52619200220100103 2002 Document Code: 201

HEALTH QUARTERLY STATEMENT

AS OF September 30 , 2002

OF THE CONDITION AND AFFAIRS OF THE

Community Care Plan

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 52619 Employer's ID Number 38-3128143

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile Kent

Licensed as business type: Life, Accident & Health[ ] Propery/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]
Other[ ] Is HMO Federally Qualified? Yes[ ] No[X]

Date Incorporated or Organized 07/27/1993 Date Commenced Business 06/01/1996

Statutory Home Office 2100 Raybrook Dr SE (Street and Number), Grand Rapids, MI 49546 (City, or Town, State and Zip Code)

Main Administrative Office 2100 Raybrook Dr SE (Street and Number)
Grand Rapids, MI 49546 (City or Town, State and Zip Code) (616)252-4542- (Area Code) (Telephone Number)

Mail Address 2100 Raybrook Dr SE (Street and Number or P.O. Box), Grand Rapids, MI 49546 (City, or Town, State and Zip Code)

Primary Location of Books and Records 2100 Raybrook Dr Se (Street and Number)
Grand Rapids, MI 49546 (City, or Town, State and Zip Code) (616)252-4542- (Area Code) (Telephone Number)

Internet Website Address www.communitycareplan.org

Statutory Statement Contact William R Baxter (Name) (616)252-4542- (Area Code)(Telephone Number)(Extension)
william.baxter@metrogr.org (E-Mail Address) (616)252-4552 x (Fax Number)

Policyowner Relations Contact (Street and Number)
(City, or Town, State and Zip Code) (Area Code) (Telephone Number)(Extension)

President Keith Sherwood #
Secretary Keith Sherwood #
Treasurer Anne Soczawa #

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

William Cunningham DO
Robert Smedes
Michael Faas
Frank Belsito DO
Ruth Cupp
Carlos Bolds

State of Michigan
County of Kent ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the 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 manuals 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.

(Signature)	(Signature)	(Signature)
Keith Sherwood	Keith Sherwood	Anne Soczawa
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer

Subscribed and sworn to before me this
_____ day of _____ , 2002

a. Is this an original filing? Yes[X] No[ ]
b. If no, 1. State the amendment number 0
2. Date filed
3. Number of pages attached 0

(Notary Public Signature)

ASSETS

		Current Period			Prior Year
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1.	Bonds	0	0	0	0
2.	Stocks:				
2.1	Preferred stocks	0	0	0	0
2.2	Common stocks	0	0	0	0
3.	Mortgage loans on real estate:				
3.1	First liens	0	0	0	0
3.2	Other than first liens	0	0	0	0
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less $.....0 encumbrances)	0	0	(a) 0	0
4.2	Properties held for the production of income (less $.....0 encumbrances)	0	0	0	0
4.3	Properties held for sale (less $.....0 encumbrances)	0	0	0	0
5.	Cash ($.....1,304,436) and short-term investments ($.....10,924,555)	12,228,991	0	12,228,991	9,761,827
6.	Other long-term invested assets	0	0	0	0
7.	Receivable for securities	0	0	0	0
8.	Aggregate write-ins for invested assets	0	0	0	0
9.	Subtotal cash and invested assets (Lines 1 to 8)	12,228,991	0	12,228,991	9,761,827
10.	Accident and health premiums due and unpaid	0	0	0	0
11.	Health care receivables	2,164,699	285,248	1,879,451	1,956,569
12.	Amounts recoverable from reinsurers	6,763	0	6,763	0
13.	Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
14.	Investment income due and accrued	3,698	0	3,698	12,009
15.	Amounts due from parent, subsidiaries and affiliates	0	0	0	0
16.	Amounts receivable relating to uninsured accident and health plans	0	0	0	0
17.	Furniture and equipment	81,069	81,069	0	0
18.	Amounts due from agents	0	0	0	0
19.	Federal and foreign income tax recoverable and interest thereon (including $.....0 net deferred tax asset)	0	0	0	0
20.	Electronic data processing equipment and software	85,776	0	85,776	0
21.	Other nonadmitted assets	0	0	0	0
22.	Aggregate write-ins for other than invested assets	76,944	76,944	0	0
23.	Total assets (Lines 9 plus 10 through 22)	14,647,940	443,261	14,204,679	11,730,405
DETAILS OF WRITE-INS					
0801		0	0	0	0
0802		0	0	0	0
0803		0	0	0	0
0898.	Summary of remaining write-ins for Line 8 from overflow page	0	0	0	0
0899.	TOTALS (Lines 0801 through 0803 plus 0898) (Line 8 above)	0	0	0	0
2201.	Prepaid Expenses	76,944	76,944	0	0
2202		0	0	0	0
2203		0	0	0	0
2298.	Summary of remaining write-ins for Line 22 from overflow page	0	0	0	0
2299.	TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above)	76,944	76,944	0	0

