,321,495	3,473,311
22. Total liabilities (Lines 1 to 21)	59,521,787	0	59,521,787	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	21,612,564	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	21,612,564	8,606,172
31. Total liabilities, capital and surplus (Lines 22 and 30)	XXX	XXX	81,134,351	74,024,700
DETAILS OF WRITE-INS				
2101. Provider Tax Liability	3,321,495		3,321,495	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)	3,321,495	0	3,321,495	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 SEPTEMBER 30, 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	933,469	1,042,436
2. Net premium income (including non-health premium income).....	XXX	162,801,900	171,476,081
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$146,020 medical expenses)	XXX	16,291	(3,707)
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	(10,784,475)	(5,995,876)
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	152,033,716	165,476,498
Hospital and Medical:			
9. Hospital/medical benefits		78,207,133	92,412,873
10. Other professional services		8,645,620	7,955,672
11. Outside referrals		2,817,752	3,723,737
12. Emergency room and out-of-area		12,671,877	17,095,387
13. Prescription drugs		20,977,775	23,238,651
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		1,665,000	1,331,374
16. Subtotal (Lines 9 to 15)	0	124,985,157	145,757,694
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	124,985,157	145,757,694
19. Non-health claims			0
20. Claims adjustment expenses, including \$ cost containment expenses.....		1,365,451	923,955
21. General administrative expenses.....		15,124,912	17,130,603
22. Increase in reserves for life and accident and health contracts including \$ increase in reserves for life only).....		(225,000)	(1,038,857)
23. Total underwriting deductions (Lines 18 through 22)	0	141,250,520	162,773,395
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	10,783,196	2,703,103
25. Net investment income earned		569,376	2,242,003
26. Net realized capital gains (losses)		120,192	233,632
27. Net investment gains (losses) (Lines 25 plus 26)	0	689,568	2,475,635
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	11,472,764	5,178,738
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	11,472,764	5,178,738
DETAILS OF WRITE-INS			
0601. QAAP Provider Tax.....	XXX	(10,270,286)	(6,052,327)
0602. Other Miscellaneous Revenue.....	XXX	(514,189)	56,451
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	(10,784,475)	(5,995,876)
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. Change in Non-Admitted Assets.....			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 SEPTEMBER 30, 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	11,472,764	5,096,000
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Net unrealized capital gains and losses	(60,486)	(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	1,594,114	(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)	13,006,392	5,379,008
49. Capital and surplus end of reporting period (Line 33 plus 48)	21,612,564	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 SEPTEMBER 30, 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.....	160,749,915	224,373,399
2. Net investment income	599,748	530,496
3. Miscellaneous income	(10,920,000)	(9,457,964)
4. Total (Lines 1 to 3)	150,429,663	215,445,931
5. Benefits and loss related payments	127,784,489	171,139,071
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....		0
7. Commissions, expenses paid and aggregate write-ins for deductions	18,301,621	23,126,466
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)	146,086,110	194,265,537
11. Net cash from operations (Line 4 minus Line 10)	4,343,553	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	1	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	1,073,379	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	33,229,002	13,581,863
13. Cost of investments acquired (long-term only):		
13.1 Bonds	236,691	0
13.2 Stocks	20,372,317	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	0	475,443
13.7 Total investments acquired (Lines 13.1 to 13.6)	20,609,008	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)	12,619,994	(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).....	3,299,695	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)	3,299,695	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)	20,263,242	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)	53,612,101	33,348,859

STATEMENT AS OF SEPTEMBER 30, 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	.0	.0	.0	.0	.0	102,905	.0	.0	.0	.0
3. Second Quarter	103,023	.0	2,901	.0	.0	.0	.0	.0	100,122	.0	.0	.0	.0
4. Third Quarter	95,482	.0	162						95,320				
5. Current Year	95,482	0	162						95,320				
6. Current Year Member Months	933,469	31	25,726						907,712				
Total Member Ambulatory Encounters for Period:													
7. Physician	81,102	4	5,238						75,860				
8. Non-Physician	243,295	8	11,307						231,980				
9. Total	324,397	12	16,545	0	0	0	0	0	307,840	0	0	0	0
10. Hospital Patient Days Incurred	33,274	63	458						32,753				
11. Number of Inpatient Admissions	8,083	14	115						7,954				
12. Health Premiums Written	162,801,900	6,760	5,645,623						157,149,517				
13. Life Premiums Direct0												
14. Property/Casualty Premiums Written0												
15. Health Premiums Earned	162,801,900	6,760	5,645,623						157,149,517				
16. Property/Casualty Premiums Earned0												
17. Amount Paid for Provision of Health Care Services	127,784,489	11,585	7,757,253				165,226		119,850,425				
18. Amount Incurred for Provision of Health Care Services	124,985,157	5,137	4,536,095						120,443,925				

