

Corrected Medical Benefits Payout and the corresponding IBNR



# HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2002  
OF THE CONDITION AND AFFAIRS OF THE

## Cape Health Plan, Inc.

NAIC Group Code 0000 (Current Period) 0000 (Prior Period) NAIC Company Code 95759 Employer's ID Number 38-2455176

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 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  
(City or Town, State and Zip Code) 248-386-3000  
(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  
(City or Town, State and Zip Code) 248-386-3003  
(Area Code) (Telephone Number)

Internet Website Address www.capehealth.com

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)

Policyowner Relations Contact 26711 Northwestern Highway, Suite 300  
(Street and Number) Southfield, MI 48034  
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

### OFFICERS

President Nancy Wanchik Treasurer Ralph Woronoff  
Secretary William Brodhead

### VICE PRESIDENTS

Michele Lundberg Thomas Murar Myla Johnson  
Rodger Prong

### DIRECTORS OR TRUSTEES

Nancy Wanchik Ralph Woronoff Surjit Bhasin MD  
Lynette Burns Etrue Bryant Shirley Lightsey  
Thomas Murar Sue Sarin Gladys Taylor  
Janis Coleman Myra French William Brodhead

State of MICHIGAN } ss  
County of MACOMB

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

THOMAS MURAR  
CHIEF FINANCIAL OFFICER

SUSAN SARIN  
CHIEF EXECUTIVE OFFICER

Subscribed and sworn to before me this  
12 day of AUGUST, 2002



STATEMENT AS OF JUNE 30, 2002 OF THE CAPE HEALTH PLAN, INC.

**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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the 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.....	13,428,949	31,242,564	0	8,621,759	13,428,949	12,080,208
8. Other .....						
9. Subtotal .....	13,428,949	31,242,564		8,621,759	13,428,949	12,080,208
10. Medical incentive pools, accruals and disbursements .....	190,850	0	305,519	300,000	496,369	496,369
11. Totals	13,619,799	31,242,564	305,519	8,921,759	13,925,318	12,576,577