

Amending Pages 2, 7, & 9 per State of Michigan review



QUARTERLY STATEMENT

AS OF JUNE 30, 2005
OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, Inc.

NAIC Group Code	<u>0000</u>	NAIC Company Code	<u>52615</u>	Employer's ID Number	<u>38-3379956</u>
	(Current Period)		(Prior Period)		
Organized under the Laws of	<u>Michigan</u>		State of Domicile or Port of Entry	<u>Michigan</u>	
Country of Domicile	<u>United States of America</u>				
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 [] No [X]			
Incorporated/Organized	<u>10/14/1997</u>	Commenced Business	<u>08/01/1998</u>		
Statutory Home Office	<u>228 W. Washington St.</u>		<u>Marquette, MI 49855</u>		
	(Street and Number)		(City or Town, State and Zip Code)		
Main Administrative Office	<u>228 W. Washington St.</u>	<u>Marquette, MI 49855</u>	<u>906-225-7500</u>		
	(Street and Number)	(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	<u>228 W. Washington St.</u>		<u>Marquette, MI 49855</u>		
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)		
Primary Location of Books and Records	<u>228 W. Washington St.</u>	<u>Marquette, MI 49855</u>	<u>906-225-7491</u>		
	(Street and Number)	(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Internet Website Address	<u>www.uphp.com</u>				
Statutory Statement Contact	<u>Patrick N. Thomson CPA</u>		<u>906-225-7491</u>		
	(Name)		(Area Code) (Telephone Number) (Extension)		
	<u>pthomson@uphp.com</u>		<u>906-225-7690</u>		
	(E-mail Address)		(FAX Number)		
Policyowner Relations Contact	<u>228 W. Washington St.</u>	<u>Marquette, MI 49855</u>	<u>906-225-7500</u>		
	(Street and Number)	(City or Town, State and Zip Code)	(Area Code) (Telephone Number) (Extension)		

OFFICERS

Name	Title	Name	Title
<u>Dennis H. Smith</u>	<u>President</u>	<u>Greg A. Gustafson</u>	<u>Treasurer</u>
<u>William Nemacheck</u>	<u>Secretary</u>		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>John Schon</u>	<u>James Bogan</u>	<u>William Nemacheck</u>	<u>Wayne Hellerstedt</u>
<u>David Hartberg</u>	<u>Robert Vairo</u>	<u>David Rencher</u>	<u>Michelle Tavernier</u>
<u>Eric Jurgensen</u>			

State of Michigan
County of Marquette **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.

Dennis H. Smith
President

William Nemacheck
Secretary

Greg A. Gustafson
Treasurer

Subscribed and sworn to before me this
15 day of August, 2005

- 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 _____

Tanya Jennings-Niemi, Executive Assistant
October 11, 2007

STATEMENT AS OF JUNE 30, 2005 OF THE Upper Peninsula Health Plan, Inc.

