

Reclassification of Non-admitted assets as admitted



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2001  
OF THE CONDITION AND AFFAIRS OF THE

## Cape Health Plan, Inc.

NAIC Group Code 0000 0000 NAIC Company Code 95759 Employer's ID Number 38-2455176  
(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 [ ] Health Service Corporation [ ] Dental Service Corporation [ ]

Vision Service Corporation [ ] Other [ ] Health Maintenance Organization [ X ] Is HMO, Federally Qualified? Yes [ ] No [ X ]

Incorporated 04/29/1982 Commenced Business 04/29/1982

Statutory Home Office 26711 Northwestern Highway, Suite 300, Southfield, MI 48034  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 26711 Northwestern Highway, Suite 300  
(Street and Number)

Southfield, MI 48034 248-386-3000  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 26711 Northwestern Highway, Suite 300, Southfield, MI 48034  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 26711 Northwestern Highway, Suite 300  
(Street and Number)

Southfield, MI 48034 248-386-3003  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.capehealth.com

Annual Statement Contact THOMAS ASHFORD MURAR MR. 248-386-3003  
(Name) (Area Code) (Telephone Number) (Extension)

tmurar@capehealth.com 248-945-9149  
(E-mail Address) (FAX Number)

### OFFICERS

President Nancy Wanchik Secretary Ralph Woronoff  
Treasurer William Brodhead

### VICE PRESIDENTS

Thomas Ashford Murar Myla Johnson Rodger Prong

### DIRECTORS OR TRUSTEES

Surjit S. Bhasin MD William M. Brodhead Lynette Burns  
Ralph N. Woronoff Etrude Bryant Janis Coleman  
Myra French Shirley Lightsey Gladys Taylor  
Nancy Wanchik Susan Sarin Thomas Murar #

State of Michigan }  
County of Macomb } 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.

Nancy Wanchik  
President & COO

Susan Sarin  
Chief Executive Officer

Thomas Murar  
Chief Financial Officer

Subscribed and sworn to before me this  
15 day of 07, 2002

a. Is this an original filing? Yes [ ] No [ X ]  
b. If no  
1. State the amendment number 1  
2. Date filed 07/15/2002  
3. Number of pages attached 7

Linda Rusie  
Notary Public  
March 26, 2003

**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 9) .....	20,732,474	0	20,732,474
2. Amounts recoverable from reinsurers (Line 12) .....	0	0	0
3. Accident and health premiums due and unpaid (Line 10).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	2,660,748	0	2,660,748
6. Total assets (Line 23)	23,393,222	0	23,393,222
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	12,080,208	0	12,080,208
8. Accrued medical incentive pool and bonus payments (Line 2).....	496,369	0	496,369
9. Premiums received in advance (Line 6).....	0	0	0
10. Reinsurance in unauthorized companies (Line 14).....	0	0	0
11. All other liabilities (Balance).....	2,756,946	0	2,756,946
12. Total liabilities (Line 18).....	15,333,523	0	15,333,523
13. Total capital and surplus (Line 26).....	8,059,699	XXX	8,059,699
14. Total liabilities, capital and surplus (Line 27)	23,393,222	0	23,393,222
<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 payable/offsets .....	0		
25. Total net credit for ceded reinsurance	0		