5 2 5 7 0 2 0 0 2 2 0 1 0 0 1 0 2

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2002

OF THE CONDITION AND AFFAIRS OF THE

Botsford Health Plan

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) NAIC Company Code 52570 Employer's ID Number 38-3243956

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 [ ] 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 06/26/1995 Commenced Business 10/01/1996

Statutory Home Office 28050 Grand River Avenue (Street and Number), Farmington Hills, MI 48336-5933 (City or Town, State and Zip Code)

Main Administrative Office 28050 Grand River Avenue (Street and Number)

Farmington Hills, MI 48336-5933 (City or Town, State and Zip Code) 248-471-8157-0000 (Area Code) (Telephone Number)

Mail Address 28050 Grand River Avenue (Street and Number or P.O. Box), Farmington Hills, MI 48336-5933 (City or Town, State and Zip Code)

Primary Location of Books and Records 28050 Grand River Avenue (Street and Number)

Farmington Hills, MI 48336-5933 (City or Town, State and Zip Code) 248-471-8157-0000 (Area Code) (Telephone Number)

Internet Website Address www.botsfordsystem.org/bhp

Statement Contact Dianna Lynn Ronan (Name) 248-471-8137-0000 (Area Code) (Telephone Number) (Extension)

dronan@botsford.org (E-mail Address) 248-471-8887-0000 (FAX Number)

Policyowner Relations Contact 25250 West Eight Mile Rd. (Street and Number)

Southfield, MI 48034-0000 (City or Town, State and Zip Code) 248-945-7405-0000 (Area Code) (Telephone Number) (Extension)

OFFICERS

President Ronald P. Szumski Secretary Lisa D. Vandecaveye

Treasurer David L. Marcellino

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Ethel Harris	Annette Johnson	Gerson I Cooper
Ronald P. Szumski	Paul E. LaCasse D.O.	Jack D. Lennox D.O.
Frank F. Lanzilote D.O.	Richard N. Mark D.O.	Bridgette A. Davis

State of Michigan
County of Wayne } 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.

Ronald P. Szumski President	Lisa D. Vandecaveye Secretary	David L. Marcellino Treasurer

Subscribed and sworn to before me this
6 day of August, 2002

Holly Hufeld
Executive Assistant to the President
December 29, 2003

ASSETS

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less $ ..... encumbrances)			(a)	
4.2 Properties held for the production of income (less $ ..... encumbrances)				
4.3 Properties held for sale (less $ ..... encumbrances)				
5. Cash ($ 6,324,762) and short-term investments ($ 836,453)	7,161,215		7,161,215	5,949,444
6. Other long-term invested assets				
7. Receivable for securities				
8. Aggregate write-ins for invested assets				
9. Subtotals, cash and invested assets (Lines 1 to 8)	7,161,215		7,161,215	5,949,444
10. Accident and health premiums due and unpaid				396,183
11. Health care receivables				
12. Amounts recoverable from reinsurers	833		833	11,936
13. Net adjustment in assets and liabilities due to foreign exchange rates				
14. Investment income due and accrued	933		933	
15. Amounts due from parent, subsidiaries and affiliates				
16. Amounts receivable relating to uninsured accident and health plans				
17. Furniture and equipment	57,029		57,029	56,551
18. Amounts due from agents				
19. Federal and foreign income tax recoverable and interest thereon (including $ ..... net deferred tax asset)				
20. Electronic data processing equipment and software	171,934	167,161	4,773	5,945
21. Other nonadmitted assets	186,962	186,962	0	
22. Aggregate write-ins for other than invested assets				40,110
23. Total assets (Lines 9 plus 10 through 22)	7,578,906	354,123	7,224,783	6,460,169
DETAILS OF WRITE-INS				
0801.				
0802.				
0803.				
0898. Summary of remaining write-ins for Line 8 from overflow page				
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)				
2201. Other receivables-reinsurance experience rating premium refund			0	40,110
2202.				
2203.				
2298. Summary of remaining write-ins for Line 22 from overflow page				
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above)				40,110

