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						
Group Subscribers:						
Greektown	42,709					42,709
0299997 Subtotal - Group Subscribers:	42,709					42,709
0299998 Premium due and unpaid not individually listed						
0299999 Total group	42,709					42,709
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)	42,709					42,709

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 inidvidually listed						
Other	200					200
0499999 Total - Receivables not inidvidually listed						
0599999 Health care receivables	200					200

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
Individually Listed Claims Payable						
	867,872					867,872
0199999 Total - Individually Listed Claims Payable	867,872					867,872
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals	867,872					867,872
0599999 Unreported claims and other claim reserves						1,008,341
0699999 Total Amounts Withheld						
0799999 Total Claims Payable						1,876,213
0899999 Accrued Medical Incentive Pool						616,309

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							
Ulticare	300,000					300,000	
0199999 Total - Individually listed receivables	300,000					300,000	
0299999 Receivables not inidvidually listed							
0399999 Total gross amounts receivable	300,000					300,000	

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	NONE			
0399999 Total gross payables	XXX			

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						
2. Intermediaries						
3. All other providers	1,889,320	14.228	137,257	100.000	268,531	1,620,789
4. Total capitation payments	1,889,320	14.228	137,257	100.000	268,531	1,620,789
Other Payments:						
5. Fee-for-service	17,021	0.128	X X X	X X X		17,021
6. Contractual fee payments	9,438,463	71.080	X X X	X X X		9,438,463
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments	1,933,864	14.564	X X X	X X X		1,933,864
12. Total other payments	11,389,348	85.772	X X X	X X X		11,389,348
13. Total (Line 4 plus Line 12)	13,278,668	100.000	X X X	X X X	268,531	13,010,137

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
9999999 Totals			X X X	X X X	X X X

EXHIBIT 9 - FURNITURE AND EQUIPMENT OWNED

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets Used for the Delivery of Health Care
1.	Administrative furniture and equipment	38,904		30,094	8,810		8,810
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total	38,904		30,094	8,810		8,810

95751200143058100 2001 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: Ultimed HMO of Michigan, Inc. 2. DIVISION:

NAIC Group Code — BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR — NAIC Company Code 95751

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	10,191						X X X			10,191
2. First Quarter	10,026						X X X			10,026
3. Second Quarter	11,026		700				X X X			10,326
4. Third Quarter	10,832		416				X X X			10,416
5. Current Year	15,295		350				X X X			14,945
6. Current Year Member Months	141,789		4,532				X X X			137,257
Total Member Ambulatory Encounters for Year:										
7. Physician	19,491		411				X X X			19,080
8. Non-Physician	38,934		1,601				X X X			37,333
9. Total	58,425		2,012				X X X			56,413
10. Hospital Patient Days Incurred	6,181		69				X X X			6,112
11. Number of Inpatient Admissions	1,366		29				X X X			1,337
12. Premiums Collected	11,465,543		655,664							10,809,879
13. Premiums Earned	12,057,349		698,374							11,358,975
14. Amount Paid for Provision of Health Care Services	13,278,668		460,376						2,008,413	10,809,879
15. Amount of Incurred for Provision of Health Care Services	11,326,252		636,584						(889,992)	11,579,660

95751200143023100 2001 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: Ultimed HMO of Michigan, Inc. 2. DIVISION:

NAIC Group Code | BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR | NAIC Company Code 95751

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	10,191						X X X			10,191
2. First Quarter	10,026						X X X			10,026
3. Second Quarter	11,026		700				X X X			10,326
4. Third Quarter	10,832		416				X X X			10,416
5. Current Year	15,295		350				X X X			14,945
6. Current Year Member Months	141,789		4,532				X X X			137,257
Total Member Ambulatory Encounters for Year:										
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11. Number of Inpatient Admissions	1,366		29				X X X			1,337
12. Premiums Collected	11,465,543		655,664							10,809,879
13. Premiums Earned	12,057,349		698,374							11,358,975
14. Amount Paid for Provision of Health Care Services	13,278,668		460,376						2,008,413	10,809,879
15. Amount of Incurred for Provision of Health Care Services	11,326,252		636,584						(889,992)	11,579,660

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	252,839
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	
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	252,839
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	252,839
11.	Total nonadmitted amounts	247,349
12.	Statement value, current period (Page 2, real estate lines, current period)	5,490

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		
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		

NONE

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		
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		