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	3,500,078		3,500,078	25,145
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
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)			0	0
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 (\$5,232,851), cash equivalents (\$0) and short-term investments (\$1,512,774)	6,745,625		6,745,625	11,665,763
6. Contract loans, (including \$premium notes)			0	0
7. Other invested assets	0	0	0	0
8. Receivables for securities			0	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	10,245,703	0	10,245,703	11,690,908
11. Title plants less \$ charged off (for Title insurers only)			0	
12. Investment income due and accrued	82,341		82,341	21,250
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection			0	0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
13.3 Accrued retrospective premiums			0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers			0	0
14.2 Funds held by or deposited with reinsured companies			0	0
14.3 Other amounts receivable under reinsurance contracts			0	0
15. Amounts receivable relating to uninsured plans			0	0
16.1 Current federal and foreign income tax recoverable and interest thereon	429,044		429,044	0
16.2 Net deferred tax asset			0	0
17. Guaranty funds receivable or on deposit			0	0
18. Electronic data processing equipment and software	7,565	7,187	378	0
19. Furniture and equipment, including health care delivery assets (\$)	4,052	3,039	1,013	0
20. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
21. Receivables from parent, subsidiaries and affiliates			0	0
22. Health care (\$304,812) and other amounts receivable	876,494	550,000	326,494	375,106
23. Aggregate write-ins for other than invested assets	0	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	11,645,199	560,226	11,084,973	12,087,264
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
26. Total (Lines 24 and 25)	11,645,199	560,226	11,084,973	12,087,264
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.				
2302.				
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)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	6,357,575		6,357,575	6,555,000
2. Accrued medical incentive pool and bonus amounts			0	147,000
3. Unpaid claims adjustment expenses	129,746		129,746	173,000
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	349,305		349,305	2,016
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	75,045
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
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 \$ current)	0	0	0	0
22. Total liabilities (Lines 1 to 21)	6,836,626	0	6,836,626	6,952,061
23. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
24. Common capital stock	XXX	XXX	3,592,171	3,261,670
25. Preferred capital stock	XXX	XXX		0
26. Gross paid in and contributed surplus	XXX	XXX		0
27. Surplus notes	XXX	XXX		0
28. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29. Unassigned funds (surplus)	XXX	XXX	656,176	1,873,533
30. Less treasury stock, at cost:				
30.1 shares common (value included in Line 24) \$)	XXX	XXX		0
30.2 shares preferred (value included in Line 25) \$)	XXX	XXX		0
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	4,248,347	5,135,203
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	11,084,973	12,087,264
DETAILS OF WRITE-INS				
2101.				
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)	0	0	0	0
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX	0	0
2801.	XXX	XXX		
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	157,187	158,945
2. Net premium income (including non-health premium income).....	XXX	24,700,354	24,075,439
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	24,700,354	24,075,439
Hospital and Medical:			
9. Hospital/medical benefits		13,183,791	11,753,110
10. Other professional services		2,198,405	2,058,846
11. Outside referrals			0
12. Emergency room and out-of-area		992,328	872,131
13. Prescription drugs		4,895,306	4,632,380
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15)	0	21,269,830	19,316,467
Less:			
17. Net reinsurance recoveries			45,000
18. Total hospital and medical (Lines 16 minus 17)	0	21,269,830	19,271,467
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ cost containment expenses.....		752,528	1,262,933
21. General administrative expenses.....		3,516,157	2,902,366
22. Increase in reserves for life and accident and health contracts including \$ increase in reserves for life only).....			0
23. Total underwriting deductions (Lines 18 through 22)	0	25,538,515	23,436,766
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(838,161)	638,673
25. Net investment income earned		163,149	46,112
26. Net realized capital gains (losses) less capital gains tax of \$			0
27. Net investment gains (losses) (Lines 25 plus 26)	0	163,149	46,112
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) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(675,012)	684,785
31. Federal and foreign income taxes incurred	XXX	(359,323)	228,720
32. Net income (loss) (Lines 30 minus 31)	XXX	(315,689)	456,065
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
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	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			
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.			
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 OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year
CAPITAL AND SURPLUS ACCOUNT:			
33. Capital and surplus prior reporting year.....	5,135,203	4,307,270	4,307,270
GAINS AND LOSSES TO CAPITAL & SURPLUS:			
34. Net income or (loss) from Line 32	(315,689)	456,065	763,892
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
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	(560,226)	(65,968)	15,096
40. Change in unauthorized reinsurance	0	0	0
41. Change in treasury stock		0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles	(10,875)	49,068	49,068
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	(66)	(63)	(123)
48. Net change in capital & surplus (Lines 34 to 47)	(886,856)	439,102	827,933
49. Capital and surplus end of reporting period (Line 33 plus 48)	4,248,347	4,746,372	5,135,203
DETAILS OF WRITE-INS			
4701. Bond Amortization Adjustment.....	(67)	(63)	(112)
4702. Equity Adjustment.....	1	0	(11)
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	(66)	(63)	(123)