(a) $ ..... health care delivery assets included in Line 4.1, Column 3

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)	2,099,118		2,099,118	2,027,688
2. Accrued medical incentive pool and bonus payments	489,857		489,857	1,089,478
3. Unpaid claims adjustment expenses	42,900		42,900	
4. Aggregate policy reserves				
5. Aggregate claim reserves				
6. Premiums received in advance				
7. General expenses due or accrued	29,355		29,355	25,677
8. Federal and foreign income tax payable and interest thereon (including $ ..... on realized capital gains (losses) (including $ ..... net deferred tax liability)				
9. Amounts withheld or retained for the account of others				
10. Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)				
11. Amounts due to parent, subsidiaries and affiliates	125,155		125,155	140,266
12. Payable for securities				
13. Funds held under reinsurance treaties with ($ ..... authorized reinsurers and $ ..... unauthorized reinsurers)				
14. Reinsurance in unauthorized companies				
15. Net adjustments in assets and liabilities due to foreign exchange rates				
16. Liability for amounts held under uninsured accident and health plans				
17. Aggregate write-ins for other liabilities (including $ ..... current)	584		584	122,310
18 Total liabilities (Lines 1 to 17)	2,786,969		2,786,969	3,405,419
19. Common capital stock	XXX	XXX		
20 Preferred capital stock	XXX	XXX		
21. Gross paid in and contributed surplus	XXX	XXX		
22. Surplus notes	XXX	XXX		
23. Aggregate write-ins for other than special surplus funds	XXX	XXX		
24. Unassigned funds (surplus)	XXX	XXX	4,437,814	3,054,750
25. Less treasury stock, at cost:				
25.1 ..... shares common (value included in Line 19) $ .....)	XXX	XXX		
25.2 ..... shares preferred (value included in Line 20) $ .....)	XXX	XXX		
26. Total capital and surplus (Lines 19 to 25)	XXX	XXX	4,437,814	3,054,750
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	7,224,783	6,460,169
DETAILS OF WRITE-INS				
1701. Due to State of Michigan	584		584	122,310
1702.				
1703.				
1798. Summary of remaining write-ins for Line 17 from overflow page				
1799. Totals (Lines 1701 thru 1703 plus 1798) (Line 17 above)	584		584	122,310
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year to Date		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	XXX	47,255	80,237
2.	Net premium income	XXX	9,238,500	13,729,575
3.	Change in unearned premium reserves and reserve for rate credits	XXX		
4.	Fee-for-service (net of $ ..... medical expenses)	XXX		
5.	Risk revenue	XXX		
6.	Aggregate write-ins for other health care related revenues	XXX		
7.	Total revenues (Lines 2 to 6)	XXX	9,238,500	13,729,575
	Medical and Hospital:			
8.	Hospital/medical benefits		4,582,988	7,326,259
9.	Other professional services		549,565	841,709
10.	Outside referrals			
11.	Emergency room and out-of-area		294,635	541,740
12.	Prescription drugs		719,494	
13.	Aggregate write-ins for other medical and hospital		176,704	1,423,957
14.	Incentive pool and withhold adjustments		482,500	1,047,071
15.	Subtotal (Lines 8 to 14)		6,805,886	11,180,736
	Less:			
16.	Net reinsurance recoveries			11,936
17.	Total medical and hospital (Lines 15 minus 16)		6,805,886	11,168,800
18.	Claims adjustment expenses		209,023	257,286
19.	General administrative expenses		804,092	1,418,022
20.	Increase in reserves for accident and health contracts			
21.	Total underwriting deductions (Lines 17 through 20)		7,819,001	12,844,108
22.	Net underwriting gain or (loss) (Lines 7 minus 21)	XXX	1,419,499	885,467
23.	Net investment income earned		55,037	148,947
24.	Net realized capital gains or (losses)			
25.	Net investment gains or (losses) (Lines 23 plus 24)		55,037	148,947
26.	Net gain or (loss) from agents'or premium balances charged off [(amount recovered $ .....) (amount charged off $ .....)]			
27.	Aggregate write-ins for other income or expenses			400,012
28.	Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		1,474,536	1,434,426
29.	Federal and foreign income taxes incurred	XXX		
30.	Net income (loss) (Lines 28 minus 29)	XXX	1,474,536	1,434,426
	DETAILS OF WRITE-INS			
0601.		XXX		
0602.		XXX		
0603.		XXX		
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX		
1301.	Pharmacy expense			1,181,356
1302.	Patient transportation services		176,704	242,601
1303.				
1398.	Summary of remaining write-ins for Line 13 from overflow page			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		176,704	1,423,957
2701.	Contractor Performance Bonus - Benchmark Adjustment			400,000
2702.	Copying fees			12
2703.				
2798.	Summary of remaining write-ins for Line 27 from overflow page			
2799.	Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)			400,012