(a) $.....0 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 $.....0 reinsurance ceded)	7,295,870	0	7,295,870	5,803,435
2.	Accrued medical incentive pool and bonus payments	408,643	0	408,643	233,437
3.	Unpaid claims adjustment expenses	0	0	0	0
4.	Aggregate policy reserves	0	0	0	0
5.	Aggregate claim reserves	0	0	0	0
6.	Premiums received in advance	0	0	0	0
7.	General expenses due or accrued	75,095	0	75,095	114,902
8.	Federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses) (including $.....0 net deferred tax liability)	0	0	0	0
9.	Amounts withheld or retained for account of others	0	0	0	0
10.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)	0	0	0	0
11.	Amounts due to parent, subsidiaries and affiliates	237,185	0	237,185	240,375
12.	Payable for securities	0	0	0	0
13.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers and $.....0 unauthorized reinsurers)	0	0	0	0
14.	Reinsurance in unauthorized companies	0	0	0	0
15.	Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
16.	Liability for amounts held under uninsured accident and health plans	0	0	0	0
17.	Aggregate write-ins for other liabilities (including $.....0 current)	0	0	0	0
18.	Total liabilities (Lines 1 to 17)	8,016,793	0	8,016,793	6,392,149
19.	Common capital stock	XXX	XXX	0	0
20.	Preferred capital stock	XXX	XXX	0	0
21.	Gross paid in and contributed surplus	XXX	XXX	760,857	760,857
22.	Surplus notes	XXX	XXX	0	0
23.	Aggregate write-ins for other surplus funds	XXX	XXX	0	0
24.	Unassigned funds (surplus)	XXX	XXX	5,427,029	4,577,399
25.	Less treasury stock, at cost:	XXX	XXX		
	25.1 ... .0 shares common (value included in Line 19 $.....0)	XXX	XXX	0	0
	25.2 ... .0 shares preferred (value included in Line 20 $.....0)	XXX	XXX	0	0
26.	Total capital and surplus (Lines 19 to 24, Less 25)	XXX	XXX	6,187,886	5,338,256
27.	Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	14,204,679	11,730,405
DETAILS OF WRITE-INS					
1701		0	0	0	0
1702		0	0	0	0
1703		0	0	0	0
1798.	Summary of remaining write-ins for Line 17 from overflow page	0	0	0	0
1799.	TOTALS (Lines 1701 through 1703 plus 1798) (Line 17 above)	0	0	0	0
2301		XXX	XXX	0	0
2302		XXX	XXX	0	0
2303		XXX	XXX	0	0
2398.	Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year to Date		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	312,825	325,399
2.	Net premium income	X X X	40,171,301	43,779,077
3.	Change in unearned premium reserves and reserve for rate credits	X X X	0	0
4.	Fee-for-service (net of $.....0 medical expenses)	X X X	0	0
5.	Risk revenue	X X X	0	0
6.	Aggregate write-ins for other health care related revenues	X X X	0	0
7.	TOTAL REVENUES (Lines 2 to 6)	X X X	40,171,301	43,779,077
Medical and Hospital:				
8.	Hospital/medical benefits	0	17,917,542	16,426,804
9.	Other professional services	0	3,216,474	7,332,251
10.	Outside referrals	0	1,000,227	3,438,285
11.	Emergency room and out-of-area	0	5,264,409	2,188,726
12.	Prescription drugs	0	8,818,771	9,821,256
13.	Aggregate write-ins for other medical and hospital	0	0	0
14.	Incentive pool and withhold adjustments	0	290,220	40,670
15.	Subtotal (Lines 8 to 14)	0	36,507,643	39,247,992
LESS:				
16.	Net reinsurance recoveries	0	0	34,391
17.	Total medical and hospital (Lines 15 minus 16)	0	36,507,643	39,213,601
18.	Claims adjustment expenses	0	425,289	0
19.	General administrative expenses	0	2,306,136	3,250,341
20.	Increase in reserves for accident and health contracts	0	0	0
21.	Total underwriting deductions (Lines 17 through 20)	0	39,239,068	42,463,942
22.	Net underwriting gain or (loss) (Lines 7 minus 21)	X X X	932,233	1,315,135
23.	Net investment income earned	0	139,000	252,148
24.	Net realized capital gains or (losses)	0	0	0
25.	Net investment gains or (losses) (Lines 23 plus 24)	0	139,000	252,148
26.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0), (amount charged off $.....0)]	0	0	0
27.	Aggregate write-ins for other income or expenses	0	13,140	445,411
28.	Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)	0	1,084,373	2,012,694
29.	Federal and foreign income taxes incurred	X X X	0	0
30.	Net income (loss) (Lines 28 minus 29)	X X X	1,084,373	2,012,694
DETAILS OF WRITE-INS				
0601		X X X	0	0
0602		X X X	0	0
0603		X X X	0	0
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X	0	0
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	0	0
1301.		0	0	0
1302.	0	0	0	0
1303		0	0	0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0
2701.	COB/Subrogation	0	13,140	12,120
2702.	Benchmak Award	0	0	433,291
2703		0	0	0
2798.	Summary of remaining write-ins for Line 27 from overflow page	0	0	0
2799.	TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)	0	13,140	445,411