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	24,319,922	50,146,746
2. Net investment income	156,297	136,355
3. Miscellaneous income	0	0
4. Total (Lines 1 to 3)	24,476,219	50,283,101
5. Benefits and loss related payments	23,021,128	39,363,720
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	3,168,559	8,108,236
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) \$ net of tax on capital gains (losses)	(284,278)	863,296
10. Total (Lines 5 through 9)	25,905,409	48,335,252
11. Net cash from operations (Line 4 minus Line 10)	(1,429,190)	1,947,849
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	20,000
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	6,442
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	26,442
13. Cost of investments acquired (long-term only):		
13.1 Bonds	3,468,148	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	11,924	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,480,072	0
14. Net increase (or decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(3,480,072)	26,442
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied).....	(10,876)	159,608
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(10,876)	159,608
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Lines 15 and 17)	(4,920,138)	2,133,899
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	11,665,763	9,531,864
19.2 End of period (Line 18 plus Line 19.1)	6,745,625	11,665,763

STATEMENT AS OF JUNE 30, 2005 OF THE Upper Peninsula Health Plan, Inc.

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	26,025	0	0	0	0	0	0	0	25,746	0	0	0	279
2. First Quarter	26,275	0	0	0	0	0	0	0	25,997	0	0	0	278
3. Second Quarter	26,218								25,927				291
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	157,187								155,518				1,669
Total Member Ambulatory Encounters for Period:													
7. Physician	128,425								127,535				890
8. Non-Physician	181,205								180,231				974
9. Total	309,630	0	0	0	0	0	0	0	307,766	0	0	0	1,864
10. Hospital Patient Days Incurred	3,343								3,343				0
11. Number of Inpatient Admissions	1,110								1,110				0
12. Health Premiums Written	24,984,143								24,852,831				131,312
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	24,700,354								24,583,121				117,233
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	20,308,717								20,252,094				56,623
18. Amount Incurred for Provision of Health Care Services	21,269,830								21,164,013				105,817

7

STATEMENT AS OF JUNE 30, 2005 OF THE Upper Peninsula Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Bay Area Medical Center.....	3,663	6,278	107	.0	2,004	12,052
Childrens Hospital of Wisconsin.....	2,205	10,852	.0	.0	.0	13,057
Grand View Hospital.....	628	7,881	2,077	.0	.0	10,586
Iron County General Hospital.....	5,558	2,277	2,172	.0	.0	10,007
Keweenaw Memorial Medical Center.....	5,963	7,984	.0	.0	.0	13,947
Marquette General Hospital.....	16,851	99,850	4,230	.0	13,786	134,717
Munson Medical Center.....	12,545	.0	.0	.0	.0	12,545
Portage Health System.....	10,886	1,955	5,530	7,736	9,841	35,948
University of Michigan - Regents.....	.0	27,299	.0	.0	.0	27,299
St. Francis Hospital.....	37,452	14,602	32,270	.0	.0	84,324
St. Vincent Hospital.....	.0	10,239	.0	.0	.0	10,239
4D Pharmacy Management Systems.....	556,952	.0	.0	.0	.0	556,952
0199999 Individually Listed Claims Unpaid	652,703	189,217	46,386	7,736	25,631	921,673
0299999 Aggregate Accounts Not Individually Listed-Uncovered						0
0399999 Aggregate Accounts Not Individually Listed-Covered						0
0499999 Subtotals	652,703	189,217	46,386	7,736	25,631	921,673
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	5,435,902
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total Claims Unpaid	XXX	XXX	XXX	XXX	XXX	6,357,575
0899999 Accrued Medical Incentive Pool and Bonus Amounts	XXX	XXX	XXX	XXX	XXX	

STATEMENT AS OF JUNE 30, 2005 OF THE Upper Peninsula Health Plan, Inc.

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) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental Only .....					.0	.0
4. Vision Only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid	5,662,533	15,443,287	715,792	5,605,589	6,378,325	6,526,973
8. Other Health	30,891	25,732	1,949	34,245	32,840	28,027
9. Health Subtotal (Lines 1 to 8).....	5,693,424	15,469,019	717,741	5,639,834	6,411,165	6,555,000
10. Healthcare receivables (a)		304,812			.0	.0
11. Other non-health .....	.0				.0	.0
12. Medical incentive pools and bonus amounts	147,000				147,000	147,000
13. Totals	5,840,424	15,773,831	717,741	5,639,834	6,558,165	6,702,000

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

6