



**HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2006  
OF THE CONDITION AND AFFAIRS OF THE**

**Great Lakes Health Plan, Inc.**

NAIC Group Code 0707 0707 NAIC Company Code 95467 Employer's ID Number 38-3204052  
(Current Period) (Prior Period)

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

Country of Domicile United States

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 01/11/1994 Commenced Business 10/11/1994

Statutory Home Office 17117 W. Nine Mile Rd., Suite 1600, Southfield, MI 48075  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 17117 W. Nine Mile Rd, Suite 1600  
(Street and Number)  
Southfield, MI 48075 248-559-5656  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 17117 W. Nine Mile Rd., Suite 1600, Southfield, MI 48075  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 17117 W. Nine Mile Rd, Suite 1600  
(Street and Number)  
Southfield, MI 48075 248-331-4284  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.glhp.com

Statutory Statement Contact Chris A. Scherer 248-331-4284  
(Name) (Area Code) (Telephone Number) (Extension)  
cscherer@glhp.com 248-559-4640  
(E-mail Address) (FAX Number)

Policyowner Relations Contact 17117 W. Nine Mile Rd., Suite 1600  
(Street and Number)  
Southfield, MI 48075 248-331-4284  
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

**OFFICERS**

Name	Title	Name	Title
<u>Chris A. Scherer</u>	<u>President</u>	<u>Eric Wexler</u>	<u>Secretary</u>
<u>Robert W. Oberrender</u>	<u>Treasurer</u>		

**OTHER OFFICERS**

<u>Dawn Koehler</u>	<u>V.P. Government &amp; Public Relations</u>	<u>Lisa Gray #</u>	<u>V.P. Customer Relations</u>
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**DIRECTORS OR TRUSTEES**

<u>Thelma Duggin</u>	<u>Deborah Mates Chaskes</u>	<u>Laura Spicer #</u>	<u>William Ralston</u>
<u>Stephen T. Swift</u>			

State of .....

ss

County of .....

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.

Chris A. Scherer  
President

Eric Wexler  
Secretary

Dawn Koehler  
V.P. Government & Public Relations

Subscribed and sworn to before me this  
day of March, 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 \_\_\_\_\_

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....						
Group subscribers:						
<b>NONE</b>						
0299997 Group subscriber subtotal .....	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed .....						
0299999 Total group .....	0	0	0	0	0	0
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	0	0	0	0	0	0









ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.

**EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	9,750,794	4.4		0.0	0	9,750,794
2. Intermediaries .....	0	0.0		0.0	0	0
3. All other providers .....	9,177,654	4.1		0.0	0	9,177,654
4. Total capitation payments .....	18,928,448	8.5	0	0.0	0	18,928,448
Other Payments:						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	203,068,749	91.5	XXX	XXX		203,068,749
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	203,068,749	91.5	XXX	XXX	0	203,068,749
13. Total (Line 4 plus Line 12)	221,997,197	100 %	XXX	XXX	0	221,997,197

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

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**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	1,346,719		1,110,829	235,890	235,890	0
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	1,346,719	0	1,110,829	235,890	235,890	0



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Great Lakes Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 0707

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2006

NAIC Company Code

95467

	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										
<b>Total Members at end of:</b>													
1. Prior Year .....	108,034								108,034				
2. First Quarter .....	108,586								108,586				
3. Second Quarter .....	107,579								107,579				
4. Third Quarter .....	141,976								141,976				
5. Current Year .....	142,619								142,619				
6. Current Year Member Months	1,447,116								1,447,116				
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician .....	673,675								673,675				
8. Non-Physician .....	351,296								351,296				
9. Total	1,024,971	0	0	0	0	0	0	0	1,024,971	0	0	0	0
10. Hospital Patient Days Incurred	55,231								55,231				
11. Number of Inpatient Admissions	12,712								12,712				
12. Health Premiums Written .....	279,689,101								279,689,101				
13. Life Premiums Direct .....	0								0				
14. Property/Casualty Premiums Written .....	0								0				
15. Health Premiums Earned .....	279,689,101								279,689,101				
16. Property/Casualty Premiums Earned .....	0								0				
17. Amount Paid for Provision of Health Care Services .....	221,997,197								221,997,197				
18. Amount Incurred for Provision of Health Care Services	229,941,224								229,941,224				