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STATEMENT AS OF SEPTEMBER 30, 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)	1,550,681	6,218,157	951,082	101,059	2,501,763	4,279,747
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan	165,226		314,561		479,787	479,787
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid	14,885,080	104,480,978	20,792,633	19,701,777	35,677,713	41,081,543
8. Other Health					0	0
9. Health Subtotal (Lines 1 to 8).....	16,600,987	110,699,135	22,058,276	19,802,836	38,659,263	45,841,077
10. Other non-health					0	0
11. Medical incentive pools and bonus amounts	484,367		3,066,012	1,665,000	3,550,379	3,550,379
12. Totals	17,085,354	110,699,135	25,124,288	21,467,836	42,209,642	49,391,456

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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 \$2,055,132 as September 30, 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>9/30/04</u>	<u>12/31/03</u>
(1) Net income – Mich. OFIS basis	\$ 11,472,764	\$ 5,096,000
(2) State prescribed practice	-0-	-0-
(3) State permitted practice	-0-	-0-
(4) Net income – NAIC SAP	<u>\$ 11,472,764</u>	<u>\$ 5,096,000</u>
(5) Statutory surplus – Mich. OFIS basis	\$ 21,612,564	\$ 8,606,172
(6) State prescribed practices (surplus):		
EDP equipment	-0-	215,440
Furniture & equipment	651,083	1,802,686
(7) State permitted practices (surplus):	-0-	-0-
(8) Statutory surplus – NAIC SAP	<u>\$ 20,961,481</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>9/30/04</u>	<u>12/31/03</u>
Capital and surplus, beginning of period	19,149,177	5,069,062
Percentage allowed	<u>15%</u>	<u>25%</u>
Allowable limit of computer equipment	2,872,377	1,267,266
Amount of EDP equipment and software	1,581,262	2,477,122
Less amount of EDP software	<u>1,507,246</u>	<u>2,109,610</u>
Net amount of EDP equipment	74,016	367,512
Admitted amount (not to exceed the allowable limit as determined above)	<u>74,016</u>	<u>367,512</u>
Nonadmitted amount	<u>1,507,246</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>9/30/04</u>	<u>12/31/03</u>
Furniture and Equipment	2,263,460	3,523,137
Less: Medical Delivery assets **	<u>1,079,672</u>	<u>1,402,330</u>
Net Office Equipment	1,183,788	2,120,807
Admitted amount at 55% of total (2004)	651,083	
Admitted amount at 85% of total (2003)		<u>1,802,686</u>
Nonadmitted amount	<u>532,705</u>	<u>318,121</u>

** Medical Delivery assets of \$1,079,672 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.

The estimated useful lives of the Company's computer hardware, software, and medical equipment were recently re-evaluated to comply with SSAP Statements 16, 19, and 73, which resulted in an one-time charge to depreciation expense that was recorded as of June 30, 2004 for \$332,351.

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:

On June 18, 2004, the company was notified by the Michigan Department of Community Health of the non-renewal of its Medicaid contract after the current contract expires on September 30, 2004.

The Company ended its commercial line of business for practically all of its groups on June 30, 2004 or earlier, as well as the contract for the Company's employee health care coverage, which ended July 31, 2004.

The Michigan Department of Community Health did not renew its contract for Medicaid coverage which ended September 30, 2004. As a result, all of the remaining members were sold to either Molina Healthcare of Michigan (membership in Wayne, Oakland, Muskegon and Oceana Counties), McLaren Health Plan (membership in Genesee and Lapeer Counties) or Total Health Care (membership in Macomb County). The total sale price amount to approximately \$22,500,000.

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

NOTES TO FINANCIAL STATEMENTS

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
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

NOTES TO FINANCIAL STATEMENTS

22. Events Subsequent:

None after September 30, 2004. Earlier notes transferred to item #4 Discontinued Operations.

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 applicable25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased \$7,181,814 from \$49,391,456 at December 31, 2003 to \$42,209,642 at September 30, 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
9/30/2004	215,573	50,782	-0-	-0-	126,221
6/30/2004	291,012	-0-	-0-	-0-	322,542
3/31/2004	613,554	(146,420)	-0-	-0-	254,611
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 subsequent year	Actual risk sharing amounts received - all other
2004	2004 2005	335,349	335,877	-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

NOTES TO FINANCIAL STATEMENTS

29. Participating Policies: Not applicable

30. 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, \$225,000 was recognized as a reduction of medical expenses during the nine months ended September 30, 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
- 1.2 If yes, explain:
The estimated useful lives of the Company's computer hardware, software and medical equipment were recently evaluated to comply with SSAP Statements 16, 19, and 73.....
- 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
- 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
- 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
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
- 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 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.....
- 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
- 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
- 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
- 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 SEPTEMBER 30, 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: \$5,134,313

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

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	\$0	\$0
14.22 Preferred Stock	\$0	\$0
14.23 Common Stock	\$0	\$0
14.24 Short-term Investments	\$0	\$0
14.25 Mortgages, Loans or Real Estate	\$0	\$0
14.26 All Other	\$0	\$0
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	\$0	\$0
14.29 Receivable from Parent not included in Lines 14.21 to 14.26 above	\$0	\$0

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

STATEMENT AS OF SEPTEMBER 30, 2004 OF THE THE WELLNESS PLAN

GENINTPT1 - Attachment

The administrative services contract with eoshealth, LLC was terminated on September 30, 2004 and a new contract was signed with AIM effective October 1, 2004.