CAPITAL AND SURPLUS ACCOUNT

		1 Current Year to Date	2 Prior Year
	CAPITAL AND SURPLUS ACCOUNT:		
31.	Capital and surplus prior reporting period	3,054,750	1,728,632
	GAINS AND LOSSES TO CAPITAL & SURPLUS:		
32.	Net income or (loss) from Line 30	1,474,536	1,434,426
33.	Change in valuation basis of aggregate policy and claim reserves		
34.	Net unrealized capital gains and losses		
35.	Change in net unrealized foreign exchange capital gain or (loss)		
36.	Change in net deferred income tax		
37.	Change in nonadmitted assets	(91,472)	(139,164)
38.	Change in unauthorized reinsurance		
39.	Change in treasury stock		
40.	Change in surplus notes		
41.	Cumulative effect of changes in accounting principles		
42.	Capital Changes:		
	42.1 Paid in		
	42.2 Transferred from surplus (Stock Dividend)		
	42.3 Transferred to surplus		
43.	Surplus adjustments:		
	43.1 Paid in		
	43.2 Transferred to capital (Stock Dividend)		
	43.3 Transferred from capital		
44.	Dividends to stockholders		
45.	Aggregate write-ins for gains or (losses) in surplus		30,856
46.	Net change in capital & surplus (Lines 32 to 45)	1,383,064	1,326,118
47.	Capital and surplus end of reporting period (Line 31 plus 46)	4,437,814	3,054,750
	DETAILS OF WRITE-INS		
4501.	Prior year audit adjustment to recognize reinsurance recoveries		30,856
4502.			
4503.			
4598.	Summary of remaining write-ins for Line 45 from overflow page		
4599.	Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above)		30,856

CASH FLOW

	1 Current Year to Date	2 Prior Year
Cash from Operations		
1. Premiums and revenues collected net of reinsurance	9,634,683	14,293,370
2. Claims and claims adjustment expenses	7,489,097	10,853,235
3. General administrative expenses paid	800,414	1,431,514
4. Other underwriting income (expenses)		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	1,345,172	2,008,621
6. Net investment income	54,104	148,947
7. Other income (expenses)		400,012
8. Federal and foreign income taxes (paid) recovered		
9. Net cash from operations (Lines 5 to 8)	1,399,276	2,557,580
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds		
10.2 Stocks		
10.3 Mortgage loans		
10.4 Real estate		
10.5 Other invested assets		
10.6 Net gains or (losses) on cash and short-term investments		
10.7 Miscellaneous proceeds		
10.8 Total investment proceeds (Lines 10.1 to 10.7)		
11. Cost of investments acquired (long-term only):		
11.1 Bonds		
11.2 Stocks		
11.3 Mortgage loans		
11.4 Real estate		
11.5 Other invested assets		
11.6 Miscellaneous applications		
11.7 Total investments acquired (Lines 11.1 to 11.6)		
12. Net Cash from investments (Line 10.8 minus Line 11.7)		
Cash from Financing and Miscellaneous Sources		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in		
13.2 Net transfers from affiliates		75,771
13.3 Borrowed funds received		
13.4 Other cash provided	41,282	138,747
13.5 Total (Lines 13.1 to 13.4)	41,282	214,518
14. Cash applied:		
14.1 Dividends to stockholders paid		
14.2 Net transfers to affiliates	15,111	
14.3 Borrowed funds repaid		
14.4 Other applications	213,676	219,647
14.5 Total (Lines 14.1 to 14.4)	228,787	219,647
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	(187,505)	(5,129)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	1,211,771	2,552,451
17. Cash and short-term investments:		
17.1 Beginning of period	5,949,444	3,396,993
17.2 End of period (Line 16 plus Line 17.1)	7,161,215	5,949,444