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year to Date	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
31.	Capital and surplus prior reporting year	5,338,256	3,333,600
GAINS AND LOSSES TO CAPITAL & SURPLUS			
32.	Net income or (loss) from Line 30	1,084,373	2,012,694
33.	Change in valuation basis of aggregate policy and claim reserves	0	0
34.	Net unrealized capital gains and losses	0	0
35.	Change in net unrealized foreign exchange capital gain or (loss)	0	0
36.	Change in net deferred income tax	0	0
37.	Change in nonadmitted assets	(234,743)	(8,038)
38.	Change in unauthorized reinsurance	0	0
39.	Change in treasury stock	0	0
40.	Change in surplus notes	0	0
41.	Cumulative effect of changes in accounting principles	0	0
42.	Capital Changes:		
	42.1 Paid in	0	0
	42.2 Transferred from surplus (Stock Dividend)	0	0
	42.3 Transferred to surplus	0	0
43.	Surplus adjustments:		
	43.1 Paid in	0	0
	43.2 Transferred to capital (Stock Dividend)	0	0
	43.3 Transferred from capital	0	0
44.	Dividends to stockholders	0	0
45.	Aggregate write-ins for gains or (losses) in surplus	0	0
46.	Net change in capital and surplus (Lines 32 to 45)	849,630	2,004,656
47.	Capital and surplus end of reporting period (Line 31 plus 46)	6,187,886	5,338,256
DETAILS OF WRITE-INS			
4501.	0	0	0
4502.		0	0
4503		0	0
4598.	Summary of remaining write-ins for Line 45 from overflow page	0	0
4599.	TOTALS (Lines 4501 through 4503 plus 4598) (Line 45 above)	0	0

CASH FLOW

		1 Current Year To Date	2 Prior Year
	Cash from Operations		
1.	Premiums and revenues collected net of reinsurance	40,271,993	43,779,077
2.	Claims and claims adjustment expenses	34,857,199	36,798,624
3.	General administrative expenses paid	3,094,942	3,246,449
4.	Other underwriting income (expenses)	0	0
5.	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	2,319,852	3,734,004
6.	Net investment income	147,312	257,708
7.	Other income (expenses)	0	445,411
8.	Federal and foreign income taxes (paid) recovered	0	0
9.	Net cash from operations (Lines 5 to 8)	2,467,164	4,437,123
	Cash from Investments		
10.	Proceeds from investments sold, matured or repaid:		
	10.1 Bonds	0	591,105
	10.2 Stocks	0	56,101
	10.3 Mortgage loans	0	0
	10.4 Real estate	0	0
	10.5 Other invested assets	0	0
	10.6 Net gains or (losses) on cash and short-term investments	0	0
	10.7 Miscellaneous proceeds	0	0
	10.8 TOTAL investment proceeds (Lines 10.1 to 10.7)	0	647,206
11.	Cost of investments acquired (long-term only):		
	11.1 Bonds	0	11,666
	11.2 Stocks	0	18,564
	11.3 Mortgage loans	0	0
	11.4 Real estate	0	0
	11.5 Other invested assets	0	0
	11.6 Miscellaneous applications	0	0
	11.7 TOTAL investments acquired (Lines 11.1 to 11.6)	0	30,230
12.	Net cash from investments (Line 10.8 minus Line 11.7)	0	616,976
	Cash from Financing and Miscellaneous Sources		
13.	Cash provided:		
	13.1 Surplus notes, capital and surplus paid in	0	0
	13.2 Net transfers from affiliates	0	86,764
	13.3 Borrowed funds received	0	0
	13.4 Other cash provided	0	23,251
	13.5 TOTAL (Lines 13.1 to 13.4)	0	110,015
14.	Cash applied:		
	14.1 Dividends to stockholders paid	0	0
	14.2 Net transfers to affiliates	0	0
	14.3 Borrowed funds repaid	0	0
	14.4 Other applications	0	848,368
	14.5 TOTAL (Lines 14.1 to 14.4)	0	848,368
15.	Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	0	(738,353)
	RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16.	Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	2,467,164	4,315,746
17.	Cash and short-term investments:		
	17.1 Beginning of period	9,761,827	5,446,081
	17.2 End of period (Line 16 plus Line 17.1)	12,228,991	9,761,827