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

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ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Great Lakes Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code	0707	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2006									(LOCATION)		NAIC Company Code	95467
	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													
<b>Total Members at end of:</b>																
1. Prior Year .....	108,034	0	0	0	0	0	0	0	108,034	0	0	0	0	0	0	0
2. First Quarter .....	108,586	0	0	0	0	0	0	0	108,586	0	0	0	0	0	0	0
3. Second Quarter .....	107,579	0	0	0	0	0	0	0	107,579	0	0	0	0	0	0	0
4. Third Quarter .....	141,976	0	0	0	0	0	0	0	141,976	0	0	0	0	0	0	0
5. Current Year	142,619	0	0	0	0	0	0	0	142,619	0	0	0	0	0	0	0
6. Current Year Member Months	1,447,116	0	0	0	0	0	0	0	1,447,116	0	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>																
7. Physician .....	673,675	0	0	0	0	0	0	0	673,675	0	0	0	0	0	0	0
8. Non-Physician .....	351,296	0	0	0	0	0	0	0	351,296	0	0	0	0	0	0	0
9. Total	1,024,971	0	0	0	0	0	0	0	1,024,971	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	55,231	0	0	0	0	0	0	0	55,231	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	12,712	0	0	0	0	0	0	0	12,712	0	0	0	0	0	0	0
12. Health Premiums Written .....	279,689,101	0	0	0	0	0	0	0	279,689,101	0	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	279,689,101	0	0	0	0	0	0	0	279,689,101	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	221,997,197	0	0	0	0	0	0	0	221,997,197	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	229,941,224	0	0	0	0	0	0	0	229,941,224	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

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## SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31, prior year.....	0
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11.....	0
2.2 Totals, Part 3, Column 7.....	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances, Column 7, and net of credit to permanent improvements (Column 9).....	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14.....	0
4.2 Totals, Part 3, Column 9.....	0
5. Total profit (loss) on sales, Part 3, Column 14.....	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12.....	0
6.2 Totals, Part 3, Column 8.....	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 13.....	0
8. Book/adjusted carrying value at end of current period.....	0
9. Total valuation allowance.....	0
10. Subtotal (Lines 8 plus 9).....	0
11. Total nonadmitted amounts.....	0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column).....	0

**NONE**

## SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest of mortgage owned, December 31, prior year.....	0
2. Amount loaned during year:	
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 year.....	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
10. Total valuation allowance.....	0
11. Subtotal (Lines 9 plus 10).....	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

**NONE**

## SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

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

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.**

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Class 1 .....	.0	1,021,327	.0	.0	.0	1,021,327	1.4	2,712	0.0	1,021,327	.0
1.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.5 Class 5 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	0	1,021,327	0	0	0	1,021,327	1.4	2,712	0.0	1,021,327	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Class 1 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.5 Class 5 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>3. States, Territories and Possessions etc., Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Class 1 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.5 Class 5 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Class 1 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.5 Class 5 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>5. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Class 1 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.5 Class 5 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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**ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.**

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Class 1	71,713,280	.0	.0	.0	.0	71,713,280	98.6	51,261,388	100.0	71,713,280	.0
7.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
7.7 Totals	71,713,280	0	0	0	0	71,713,280	98.6	51,261,388	100.0	71,713,280	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.**