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	7,146								7,146	
2 First Quarter	7,848								7,848	
3 Second Quarter	8,525								8,525	
4. Third Quarter										
5. Current Year										
6 Current Year Member Months	47,255								47,255	
Total Member Ambulatory Encounters for Period:										
7. Physician	5,404								5,404	
8. Non-Physician	6,849								6,849	
9. Total	12,253								12,253	
10. Hospital Patient Days Incurred	1,481								1,481	
11. Number of Inpatient Admissions	371								371	
12. Premiums Collected	9,634,683								9,634,683	
13. Premiums Earned	9,238,500								9,238,500	
14. Amount Paid for Provision of Health Care Services	7,334,077								7,334,077	
15. Amount Incurred for Provision of Health Care Services	6,805,886								6,805,886	

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
Claims Payable (Reported)						
4-D Pharmacy	178,837					178,837
Botsford Kidney Center	29,817					29,817
Botsford General Hospital	47,632					47,632
0199999 Individually Listed Claims Payable	256,286					256,286
0299999 Aggregate Accounts Not Individually Listed-Uncovered						
0399999 Aggregate Accounts Not Individually Listed-Covered	87,724	224	151	0		88,099
0499999 Subtotals	344,010	224	151			344,385
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	1,754,733
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total Claims Payable	XXX	XXX	XXX	XXX	XXX	2,099,118
0899999 Accrued Medical Incentive Pool	XXX	XXX	XXX	XXX	XXX	489,857

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (Hospital & Medical)						
2. Medicare Supplement						
3. Dental Only						
4. Vision Only						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid	1,574,880	4,677,076	452,500	1,646,618	2,027,380	2,027,688
8. Other						
9. Subtotal	1,574,880	4,677,076	452,500	1,646,618	2,027,380	2,027,688
10. Medical incentive pools, accruals and disbursements	1,082,121	0	7,357	482,500	1,089,478	1,089,478
11. Totals	2,657,001	4,677,076	459,857	2,129,118	3,116,858	3,117,166

NOTES TO FINANCIAL STATEMENTS

There have been no events subsequent to the end of the most recent fiscal year that have had a material financial impact on Botsford Health Plan. Footnote disclosures included in the 2001 Annual Statement are still representative of the operations of the Plan.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes [ ] No [X]

1.2 If yes, explain:

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

2.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

3.2 If yes, date of change:

If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]

If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [X] NA [ ]

If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2001

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2001

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

7.4 By what department or departments?

Office of Financial and Insurance Services - Michigan Department of Insurance - Report not released yet

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes [ ] No [X]

8.2 If yes, give full information:

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

INVESTMENT

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [ ] No [X]

9.2 If yes, explain:

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

10.2 If yes, give full and complete information relating thereto:

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

12. Amount of real estate and mortgages held in short-term investments: $ 0

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

13.2 If yes, please complete the following:

		1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21	Bonds	$	$
13.22	Preferred Stock	$	$
13.23	Common Stock	$	$
13.24	Short-term Investments	$	$
13.25	Mortgages, Loans or Real Estate	$	$
13.26	All Other	$	$
13.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	$	$
13.28	Total Investment in Parent included in Lines 13.21 to 13.26 above	$	$
13.29	Receivable from Parent not included in Lines 13.21 to 13.26 above	$	$

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Standard Federal Bank	2600 West Big Beaver Troy, MI 48084

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

15.3 Have there been any changes, including name changes in the custodian(s) identified in 15.1 during the current year? Yes [ ] No [X]

15.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

Schedule A - Verification

NONE

Schedule B - Verification

NONE

Schedule BA - Verification

NONE

Schedule D - Part 1B

NONE

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
8099999 Totals	836,453	XXX	836,453	1,544	