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	(1,084,115)	(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	19,191,036	20,275,151
9. Total valuation allowance		0
10. Subtotal (Lines 8 plus 9)	19,191,036	20,275,151
11. Total nonadmitted amounts		0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	19,191,036	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	33,910	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	1,114,105	1,080,195
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	1,114,105	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)	1,114,105	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	20,604,547	10,553,027
3. Accrual of discount		0
4. Increase (decrease) by adjustment	(18,713)	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	670,788	12,120,384
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	670,788	12,120,384
12. Total nonadmitted amounts		659,080
13. Statement value	670,788	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

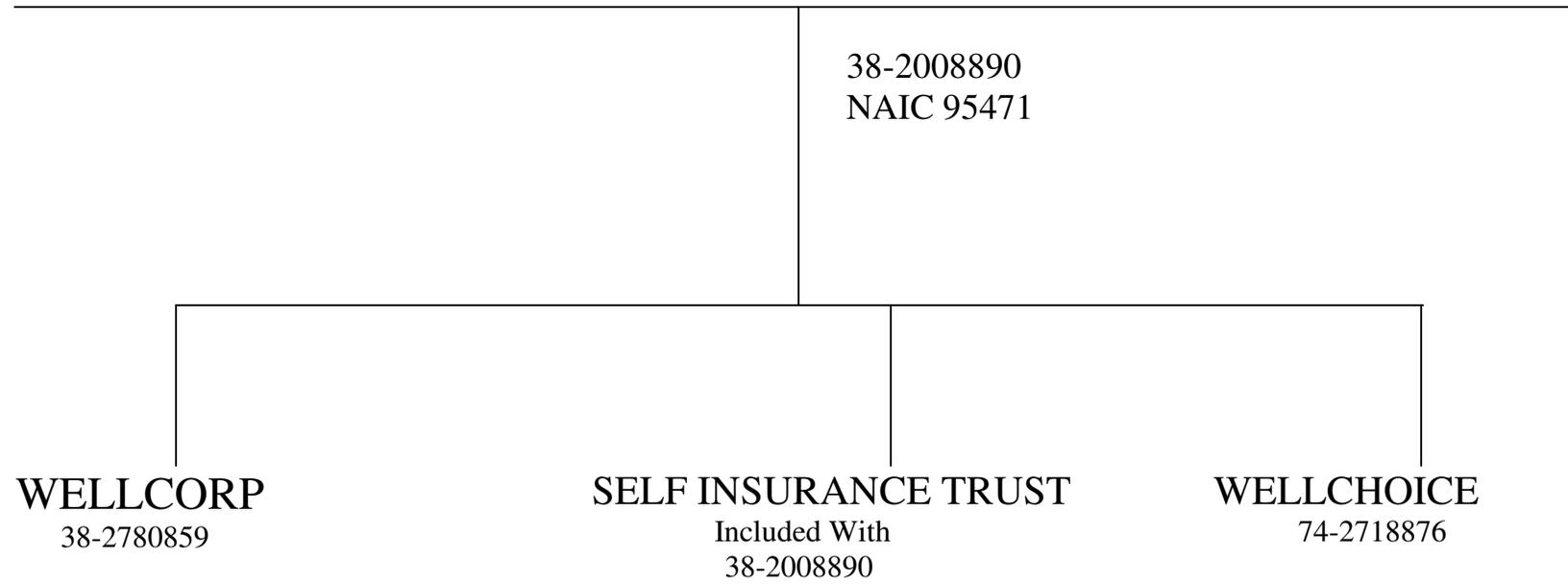
Allocated by States and Territories

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	5,652,383		157,149,517			
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	5,652,383	0	157,149,517	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 SEPTEMBER 30, 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)
68231N-74-3	One Group Bond Fund-Employee Benefit Trust		07/01/2004	Bank One		1,033			1
681939-78-1	One Group Diversified Equity Fund-Employee Benefit Trust		07/01/2004	Bank One		471			1
68231N-60-2	One Group Small Cap Value Fund-Employee Benefit Trust		07/01/2004	Bank One		3			1
68231N-74-3	One Group Bond Fund-Employee Benefit Trust		08/02/2004	Bank One		1,015			1
68231N-74-3	One Group Bond Fund-Employee Benefit Trust		09/01/2004	Bank One		997			1
4599999	- Total - Bonds - Industrial, Misc.					3,519			XXX
6099997	- Total - Bonds - Part 3					3,519			XXX
6099999	- Total - Bonds					3,519	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					3,519	XXX	0	XXX

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

E04

Schedule D - Part 4

NONE

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

