

EXHIBIT 3 - 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						
0299998 Premium due and unpaid not individually listed	1,319,720	41,515	213,289			1,574,524
0299999 Total group	1,319,720	41,515	213,289			1,574,524
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 10) ...	1,319,720	41,515	213,289			1,574,524

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Receivables not individually listed						
Pharmacy rebates	634,395					634,395
State of Michigan - Psycotropic drug refund	169,609					169,609
Bi-County - Risk sharing	13,605					13,605
0499999 Total - Receivables not individually listed						
0599999 Health care receivables	817,609					817,609

EXHIBIT 5 - CLAIMS PAYABLE (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
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	2,648,580	452,234	230,167	140,518	224,072	3,695,571
0499999 Subtotals	2,648,580	452,234	230,167	140,518	224,072	3,695,571
0599999 Unreported claims and other claim reserves						22,377,391
0699999 Total Amounts Withheld						1,503,090
0799999 Total Claims Payable						27,576,052
0899999 Accrued Medical Incentive Pool						

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
St. Marys Hospital	461,051					461,051	
Trinity Continuing Care	40,046		10,048			50,094	
Mercy Hospital Detroit	1,480			1,480	1,480	1,480	
St. Joseph Mercy Macomb	182			496	496	182	
St. Joseph Mercy Hospital Ann Arbor	316,194					316,194	
0199999 Total - Individually listed receivables	818,953		10,048	1,976	1,976	829,001	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	818,953		10,048	1,976	1,976	829,001	

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
St. Joseph Mercy Health System	Capitation Payable	4,305,063	4,305,063	
St. Marys Grand Rapids	Risk Sharing	462,060	462,060	
Mercy Oakland Physician Network	Risk Sharing	214,430	214,430	
Trinity Information Systems	Premiums received in advance	64,446	64,446	
Trinity Health Plans	Administrative fees payable	62,485	62,485	
Trinity Health	Premiums received in advance	3,023	3,023	
St. Joseph Mercy Macomb	Risk Sharing	2,616	2,616	
Trinity Continuing Care	Premiums received in advance	3,212	3,212	
0199999 Total - Individually listed payables	X X X	5,117,335	5,117,335	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	5,117,335	5,117,335	

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	40,689,418	17.425	74,885	57.791	40,689,418	
2. Intermediaries						
3. All other providers	19,963,572	8.549	54,693	42.209	19,963,572	
4. Total capitation payments	60,652,990	25.974	129,578	100.000	60,652,990	
Other Payments:						
5. Fee-for-service	15,761,968	6.750	X X X	X X X		15,761,968
6. Contractual fee payments	154,909,713	66.338	X X X	X X X	154,909,713	
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	2,190,586	0.938	X X X	X X X	2,190,586	
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	172,862,267	74.026	X X X	X X X	157,100,299	15,761,968
13. Total (Line 4 plus Line 12)	233,515,257	100.000	X X X	X X X	217,753,289	15,761,968

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EXHIBIT 8 - 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
NONE					
9999999 Totals			X X X	X X X	X X X

EXHIBIT 9 - FURNITURE AND EQUIPMENT OWNED

		1	2	3	4	5	6
	Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets Used for the Delivery of Health Care
1.	Administrative furniture and equipment						
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies	NONE					
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95452

	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 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	136,569		126,182				X X X	3,606	6,781	
2. First Quarter	130,246		122,843				X X X		7,403	
3. Second Quarter	128,917		121,500				X X X		7,417	
4. Third Quarter	131,234		123,368				X X X		7,866	
5. Current Year	129,578		121,241				X X X		8,337	
6. Current Year Member Months	1,563,101		1,472,201				X X X		90,900	
Total Member Ambulatory Encounters for Year:										
7. Physician	445,346		411,849				X X X		33,497	
8. Non-Physician	671,194		629,617				X X X	25	41,552	
9. Total	1,116,540		1,041,466				X X X	25	75,049	
10. Hospital Patient Days Incurred	69,131		63,471				X X X		5,660	
11. Number of Inpatient Admissions	17,841		16,236				X X X		1,605	
12. Premiums Collected	259,708,693		246,825,715					1,520	12,881,458	
13. Premiums Earned	258,627,838		245,497,270					105,777	13,024,791	
14. Amount Paid for Provision of Health Care Services	233,515,257		222,469,363					(135,575)	11,181,469	
15. Amount of Incurred for Provision of Health Care Services	236,692,011		220,612,085					3,835,665	12,244,261	

34 Grand Total



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: 2. DIVISION:

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code

NAIC Company Code 95452

	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 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	136,569		126,182				X X X	3,606	6,781	
2. First Quarter	130,246		122,843				X X X		7,403	
3. Second Quarter	128,917		121,500				X X X		7,417	
4. Third Quarter	131,234		123,368				X X X		7,866	
5. Current Year	129,578		121,241				X X X		8,337	
6. Current Year Member Months	1,563,101		1,472,201				X X X		90,900	
Total Member Ambulatory Encounters for Year:										
7. Physician	445,346		411,849				X X X		33,497	
8. Non-Physician	671,194		629,617				X X X	25	41,552	
9. Total	1,116,540		1,041,466				X X X	25	75,049	
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14. Amount Paid for Provision of Health Care Services	233,515,257		222,469,363					(135,575)	11,181,469	
15. Amount of Incurred for Provision of Health Care Services	236,692,011		220,612,085					3,835,665	12,244,261	

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SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10	
2.2	Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13	
4.2	Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	NONE
6.	Increase (decrease) by foreign exchange adjustment	
6.1	Totals, Part 1, Column 11	
6.2	Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11	
8.	Book/adjusted carrying value at the end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, current period)	

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	NONE
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period	

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	NONE
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period	

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 Column 6 as a % of Line 10.7	8 Total From Column 7 Prior Year	9 % From Column 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1 Class 1	26,841,960					26,841,960	87.99	3,785,545	17.82	26,841,960	
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 TOTALS	26,841,960					26,841,960	87.99	3,785,545	17.82	26,841,960	
2. ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 TOTALS											
3. STATES, TERRITORIES AND POSSESSIONS ETC., GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 TOTALS											
4. POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 TOTALS											
5. SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUARANTEED, SCHEDULES D & DA (Group 5)											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 TOTALS											

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 Column 6 as a % of Line 10.7	8 Total From Column 7 Prior Year	9 % From Column 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 TOTALS											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Class 1	3,663,800					3,663,800	12.01	17,453,061	82.18	3,663,800	
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 TOTALS	3,663,800					3,663,800	12.01	17,453,061	82.18	3,663,800	
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 TOTALS											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 TOTALS											

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 Column 6 as a % of Line 10.7	8 Total From Column 7 Prior Year	9 % From Column 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. TOTAL BONDS CURRENT YEAR											
10.1 Class 1	30,505,760					30,505,760	100.00	X X X	X X X	30,505,760	
10.2 Class 2								X X X	X X X		
10.3 Class 3								X X X	X X X		
10.4 Class 4								X X X	X X X		
10.5 Class 5						(c)		X X X	X X X		
10.6 Class 6						(c)		X X X	X X X		
10.7 TOTALS	30,505,760					(b) 30,505,760	100.00	X X X	X X X	30,505,760	
10.8 Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR											
11.1 Class 1	21,238,606					X X X	X X X	21,238,606	100.00	21,238,606	
11.2 Class 2						X X X	X X X				
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						X X X	X X X	(c)			
11.7 TOTALS	21,238,606					X X X	X X X	(b) 21,238,606	100.00	21,238,606	
11.8 Line 11.7 as a % of Col. 8	100.00					X X X	X X X	100.00	X X X	100.00	
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Class 1	30,505,760					30,505,760	100.00	21,238,606	100.00	30,505,760	X X X
12.2 Class 2											X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 TOTALS	30,505,760					30,505,760	100.00	21,238,606	100.00	30,505,760	X X X
12.8 Line 12.7 as a % of Col. 6	100.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.00					100.00	X X X	X X X	X X X	100.00	X X X
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Class 1										X X X	
13.2 Class 2										X X X	
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(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.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	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 Column 6 as a % of Line 10.7	8 Total From Column 7 Prior Year	9 % From Column 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
1. U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1 Issuer Obligations	26,841,960					26,841,960	87.99	3,785,545	17.82	26,841,960	
1.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
1.7 TOTALS	26,841,960					26,841,960	87.99	3,785,545	17.82	26,841,960	
2. ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 TOTALS											
3. STATES, TERRITORIES AND POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 TOTALS											
4. POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined											
4.6 Other											
4.7 TOTALS											
5. SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUAR., SCH. D & DA (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 TOTALS											

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

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	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 Column 6 as a % of Line 10.7	8 Total From Column 7 Prior Year	9 % From Column 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Issuer Obligations	3,663,800					3,663,800	12.01	17,453,061	82.18	3,663,800	
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 TOTALS	3,663,800					3,663,800	12.01	17,453,061	82.18	3,663,800	
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 TOTALS											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