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	30,636	0	0	0	0	0	0	0	30,636	0
2. First Quarter	33,291	0	0	0	0	0	0	0	33,291	0
3. Second Quarter	35,142	0	0	0	0	0	0	0	35,142	0
4. Third Quarter	37,856	0	0	0	0	0	0	0	37,856	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	312,825	0	0	0	0	0	0	0	312,825	0
Total Member Ambulatory Encounters for Period:										
7. Physician	68,738	0	0	0	0	0	0	0	68,738	0
8. Non-Physician	2,133	0	0	0	0	0	0	0	2,133	0
9. Total	70,871	0	0	0	0	0	0	0	70,871	0
10. Hospital Patient Days Incurred	7,043	0	0	0	0	0	0	0	7,043	0
11. Number of Inpatient Admissions	1,914	0	0	0	0	0	0	0	1,914	0
12. Premiums Collected	40,271,993	0	0	0	0	0	0	0	40,271,993	0
13. Premiums Earned	40,171,301	0	0	0	0	0	0	0	40,171,301	0
14. Amount Paid for Provision of Health Care Services	34,857,199	0	0	0	0	0	0	0	34,857,199	0
15. Amount Incurred for Provision of Health Care Services	36,507,643	0	0	0	0	0	0	0	36,507,643	0

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
0199999 Individually Listed Claims Payable	0	0	0	0	0	0
0299999 Aggregate Accounts Not Individually Listed - Uncovered	0	0	0	0	0	0
0399999 Aggregate Accounts Not Individually Listed - Covered	1,748,197	0	0	0	0	1,748,197
0499999 Subtotals	1,748,197	0	0	0	0	1,748,197
0599999 Unreported claims and other claim reserves						5,547,673
0699999 Total Amounts Withheld						0
0799999 Total Claims Payable						7,295,870
0899999 Accrued Medical Incentive Pool						408,643

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)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental only	0	0	0	0	0	0
4. Vision only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan Premiums	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	5,167,195	28,716,213	159,437	7,136,433	5,326,632	5,803,435
8. Other	0	0	0	0	0	0
9. Subtotal	5,167,195	28,716,213	159,437	7,136,433	5,326,632	5,803,435
10. Medical incentive pools, accruals and disbursements	896	0	0	408,643	896	233,437
11. TOTALS	5,168,091	28,716,213	159,437	7,545,076	5,327,528	6,036,872

Notes to Financial Statement

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[X] N/A[ ]

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[X] No[ ]
3.2 If yes, date of change: 09/10/2002
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] N/A[ ]
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. 06/10/2002
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.
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?

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 (continued)

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

INVESTMENT

9.1 Has there been any changes 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 secuities 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	0	0
13.22	Preferred Stock	0	0
13.23	Common Stock	0	0
13.24	Short-Term Investments	0	0
13.25	Mortgages, Loans or Real Estate	0	0
13.26	All Other	0	0
13.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	0	0
13.28	Total Investment in Parent included in Lines 13.21 to 13.26 above	0	0
13.29	Receivable from Parent not included in Lines 13.21 to 13.26 above	0	0

14.1 Does the reporting entity have any hedging transactions reported in 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[X] N/A[ ]
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
Fifth Third Bank	111 Lyon NW, Grand Rapids, MI 49503

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
Fifth Third Bank	Mr. Randall Boer	111 Lyon St. NW Grand Rapids, MI 49503