NONE

36 Schedule D - Summary by Country. . . . . NONE

36 Schedule D - Verification. . . . . NONE

37 Schedule D Part 1A Sn 1 - #1. . . . . NONE

38 Schedule D Part 1A Sn 1 - #2. . . . . NONE

39 Schedule D Part 1A Sn 1 - #3. . . . . NONE

40 Schedule D Part 1A Sn 2 - #1. . . . . NONE

41 Schedule D Part 1A Sn 2 - #2. . . . . NONE

42 Schedule D Part 1A Sn 2 - #3. . . . . NONE

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

		1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year	2,022,357			2,022,357	
2.	Cost of short-term investments acquired	44,173			44,173	
3.	Increase (decrease) by adjustment	43,880			43,880	
4.	Increase (decrease) by foreign exchange adjustment					
5.	Total profit (loss) on disposal of short-term investments					
6.	Consideration received on disposal of short-term investments					
7.	Book/adjusted carrying value, current year	2,110,410			2,110,410	
8.	Total valuation allowance					
9.	Subtotal (Lines 7 plus 8)	2,110,410			2,110,410	
10.	Total nonadmitted amounts					
11.	Statement value (Lines 9 minus 10)	2,110,410			2,110,410	
12.	Income collected during year	164,392			164,392	
13.	Income earned during year	164,392			164,392	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: Money Market Mutual Funds and C.D.'s

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

49 Schedule S - Part 2. . . . . NONE

50 Schedule S - Part 3 - Section 2 . . . . . NONE

51 Schedule S - Part 4. . . . . NONE

52 Schedule S - Part 5. . . . . NONE

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)	4,802,700		4,802,700
2. Amounts recoverable from reinsurers (Line 12)			
3. Accident and health premiums due and unpaid (Line 10)	42,709		42,709
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,596,927		1,596,927
6. Total assets (Line 23)	6,442,336		6,442,336
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	1,876,213		1,876,213
8. Accrued medical incentive pool and bonus payments (Line 2)	616,309		616,309
9. Premiums received in advance (Line 6)			
10. Reinsurance in unauthorized companies (Line 14)			
11. All other liabilities (Balance)	859,257		859,257
12. Total liabilities (Line 18)	3,351,779		3,351,779
13. Total capital and surplus (Line 26)	3,090,557	X X X	3,090,557
14. Total liabilities, capital and surplus (Line 27)	6,442,336		6,442,336
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 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/(Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/(Payable) on Losses and/or Reserve Credit Taken/(Liability)
	38-3050213	United Community Hospital								(218,693)	(218,693)	
	38-3050213	United Community Hospital					268,531				268,531	
	38-3050213	United Community Hospital					372,000				372,000	
		Ulticare					(300,000)				(300,000)	
	38-3145808	Ultimed HMO of Michigan, Inc.					(340,531)			218,693	(121,838)	
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:
If second response is no and the form is "None," affix bar code (Document Identifier 360) here:

95751200136000000 2001 Document Code: 360

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[ ] No[X]
2.2 If answer is no, please explain:
Michigan OFIS granted an extension until March 29, 2002.
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[ ] No[X]
3.2 If answer is no, please explain:
Michigan OFIS granted an extension until March 29, 2002.
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[ ] No[X]
4.2 If answer is no, please explain:
Michigan OFIS granted an extension until March 29, 2002.
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[ ] No[X]
5.2 If no, please explain:
Michigan OFIS granted an extension until March 29, 2002.
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[ ] No[X]
5.4 If no, please explain:
Michigan OFIS granted an extension until March 29, 2002.
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:
Michigan OFIS granted an extension until March 29, 2002.
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[X] No[ ]
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[X] No[ ]
10.2 If answer is no, please explain:
If response is no and the form is "None," affix bar code (Document Identifier 220) here:

OVERFLOW PAGE FOR WRITE-INS

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
0697.	Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		
1204.	Occupancy, Depreciation and Amortization		132,841	133,003
1205.	Capitation		1,889,320	4,924,277
1297.	Summary of remaining write-ins for Line 12 (Lines 1204 through 1296)		2,022,161	5,057,280

OVERFLOW PAGE FOR WRITE-INS

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS
(Gain and Loss Exhibit)

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medical Only	4 Medicare Supplemental	5 Dental Only	6 Vision Only	7 Federal Employee Health Benefit Plan	8 Title XVIII-Medicare	9 Title XIX-Medicaid	10 Stop Loss	11 Disability Income	12 Long-term Care	13 Other
0597. Summary of remaining write-ins for Line 5 (Lines 0504 through 0596)													
1104. Occupancy, Depreciation and Amortization	132,841												132,841
1105. Reinsurance Expense	87,844												87,844
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	220,685												220,685

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