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

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	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 Column 6 as a % of Line 10.7	8 Total From Column 7 Prior Year	9 % From Column 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. TOTAL BONDS CURRENT YEAR											
10.1 Issuer Obligations	30,505,760					30,505,760	100.00	X X X	X X X	30,505,760	
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds								X X X	X X X		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 TOTALS	30,505,760					30,505,760	100.00	X X X	X X X	30,505,760	
10.8 Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR											
11.1 Issuer Obligations	21,238,606					X X X	X X X	21,238,606	100.00	21,238,606	
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 TOTALS	21,238,606					X X X	X X X	21,238,606	100.00	21,238,606	
11.8 Line 11.7 as a % of Column 8	100.00					X X X	X X X	100.00	X X X	100.00	
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Issuer Obligations	21,238,606					21,238,606	69.62	21,238,606	100.00	21,238,606	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											X X X
12.6 Other											X X X
12.7 TOTALS	21,238,606					21,238,606	69.62	21,238,606	100.00	21,238,606	X X X
12.8 Line 12.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	69.62					69.62	X X X	X X X	X X X	69.62	X X X
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	X X X	

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

	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	21,253,209			21,253,209	
2. Cost of short-term investments acquired	87,522,686			87,522,686	
3. Increase (decrease) by adjustment					
4. Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments	(1,822)			(1,822)	
6. Consideration received on disposal of short-term investments	78,268,313			78,268,313	
7. Book/adjusted carrying value, current year	30,505,760			30,505,760	
8. Total valuation allowance					
9. Subtotal (Lines 7 plus 8)	30,505,760			30,505,760	
10. Total nonadmitted amounts	182,940			182,940	
11. Statement value (Lines 9 minus 10)	30,322,820			30,322,820	
12. Income collected during year	994,583			994,583	
13. Income earned during year	1,016,157			1,016,157	

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

44 Schedule DB Part A Verification..... NONE

44 Schedule DB Part B Verification..... NONE

45 Schedule DB Part C Verification..... NONE

45 Schedule DB Part D Verification..... NONE

45 Schedule DB Part E Verification..... NONE

46 Schedule DB Part F Sn 1 - Sum Replicated Assets..... NONE

47 Schedule DB Part F Sn 2 - Recon Replicated Assets..... NONE

48 Schedule S - Part 1 - Section 2..... NONE

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
Accident and Health, Non-Affiliates						
90611	41-1366075 ...	01/01/2001	ALLIANZ LIFE INS. CO. OF NORTH AMERICA	MINNEAPOLIS, MN	338,774	
0599999 Total - Accident and Health, Non-Affiliates					338,774	
0699999 Totals - Accident and Health					338,774	
0799999 Totals - Life, Annuity and Accident and Health					338,774	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates												
90611	41-1366075	01/01/2001	ALLIANZ INS CO OF NORTH AMERICA	MINNEAPOLIS, MN	SSL/L	1,109,151						
0299999 Total - Non-Affiliates						1,109,151						
0399999 Totals						1,109,151						

SCHEDULE S - PART 4 Reinsurance Ceded To Unauthorized Companies

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

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2001	2 2000	3 1999	4 1998	5 1997
A. OPERATIONS ITEMS					
1. Premiums	897	1,295	767	1,584	1,749
2. Title XVIII-Medicare		76			
3. Title XIX - Medicaid	212	298	928	695	131
4. Commissions and reinsurance expense allowance					
5. TOTAL medical and hospital expenses	1,109	1,669	1,695	2,279	1,880
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	339	1,146	2,433	1,995	1,518
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 9)	52,213,735		52,213,735
2. Amounts recoverable from reinsurers (Line 12)	338,774		338,774
3. Accident and health premiums due and unpaid (Line 10)	1,574,129		1,574,129
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,707,688		1,707,688
6. Total assets (Line 23)	55,834,326		55,834,326
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	27,576,052		27,576,052
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 6)	2,426,178		2,426,178
10. Reinsurance in unauthorized companies (Line 14)			
11. All other liabilities (Balance)	5,795,753		5,795,753
12. Total liabilities (Line 18)	35,797,983		35,797,983
13. Total capital and surplus (Line 26)	20,036,343	X X X	20,036,343
14. Total liabilities, capital and surplus (Line 27)	55,834,326		55,834,326
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

SCHEDULE Y (continued)