SCHEDULE DA - PART 2- Verification

Short-Term Investments Owned

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	832,602	834,909		553,149
2. Cost of short-term investments acquired	2,307	1,544		279,453
3. Increase (decrease) by adjustment				
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 period	834,909	836,453		832,602
8. Total valuation allowance				
9. Subtotal (Lines 7 plus 8)	834,909	836,453		832,602
10. Total nonadmitted amounts				
11. Statement value (Lines 9 minus 10)	834,909	836,453		832,602
12. Income collected during period	2,307	1,544		19,453
13. Income earned during period	2,307	2,477		19,453

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

SCHEDULE SCEDED REINSURANCE

Showing all new reinsurers - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Location	5 Is Insurer Authorized? (Yes or No)
		LIFE AND ANNUITY AFFILIATES		
		LIFE AND ANNUITY NON-AFFILIATES		
		ACCIDENT AND HEALTH AFFILIATES		
		ACCIDENT AND HEALTH NON-AFFILIATES		
69078	13-5679267	Standard Security Life Ins Co. of NY	New York	Yes

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

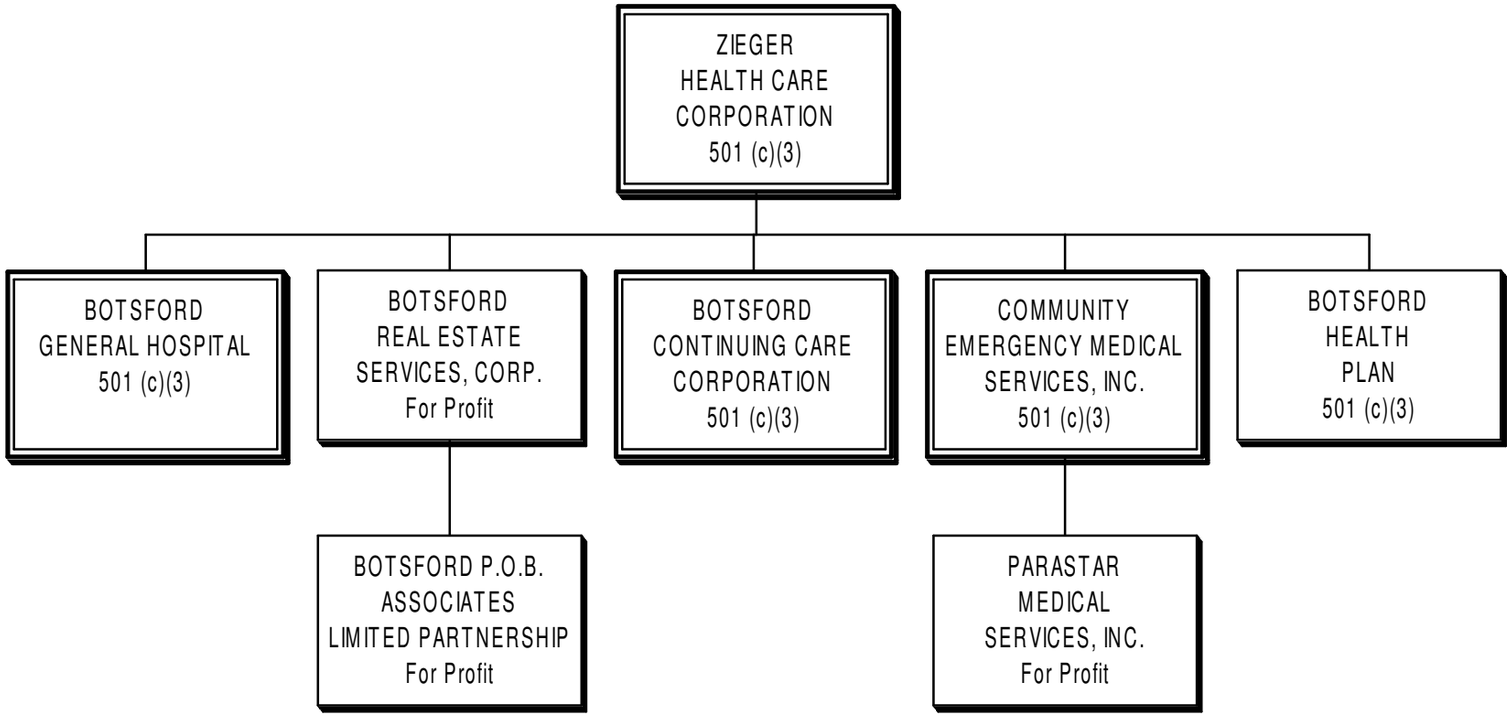
States, Etc.		1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed? (Yes or No)	Direct Business Only Year-to-Date 3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefit Program Premium
1. Alabama	AL	No	No				
2. Alaska	AK	No	No				
3. Arizona	AZ	No	No				
4. Arkansas	AR	No	No				
5. California	CA	No	No				
6. Colorado	CO	No	No				
7. Connecticut	CT	No	No				
8. Delaware	DE	No	No				
9. District of Columbia	DC	No	No				
10. Florida	FL	No	No				
11. Georgia	GA	No	No				
12. Hawaii	HI	No	No				
13. Idaho	ID	No	No				
14. Illinois	IL	No	No				
15. Indiana	IN	No	No				
16. Iowa	IA	No	No				
17. Kansas	KS	No	No				
18. Kentucky	KY	No	No				
19. Louisiana	LA	No	No				
20. Maine	ME	No	No				
21. Maryland	MD	No	No				
22. Massachusetts	MA	No	No				
23. Michigan	MI	No	Yes			9,356,333	
24. Minnesota	MN	No	No				
25. Mississippi	MS	No	No				
26. Missouri	MO	No	No				
27. Montana	MT	No	No				
28. Nebraska	NE	No	No				
29. Nevada	NV	No	No				
30. New Hampshire	NH	No	No				
31. New Jersey	NJ	No	No				
32. New Mexico	NM	No	No				
33. New York	NY	No	No				