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

**Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations**

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>											
10.1 Class 1	71,713,280	1,021,327	.0	.0	.0	72,734,607	100.0	XXX	XXX	72,734,607	.0
10.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.7 Totals	71,713,280	1,021,327	.0	.0	.0	72,734,607	100.0	XXX	XXX	72,734,607	.0
10.8 Line 10.7 as a % of Col. 6	99.0	1.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1	51,264,100	.0	.0	.0	.0	XXX	XXX	51,264,100	100.0	51,264,100	.0
11.2 Class 2	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.3 Class 3	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.4 Class 4	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.5 Class 5	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.6 Class 6	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.7 Totals	51,264,100	.0	.0	.0	.0	XXX	XXX	51,264,100	100.0	51,264,100	.0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1	71,713,280	1,021,327	.0	.0	.0	72,734,607	100.0	51,264,100	100.0	72,734,607	XXX
12.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.7 Totals	71,713,280	1,021,327	.0	.0	.0	72,734,607	100.0	51,264,100	100.0	72,734,607	XXX
12.8 Line 12.7 as a % of Col. 6	99.0	1.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	99.0	1.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.7 Totals	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	.0	.0	.0	.0	.0	.0	XXX	XXX	XXX	XXX	.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ ..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
 (b) Includes \$ ..... current year, \$ ..... prior year of bonds with Z designations and \$ ..... , current year, \$ ..... prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
 (c) Includes \$ ..... current year, \$ ..... prior year of bonds with 5\* designations and \$ ..... , current year, \$ ..... prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

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**ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.**

**SCHEDULE D - PART 1A - SECTION 2**

**Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues**

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Issuer Obligations	.0	1,021,327	0	0	0	1,021,327	1.4	2,712	0.0	1,021,327	0
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	0	1,021,327	0	0	0	1,021,327	1.4	2,712	0.0	1,021,327	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
2.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	0
2.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
2.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	0
2.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
2.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>3. States, Territories, and Possessions Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
3.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	0
3.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
3.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	0
3.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
3.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
4.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	0
4.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
4.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	0
4.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
4.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>5. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
5.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	0
5.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
5.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	0
5.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
5.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.**

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Issuer Obligations .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.2 Single Class Mortgage-Backed/Asset-Based Securities .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.4 Other .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.6 Other .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Issuer Obligations .....	71,713,280	.0	.0	.0	.0	71,713,280	98.6	51,261,388	100.0	71,713,280	.0
7.2 Single Class Mortgage-Backed/Asset-Based Securities .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7.4 Other .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7.6 Other .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7.7 Totals	71,713,280	0	0	0	0	71,713,280	98.6	51,261,388	100.0	71,713,280	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Issuer Obligations .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parents, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Issuer Obligations .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.2 Single Class Mortgage-Backed/Asset-Based Securities .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.4 Other .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.6 Other .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.**

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

**Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues**

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>10. Total Bonds Current Year</b>											
10.1 Issuer Obligations	71,713,280	1,021,327	0	0	0	72,734,607	100.0	XXX	XXX	72,734,607	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	71,713,280	1,021,327	0	0	0	72,734,607	100.0	XXX	XXX	72,734,607	0
10.8 Line 10.7 as a % of Col. 6	99.0	1.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations	51,264,100	0	0	0	0	XXX	XXX	51,264,100	100.0	51,264,100	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	51,264,100	0	0	0	0	XXX	XXX	51,264,100	100.0	51,264,100	0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations	71,713,280	1,021,327	0	0	0	72,734,607	100.0	51,264,100	100.0	72,734,607	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	71,713,280	1,021,327	0	0	0	72,734,607	100.0	51,264,100	100.0	72,734,607	XXX
12.8 Line 12.7 as a % of Col. 6	99.0	1.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	99.0	1.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
13.5 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.

**SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS**

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year .....	51,264,100	51,264,100	0	0	0
2. Cost of short-term investments acquired .....	306,925,695	306,925,695	0	0	0
3. Increase (decrease) by adjustment .....	0	0	0	0	0
4. Increase (decrease) by foreign exchange adjustment .....	0	0	0	0	0
5. Total profit (loss) on disposal of short-term investments .....	0	0	0	0	0
6. Consideration received on disposal of short-term investments .....	286,476,515	286,476,515	0	0	0
7. Book/adjusted carrying value, current year .....	71,713,280	71,713,280	0	0	0
8. Total valuation allowance .....	0	0	0	0	0
9. Subtotal (Lines 7 plus 8) .....	71,713,280	71,713,280	0	0	0
10. Total nonadmitted amounts .....	0	0	0	0	0
11. Statement value (Lines 9 minus 10) .....	71,713,280	71,713,280	0	0	0
12. Income collected during year .....	2,951,314	2,951,314	0	0	0
13. Income earned during year .....	2,951,314	2,951,314	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: .....

## SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

### Options, Caps, Floors and Insurance Futures Options Owned

1. Book value, December 31, prior year (Line 8, prior year) .....	0
2. Cost/Option Premium (Section 2, Column 7) .....	0
3. Increase/(Decrease) by Adjustment (Section 1, Column 12) (Section 1, Column 13) .....	0
<b>NONE</b>	
4. Gain/(Loss) on Termination:	
4.1 Recognized (Section 3, Column 14) .....	0
4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15) .....	0
5. Consideration Received on Terminations (Section 3, Column 12) .....	0
6. Used to Adjust Basis on Open Contracts (Section 1, Column 13) .....	0
7. Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
7.1 Recognized .....	
7.2 Used to Adjust Basis of Hedged Item .....	0
8. Book value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7) .....	0

## SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

### Options, Caps, Floors and Insurance Futures Options Written

1. Book value, December 31, prior year (Line 8, prior year) .....	0
2. Consideration received (Section 2, Column 7) .....	0
3. Increase/(Decrease) by Adjustment (Section 1, Column 12) (Section 1, Column 13) .....	0
<b>NONE</b>	
4. Gain/(Loss) on Termination:	
4.1 Recognized (Section 3, Column 14) .....	0
4.2 Used to Adjust Basis (Section 3, Column 15) .....	0
5. Consideration Paid on Terminations (Section 3, Column 12) .....	0
6. Used to Adjust Basis on Open Contracts (Section 1, Column 13) .....	0
7. Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
7.1 Recognized .....	
7.2 Used to Adjust Basis .....	0
8. Book value, December 31, current year .....	0

**SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS**

1. Book value, December 31, prior year (Section 4, Line 8, prior year)	0
2. Cost or (Consideration Received) (Section 2, Column 7)	0
3. Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	0
4. Gain/(Loss) on Termination:	
4.1 Recognized (Section 3, Column 14)	0
4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)	0
5. Consideration Received (or Paid) on Terminations (Section 3, Column 12)	0
6. Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13)	0
7. Disposition of Deferred Amount on Contracts Terminated in Prior Year:	
7.1 Recognized	
7.2 Used to Adjust Basis of Hedged Item	0
8. Book value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7)	0

**SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS**

**Futures Contracts and Insurance Futures Contracts**

1. Book value, December 31, prior year (Section 4, Line 8, prior year)	0
2. Change in total Variation Margin on Open Contracts (Difference between Section 1, Column 10 - Section 3, Column 6)	0
3.1 Change in Variation Margin on Open Contracts Used to Adjust Basis of Hedged Item (Section 3, Column 11)	0
3.2 Change in Variation Margin on Open Contracts Recognized (Difference between years (Section 1, Column 10))	0
4.1 Variation Margin on Contracts Terminated During the Year (Section 3, Column 6)	0
4.2 Less:	
4.21 Gain/(Loss) Recognized in Current Year (Section 3, Column 11)	0
4.22 Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12)	0
4.3 Subtotal (Line 4.1 minus Line 4.2)	0
5.1 Net additions to Cash Deposits (Section 2, Column 7)	0
5.2 Less: Net Reductions to Cash Deposits (Section 3, Column 9)	0
6. Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2)	0
7. Disposition of Gain/(Loss) on Contracts Terminated in Prior Year:	
7.1 Recognized	
7.2 Used to Adjust Basis of Hedged Item	0
8. Book value, December 31, Current Year (Lines 6 + 7.1 + 7.2)	0

**SCHEDULE DB - PART E - VERIFICATION BETWEEN YEARS**

**Statement Value and Fair Value of Open Contracts**

	<b>Statement Value</b>
1. Part A, Section 1, Column 10	0
2. Part B, Section 1, Column 10	0
3. Part C, Section 1, Column 10	0
4. Part D, Section 1, Column 9 - 12	0
5. Lines (1) - (2) + (3) + (4)	0
6. Part E, Section 1, Column 4	0
7. Part E, Section 1, Column 5	0
8. Lines (5) - (6) - (7)	0
	<b>Fair Value</b>
9. Part A, Section 1, Column 11	0
10. Part B, Section 1, Column 11	0
11. Part C, Section 1, Column 11	0
12. Part D, Section 1, Column 9	0
13. Lines (9) - (10) + (11) + (12)	0
14. Part E, Section 1, Column 7	0
15. Part E, Section 1, Column 8	0
16. Lines (13) - (14) - (15)	0

**SCHEDULE DB - PART F - SECTION 1**

**Replicated (Synthetic) Assets Open**

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	Derivative Instruments Open		Cash Instrument(s) Held				
					6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description
					<b>NONE</b>						
9999999 Totals					xxx		xxx	xxx			xxx

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.