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/(Disburse- ments) 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)
95452	38-2663747	TRINITY HEALTH PLANS					29,936,072				29,936,072	
	38-2694901	CARE CHOICES HMO					(29,936,072)				(29,936,072)	
	38-3176536	MERCY OAKLAND PHYSICIAN NETWORK					108,908				108,908	
95452	38-2694901	CARE CHOICES HMO					(108,908)				(108,908)	
	38-3176540	SALINE COMMUNITY HOSPITAL					299,067				299,067	
95452	38-2694901	CARE CHOICES HMO					(299,067)				(299,067)	
	38-3209962	ALLEGIANCE LLC					5,381,658				5,381,658	
95452	38-2694901	CARE CHOICES HMO					(5,381,658)				(5,381,658)	
	38-3175878	ST. JOSEPH ANN ARBOR					44,619,447				44,619,447	
95452	38-2694901	CARE CHOICES HMO					(44,619,447)				(44,619,447)	
	38-3176225	MCPHERSON HOSPITAL					244,312				244,312	
95452	38-2694901	CARE CHOICES HMO					(244,312)				(244,312)	
	38-3176453	MCPHERSON HOSPITAL					452				452	
95452	38-2694901	CARE CHOICES HMO					(452)				(452)	
	38-3176445	ST MARY'S HEALTH					9,210,720				9,210,720	
95452	38-2694901	CARE CHOICES HMO					(9,210,720)				(9,210,720)	
	38-3320701	MERCY AMICARE					1,639				1,639	
95452	38-2694901	CARE CHOICES HMO					(1,639)				(1,639)	
	38-3320698	MERCY AMICARE					13,516				13,516	
95452	38-2694901	CARE CHOICES HMO					(13,516)				(13,516)	
	38-2113393	TRINITY HEALTH					69				69	
95452	38-2694901	CARE CHOICES HMO					(69)				(69)	
	38-3321856	AMICARE HOME HEALTHCARE MUSKEGON					57,477				57,477	
95452	38-2694901	CARE CHOICES HMO					(57,477)				(57,477)	
	38-3175874	MERCY HOSPITAL MUSKEGON					4,784,772				4,784,772	
95452	38-2694901	CARE CHOICES HMO					(4,784,772)				(4,784,772)	
	38-2947657	MERCY MOUNT CLEMENS					400,520				400,520	
95452	38-2694901	CARE CHOICES HMO					(400,520)				(400,520)	
	38-3176536	ST. JOSEPH HOSPITAL PONTIAC					1,032,630				1,032,630	
95452	38-2694901	CARE CHOICES HMO					(1,032,630)				(1,032,630)	
	38-3344456	ST. LAWRENCE HOSPITAL					43				43	
95452	38-2694901	CARE CHOICES HMO					(43)				(43)	
	38-3274342	MERCY HOSPITAL PORT HURON					48,565				48,565	
95452	38-2694901	CARE CHOICES HMO					(48,565)				(48,565)	
	38-3229575	MERCY HOSPITAL - CADILLAC					21,989				21,989	
95452	38-2694901	CARE CHOICES HMO					(21,989)				(21,989)	
	38-3229573	MERCY HOSPITAL GRAYLING					17,179				17,179	
95452	38-2694901	CARE CHOICES HMO					(17,179)				(17,179)	
	38-3320700	AMICARE HOME SERVICES					96,074				96,074	
95452	38-2694901	CARE CHOICES HMO					(96,074)				(96,074)	
	38-2621935	AMICARE					657,226				657,226	
95452	38-2694901	CARE CHOICES HMO					(657,226)				(657,226)	
	38-2949053	AMICARE HOSPICE SERVICES					8,298				8,298	
95452	38-2694901	CARE CHOICES HMO					(8,298)				(8,298)	

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SCHEDULE Y (continued)