34. North Carolina	NC	No	No				
35. North Dakota	ND	No	No				
36. Ohio	OH	No	No				
37. Oklahoma	OK	No	No				
38. Oregon	OR	No	No				
39. Pennsylvania	PA	No	No				
40. Rhode Island	RI	No	No				
41. South Carolina	SC	No	No				
42. South Dakota	SD	No	No				
43. Tennessee	TN	No	No				
44. Texas	TX	No	No				
45. Utah	UT	No	No				
46. Vermont	VT	No	No				
47. Virginia	VA	No	No				
48. Washington	WA	No	No				
49. West Virginia	WV	No	No				
50. Wisconsin	WI	No	No				
51. Wyoming	WY	No	No				
52. American Samoa	AS	No	No				
53. Guam	GU	No	No				
54. Puerto Rico	PR	No	No				
55. U.S. Virgin Islands	VI	No	No				
56 Canada	CN	No	No				
57. Aggregate Other Alien	OT	XXX	XXX				
58. Total (Direct Business)		XXX	(a) 1			9,356,333	
DETAILS OF WRITE-INS							
5701.							
5702.							
5703.							
5798. Summary of remaining write-ins for Line 57 from overflow page							
5799. Totals (Lines 5701 thru 5703 plus 5798)(Line 57 above)							

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

ZIEGER HEALTH CARE CORPORATION
ORGANIZATIONAL CHART

Effective October 12, 2001



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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 on NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory question.

	RESPONSE
1. Will the SVO Compliance Certification be filed with this statement?	No

Explanation:

Not required by the State of Michigan

Bar Code:

SVO Compliance Certification (Document Identifier 470) here:

5 2 5 7 0 2 0 0 2 4 7 0 0 0 0 0 2

OVERFLOW PAGE FOR WRITE-INS

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	Book Balance at End of Each Month During Current Quarter			8
				5	6	7	
Depository	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Standard Federal Bank 2600 West Big Beaver Troy, MI 48084	1.600	27,010	0	5,809,770	6,070,497	6,324,762	
0199998 Deposits in 0 depositories which do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX						XXX
0199999 Totals - Open Depositories	XXX	27,010	0	5,809,770	6,070,497	6,324,762	XXX
0399999 Total Cash on Deposit	XXX	27,010	0	5,809,770	6,070,497	6,324,762	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX				XXX
0599999 Total Cash	XXX	27,010	0	5,809,770	6,070,497	6,324,762	XXX