**SCHEDULE DB - PART F - SECTION 2**

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-to-Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory .....	0	0	0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions .....									0	0
3. Add: Increases in Replicated Asset Statement Value .....	XXX		XXX		XXX		XXX		XXX	0
4. Less: Closed or Disposed of Transactions .....									0	0
5. Less: Positions Disposed of For Failing Effectiveness Criteria .....									0	0
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value .....	XXX		XXX		XXX		XXX		XXX	0
7. Ending Inventory	0	0	0	0	0	0	0	0	0	0

**NONE**

**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
<b>NONE</b>											
0399999 Totals											

## SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
NONE						
0799999 – Totals – Life, Annuity and Accident and Health						



**SCHEDULE S - PART 4**

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5+6+7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8
<b>NONE</b>													
1199999 Total													

**Schedule S-Part 5**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2006	2 2005	3 2004	4 2003	5 2002
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	940	1,106	799	1,246	996
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	79	85	227
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

**SCHEDULE S-PART 6**

**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 10).....	68,278,099		68,278,099
2. Accident and health premiums due and unpaid (Line 13).....	0		0
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	3,055,867		3,055,867
6. Total assets (Line 26)	71,333,966	0	71,333,966
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	26,581,927	0	26,581,927
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	9,376,481		9,376,481
12. Total liabilities (Line 22).....	35,958,408	0	35,958,408
13. Total capital and surplus (Line 31).....	35,375,558	XXX	35,375,558
14. Total liabilities, capital and surplus (Line 32)	71,333,966	0	71,333,966
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance.....	0		
18. Reinsurance recoverable on paid losses.....	0		
19. Other ceded reinsurance recoverables.....	0		
20. Total ceded reinsurance recoverables.....	0		
21. Premiums receivable.....	0		
22. Unauthorized reinsurance.....	0		
23. Other ceded reinsurance payables/offsets.....	0		
24. Total ceded reinsurance payables/offsets.....	0		
25. Total net credit for ceded reinsurance.....	0		

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.

**SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.**

**SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-1591944	ACN Group, Inc					22,398,651				22,398,651	
82406	35-1665915	All Savers Insurance Company				(3,048)		(25,147)			(28,195)	(44,769)
97179	86-0207231	American Medical Security Life Insu Co				(7,662,727)		4,089,011			(3,573,716)	(3,347,839)
	47-0875734	AmeriChoice Alliance, Inc				(3,915,533)					(3,915,533)	
97179	54-1743141	AmeriChoice Health Services, Inc				(75,174,517)					(75,174,517)	
95497	22-3368602	AmeriChoice of New Jersey, Inc				43,714,353					43,714,353	
95475	11-3122517	AmeriChoice of New York, Inc				36,999,479					36,999,479	
95033	54-1495918	AmeriChoice of Pennsylvania, Inc				13,108,421					13,108,421	
95033	86-0813232	Arizona Physicians IPA, Inc		10,000,000		99,667,275					109,667,275	
52053	52-1452809	Dental Benefit Providers of Calif, Inc				(2,783,011)					(2,783,011)	
52053	36-4008355	Dental Benefit Providers of IL, Inc				(71,571)					(71,571)	
47040	52-1500049	Dental Benefit Providers of Maryland		2,000,000		(887,392)					1,112,608	
	41-2014834	Dental Benefit Providers, Inc				61,151,437					61,151,437	
11141	91-2008361	Duncan Printing Services, LLC	(10,906,807)								(10,906,807)	
11141	91-2008361	Evercare of Texas, LLC					(57,487,138)				(57,487,138)	
43010	47-0858534	Exante Bank, Inc		10,000,000							10,000,000	
	52-1327095	Fidelity Benefit Administrators, Inc					237,757				237,757	
62286	37-0855360	Golden Rule Financial Corporation				3,363,935					3,363,935	
62286	37-6028756	Golden Rule Insurance Company	(250,000,000)			(18,486,178)		25,147			(268,461,031)	44,769
95467	38-3204052	Great Lakes Health Plan, Inc		4,000,000		31,383,177					35,383,177	
	36-3614992	Illinois Pacific Dental, Inc				(197,128)					(197,128)	
	86-0477097	Information Network Corporation				(24,849,164)					(24,849,164)	
	41-1858498	Ingenix, Inc				163,623					163,623	
64890	91-6034263	Investors Guaranty Life Insurance Co				(28,336)					(28,336)	
60321	36-3338328	Lifemark Corporation				28,396,276					28,396,276	
96310	52-2129787	MAMSI Insurance Resources, LLC				23,554,452					23,554,452	
60321	52-1803283	MAMSI Life and Health Insurance Co	(50,000,000)			(44,092,009)		(41,371)			(94,133,380)	
96310	52-1169135	MD-Individual Practice Assoc., Inc	(50,000,000)			(355,881,015)		(629,195)			(406,510,210)	
	52-1481661	Mid Atlantic Medical Services, LLC				106,024,668					106,024,668	
	39-1653251	Midwest Security Administrators, Inc				(130,626)					(130,626)	
79480	39-1624025	Midwest Security Care, Inc				425,907					425,907	
79480	35-1279304	Midwest Security Life Insurance Co	(15,000,000)			(387,800)					(15,387,800)	
95312	41-1485369	National Benefit Resources, Inc				2,816,927					2,816,927	
96940	76-0196559	National Pacific Dental, Inc	(2,000,000)			(1,587,977)					(3,587,977)	
95123	65-0996107	Neighborhood Health Partnership, Inc				(65,371,105)					(65,371,105)	
95758	88-0228572	Nevada Pacific Dental, Inc	(2,000,000)			(5,499,671)					(7,499,671)	
12225	20-1639614	NPD Insurance Company, Inc		(500,000)							(500,000)	
95506	52-2129786	OneNet PPO, LLC		(772,548)			2,684,477				1,911,929	
96940	52-1518174	Optimum Choice, Inc	(70,000,000)				(660,827,094)	(1,080,696)			(731,907,790)	
78026	22-2797560	Oxford Health Insurance, Inc					(226,487,993)	4,965,506			(221,522,487)	
	06-1118515	Oxford Health Plans, LLC					553,200,066				553,200,066	
96798	06-1181201	Oxford Health Plans (CT), Inc	(14,000,000)				(18,722,432)				(32,722,432)	
95506	22-2745725	Oxford Health Plans (NJ), Inc	(40,000,000)				(72,510,261)	(4,965,506)			(117,475,767)	
95479	06-1181200	Oxford Health Plans (NY), Inc	(307,000,000)				(218,614,340)				(525,614,340)	
	94-2904953	Pacific Union Dental, Inc	(1,000,000)				(2,848,304)				(3,848,304)	
70785	95-4166547	PacifiCare Behavioral Health of Calif					2,294,717				2,294,717	
84506	33-0538634	PacifiCare Behavioral Health, Inc					(12,506,447)				(12,506,447)	

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ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.