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)
	38-2683522	PHARMACY INC. MCAULEY					1,031,266				1,031,266	
95452	38-2694901	CARE CHOICES HMO					(1,031,266)				(1,031,266)	
	38-2684671	MIDWEST MEDFLIGHT					54,141				54,141	
95452	38-2694901	CARE CHOICES HMO					(54,141)				(54,141)	
	38-3521763	ST MARY'S MERCY HOSPITAL					190,914				190,914	
95452	38-2694901	CARE CHOICES					(190,914)				(190,914)	
	38-1621220	ST MARY'S HOSPITAL IP					5,591				5,591	
95452	38-2694901	CARE CHOICES HMO					(5,591)				(5,591)	
	38-3146499	ADVANTAGE HEALTH					1,883,158				1,883,158	
95452	38-2694901	CARE CHOICES HMO					(1,883,158)				(1,883,158)	
	38-1360584	SPARROW HOSPITAL					144,462				144,462	
95452	38-2694901	CARE CHOICES HMO					(144,462)				(144,462)	
	38-3313897	MERCY NORTH HOME CARE HOSPICE					161				161	
95452	38-2694901	CARE CHOICES HMO					(161)				(161)	
	38-3324223	MERCY HOME CARE SERVICES					19				19	
95452	38-2694901	CARE CHOICES HMO					(19)				(19)	
	38-2884297	TRI HOSPITAL MRI CENTERS					5,482				5,482	
95452	38-2694901	CARE CHOICES HMO					(5,482)				(5,482)	
	38-2776791	MERCY HOSPITAL BATTLE CREEK					5,703				5,703	
95452	38-2694901	CARE CHOICES HMO					(5,703)				(5,703)	
	38-2739533	REGIONAL MEDICAL LABORATORIES					133				133	
95452	38-2694901	CARE CHOICES HMO					(133)				(133)	
	38-3298476	LIFESPAN					14				14	
95452	38-2694901	CARE CHOICES HMO					(14)				(14)	
	38-3082434	MACOMB MRI CENTERS, INC.					12,820				12,820	
95452	38-2694901	CARE CHOICES HMO					(12,820)				(12,820)	
	38-2507173	CATHERINE MCAULEY HEALTH SERVICES					3,700,646				3,700,646	
95452	38-2694901	CARE CHOICES HMO					(3,700,646)				(3,700,646)	
	38-2663748	ST MARY'S HOME HEALTHCARE					153				153	
95452	38-2694901	CARE CHOICES HMO					(153)				(153)	
	38-3320707	HOSPICE OF WASHTENAW					25,701				25,701	
95452	38-2694901	CARE CHOICES HMO					(25,701)				(25,701)	
	38-2113393	TRINITY HEALTH									(11,500,000)	
95452	38-2694901	CARE CHOICES HMO									11,500,000	
9999999 Totals												
										X X X		

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 1.1 Does your company write Medicare Supplement Insurance? Yes[] No[X]
1.2 Will the Medicare Supplement Insurance Experience Exhibit be filed by March 1? Yes[] No[X]
1.3 If first response is yes and second response is no, please explain:
 none
 If second response is no and the form is "None," affix bar code (Document Identifier 360) here:
- 2.1 The Supplemental Compensation Exhibit is a required filing, with the domiciliary Department, for all companies. Will the Supplemental Compensation Exhibit be filed with the domiciliary Department by March 1? Yes[X] No[]
2.2 If answer is no, please explain:
 If response is no and the form is "None," affix bar code (Document Identifier 460) here:
- 3.1 An actuarial certification is a required filing for all companies. Will an actuarial certification be filed by March 1? Yes[X] No[]
3.2 If answer is no, please explain:
 If response is no and the form is "None," affix bar code (Document Identifier 440) here:
- 4.1 The officers and directors information is a required filing for all companies. Will the officers and directors information be filed with the NAIC by March 1? Yes[X] No[]
4.2 If answer is no, please explain:
 If response is no and the form is "None," affix bar code (Document Identifier 380) here:
- 5.1 Will the Risk-based Capital Report be filed with the NAIC by March 1? Yes[X] No[]
5.2 If no, please explain:
 If response is no and the form is "None," affix bar code (Document Identifier 390) here:
- 5.3 Will the Risk-based Capital Report be filed with the domiciliary department, if required by March 1? Yes[X] No[]
5.4 If no, please explain:
 If response is no and the form is "None," affix bar code (Document Identifier 390) here:
- 6.1 The SVO Compliance Certification is a required filing for all companies. Will the SVO Compliance Certification be filed by March 1? Yes[] No[X]
6.2 If no, please explain:
 none
 If response is no and the form is "None," affix bar code (Document Identifier 470) here:
- 7.1 Management's Discussion and Analysis is a required filing. Will Management's Discussion and Analysis be filed by April 1? Yes[X] No[]
7.2 If answer is no, please explain:
 If response is no and the form is "None," affix bar code (Document Identifier 350) here:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

- 8.1 Does your company write Long-term Care Insurance? Yes[] No[X]
8.2 Will the Long-term Care Experience Reporting Forms be filed by April 1? Yes[] No[X]
8.3 If first response is yes and second response is no, please explain:
 If second response is no and the form is "None," affix bar code (Document Identifier 340) here:
- 9.1 The Investment Risks Interrogatories is a required filing. Will this be filed by April 1? Yes[] No[X]
9.2 If no, please explain:
 If response is no and the form is "None," affix bar code (Document Identifier 285) here:
- 10.1 An audited financial report is a required filing for all companies. Will an audited financial report be filed by June 1 with the domiciliary? Yes[] No[X]
10.2 If answer is no, please explain:
 If response is no and the form is "None," affix bar code (Document Identifier 220) here:

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