**SCHEDULE Y**  
**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95617	95-2797931	PacifiCare Dental					4,742,534				4,742,534	
11189	94-3284628	PacifiCare Dental of Colorado, Inc.				1,790,155					1,790,155	
95434	35-1508167	PacifiCare Health Plan Administrators	(850,000,000)			599,838,992					(250,161,008)	
95685	95-4591529	PacifiCare Health Systems LLC	850,000,000			28,217,879					878,217,879	
12322	20-2596962	PacifiCare Insurance Company		25,000,000		(6,828,480)					18,171,520	
70785	35-1137395	PacifiCare Life and Health Insurance		15,000,000		(5,666,503)		(3,756,751)			5,576,746	5,951,890
84506	95-2829463	PacifiCare Life Assurance Company	(47,800,000)			(160,139,550)		11,017,629			(196,921,921)	(3,452,436)
95617	94-3267522	PacifiCare of Arizona, Inc.	(9,400,000)			(296,923,041)		(2,641,345)			(308,964,386)	
11093	95-2931460	PacifiCare of California	(158,200,000)			60,125,505		24,662			(98,049,833)	529,591
95434	84-1011378	PacifiCare of Colorado, Inc.	(36,500,000)			(222,514,201)		(956,893)			(259,971,094)	471,338
95685	86-0875231	PacifiCare of Nevada, Inc.				(75,749,027)		223,570			(75,525,457)	
96903	33-0115166	PacifiCare of Oklahoma, Inc.	(3,700,000)			(68,310,606)		(1,149,932)			(73,160,538)	(19,502)
95893	93-0938819	PacifiCare of Oregon, Inc.	(7,300,000)			(74,098,445)		(1,229,463)			(82,627,908)	
95174	33-0115163	PacifiCare of Texas, Inc.				(202,085,208)		(4,806,273)			(206,891,481)	1,893,796
48038	91-1312551	PacifiCare of Washington, Inc.	(9,500,000)			(106,134,557)		(481,954)			(116,116,511)	54,982
11596	94-3252033	PacificDental Benefits, Inc.				10,133,080					10,133,080	
	52-1162824	Physicians Health Plan of Maryland				866,937,478					866,937,478	
73130	35-1744596	Rooney Life Insurance Company				(2,714)					(2,714)	
79413	33-0441200	RxSolutions, Inc.				541,609,011					541,609,011	
60318	98-0361995	Salveo Insurance Company, Ltd.									0	(838,294)
60093	95-4354052	Spectera Vision Services of California				(1,834,161)					(1,834,161)	
95385	54-1804256	United Healthcare Insurance Co. of OH				10,340					10,340	
95784	52-1260282	Spectera, Inc.				36,104,382					36,104,382	
96016	94-3077084	U.S. Behavioral Health Plan, California	(20,000,000)								(20,000,000)	
91529	52-1996029	Unimerica Insurance Company				(5,777,683)					(5,777,683)	
11596	01-0637149	Unimerica Life Insurance Company of NY				(519,947)					(519,947)	
95264	94-2649097	United Behavioral Health	20,000,000			231,221,678		52,982			251,274,660	
95850	30-0127496	United HealthCare Alliance LLC	(172,949,643)								(172,949,643)	
79413	36-2739571	United HealthCare Insurance Co.	(1,108,989,790)			(3,875,725,995)		28,018,634			(4,956,697,151)	(321,740,848)
60318	36-3800349	United HealthCare Insurance Co. of IL	(36,779,000)			(31,817,451)					(68,596,451)	
60093	11-3283886	United HealthCare Insurance Co. of NY				(187,133,239)		(19,139,038)			(206,272,277)	297,650,603
73518	31-1169935	United HealthCare Insurance Co. of OH	(27,500,000)			(32,733,564)					(60,233,564)	
95784	63-0899562	United HealthCare of Alabama, Inc.	(13,000,000)			(48,853,223)		(350,459)			(62,203,682)	
96016	86-0507074	United HealthCare of Arizona, Inc.				(16,355,661)		(115,260)			(16,470,921)	
95446	63-1036819	United HealthCare of Arkansas, Inc.	(8,000,000)			(6,459,877)		(30,720)			(14,490,597)	
95090	84-1004639	United HealthCare of Colorado, Inc.				(5,032,246)		(35,634)			(5,067,880)	
95264	59-1293865	United HealthCare of Florida, Inc.	(90,000,000)			(269,760,460)		(1,738,264)			(361,498,724)	
95850	58-1653544	United HealthCare of Georgia, Inc.	(9,500,000)			(23,431,181)		(156,950)			(33,088,131)	
96644	62-1240316	United HealthCare of Kentucky, Ltd.	(17,500,000)			(10,528,616)		(67,672)			(28,096,288)	
95833	72-1074008	United HealthCare of Louisiana, Inc.	(7,500,000)			(4,752,706)		(21,647)			(12,274,353)	
95716	63-1036817	United HealthCare of Mississippi, Inc.				53,862					53,862	
95186	31-1142815	United HealthCare of Ohio, Inc.	(8,500,000)			(129,854,158)		(909,133)			(139,263,291)	
11147	63-1036814	United HealthCare of Tennessee, Inc.	(6,000,000)			(9,424,880)					(15,424,880)	
95765	95-3939697	United HealthCare of Texas, Inc.				(7,035,189)		(52,982)			(7,088,171)	
95591	47-0676824	United HealthCare of the Midlands, Inc.	(6,900,000)			(23,990,925)		(670,669)			(31,561,594)	
96385	43-1361841	United HealthCare of the Midwest, Inc.	(50,000,000)			(84,826,442)		(5,139,466)			(139,965,908)	10,570,131
95501	41-1488563	United HealthCare of Utah				(12,503,479)		(49,649)			(12,553,128)	

53.1

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Great Lakes Health Plan, Inc.

**SCHEDULE Y**  
**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-1289245	United HealthCare Services, Inc.	60,975,093	(20,000,000)			3,949,424,416				3,990,399,509	
	47-0854646	United HealthCare Services, LLC	(102,687,639)				(191,697,486)				(294,385,125)	
	41-1321939	UnitedHealth Group Incorporated	2,774,100,000	(46,000,000)			1,144,588,434				3,872,688,434	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.	(3,200,000)				(13,048,111)	(101,422)			(16,349,533)	
95149	05-0413469	UnitedHealthcare of New England	(17,100,000)				(52,896,708)				(69,996,708)	12,276,588
	22-3207740	UnitedHealthcare of New Jersey, Inc.					(1,940,397)				(1,940,397)	
95085	06-1172891	UnitedHealthcare of New York, Inc.					(47,926,145)				(47,926,145)	
95103	56-1461010	UnitedHealthcare of North Carolina	(13,275,093)				(145,934,722)	(973,288)			(160,183,103)	
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic	(5,700,000)				(78,086,075)	(470,992)			(84,257,067)	
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(40,000,000)				(98,580,401)	3,370,630			(135,209,771)	
	41-2012479	United HealthCare Products LLC	(4,414,573)								(4,414,573)	
	41-1922511	UnitedHealthcare, Inc.					7,542,934				7,542,934	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

53.2

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

**MARCH FILING**

**Responses**

- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? ..... YES.....
- 2. Will an actuarial opinion be filed by March 1? ..... YES.....
- 3. Will the Risk-based Capital Report be filed with the NAIC by March 1? ..... YES.....
- 4. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1? ..... YES.....

**APRIL FILING**

- 5. Will Management's Discussion and Analysis be filed by April 1? ..... YES.....
- 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? ..... YES.....
- 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? ..... YES.....

**JUNE FILING**

- 8. Will an audited financial report be filed by June 1? ..... YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

**MARCH FILING**

- 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? ..... NO.....
- 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? ..... NO.....
- 11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? ..... NO.....
- 12. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? ..... NO.....
- 13. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO.....

**APRIL FILING**

- 14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1? ..... NO.....
- 15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? ..... NO.....
- 16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? ..... NO.....

**EXPLANATION:**

- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

**BAR CODE:**

9.  9 5 4 6 7 2 0 0 6 3 6 0 5 9 0 0 0

10.  9 5 4 6 7 2 0 0 6 2 0 5 0 0 0 0 0

11.  9 5 4 6 7 2 0 0 6 2 0 7 0 0 0 0 0

12.  9 5 4 6 7 2 0 0 6 4 2 0 0 0 0 0 0

13.  9 5 4 6 7 2 0 0 6 3 6 5 5 9 0 0 0

14.  9 5 4 6 7 2 0 0 6 3 3 0 5 9 0 0 0

15.  9 5 4 6 7 2 0 0 6 2 1 1 5 9 0 0 0

16.  9 5 4 6 7 2 0 0 6 2 1 3 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

M016 Additional Aggregate Lines for Page 16 Line 23.

\*EXNONADMIT - Exhibit of Nonadmitted Assets

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
2304. Intangible Asset.....	4,750,394	5,728,867	978,473
2397. Summary of remaining write-ins for Line 23 from Page 16	4,750,394	5,728,867	978,473