SCHEDULE A - VERIFICATION

	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	0	0	0	0
2. Increase (decrease) by adjustment	0	0	0	0
3. Cost of acquired	0	0	0	0
4. Cost of additions to and permanent improvements	0	0	0	0
5. Total profit (loss) on sales	0	0	0	0
6. Increase (decrease) by foreign exchange adjustment	0	0	0	0
7. Amount received on sales	0	0	0	0
8. Book/adjusted carrying value at end of current period	0	0	0	0
9. Total valuation allowance	0	0	0	0
10. Subtotal (Lines 8 plus 9)	0	0	0	0
11. Total nonadmitted amounts	0	0	0	0
12. Statement value, current period (Page 2, real estate lines, current period)	0	0	0	0

SCHEDULE B - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period	0	0	0	0
2. Amount loaned during period:				
2.1 Actual cost at time of acquisitions	0	0	0	0
2.2 Additional investment made after acquisitions	0	0	0	0
3. Accrual of discount and mortgage interest points and commitment fees	0	0	0	0
4. Increase (decrease) by adjustment	0	0	0	0
5. Total profit (loss) on sale	0	0	0	0
6. Amounts paid on account or in full during the period	0	0	0	0
7. Amortization of premium	0	0	0	0
8. Increase (decrease) by foreign exchange adjustment	0	0	0	0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0	0	0	0
10. Total valuation allowance	0	0	0	0
11. Subtotal (Lines 9 plus 10)	0	0	0	0
12. Total nonadmitted amounts	0	0	0	0
13. Statement value of mortgages owned at end of current period	0	0	0	0

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

Description	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 of long-term invested assets owned, beginning of period	0	0	0	0
2. Cost of acquisitions during period:				
2.1 Actual cost at time of acquisitions	0	0	0	0
2.2 Additional investment made after acquisitions	0	0	0	0
3. Accrual of discount	0	0	0	0
4. Increase (decrease) by adjustment	0	0	0	0
5. Total profit (loss) on sale	0	0	0	0
6. Amounts paid on account or in full during the period	0	0	0	0
7. Amortization of premium	0	0	0	0
8. Increase (decrease) by foreign exchange adjustment	0	0	0	0
9. Book/adjusted carrying value of long-term invested assets at end of current period	0	0	0	0
10. Total valuation allowance	0	0	0	0
11. Subtotal (Lines 9 plus 10)	0	0	0	0
12. Total nonadmitted amounts	0	0	0	0
13. Statement value of long-term invested assets at end of current period	0	0	0	0

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1	0	0	0	0	0	0	0	0
2. Class 2	0	0	0	0	0	0	0	0
3. Class 3	0	0	0	0	0	0	0	0
4. Class 4	0	0	0	0	0	0	0	0
5. Class 5	0	0	0	0	0	0	0	0
6. Class 6	0	0	0	0	0	0	0	0
7. TOTAL Bonds	0	0	0	0	0	0	0	0
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. TOTAL Preferred Stock	0	0	0	0	0	0	0	0
15. TOTAL Bonds & Preferred Stock	0	0	0	0	0	0	0	0

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	10,924,555	X X X	10,943,518	25,029	0

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

		1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter CurrentYear	4 Prior Year Ended December 31
1.	Book/adjusted carrying value, beginning of period	8,950,757	8,337,340	9,880,564	1,815,020
2.	Cost of short-term investments acquired	33,583	1,533,631	1,025,029	7,135,737
3.	Increase (decrease) by adjustment	0	9,593	18,962	0
4.	Increase (decrease) by foreign exchange adjustment	0	0	0	0
5.	Total profit (loss) on disposal of short-term investments	0	0	0	0
6.	Consideration received on disposal of short-term investments	647,000	0	0	0
7.	Book/adjusted carrying value, current period	8,337,340	9,880,564	10,924,555	8,950,757
8.	Total valuation allowance	0	0	0	0
9.	Subtotals (Lines 7 plus 8)	8,337,340	9,880,564	10,924,555	8,950,757
10.	Total nonadmitted amounts	0	0	0	0
11.	Statement value (Lines 9 minus 10)	8,337,340	9,880,564	10,924,555	8,950,757
12.	Income collected during period	33,583	33,631	25,029	120,973
13.	Income earned during period	37,577	28,961	34,321	123,484

SCHEDULE DB - PART F - SECTION 1

Summary of Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
					Derivative Instruments Open		Cash Instrument(s) Held				
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description
9999999			0	0	X X X	0	X X X	X X X	0	0	X X X

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory	0	0	0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions	0	0	0	0	0	0	0	0	0	0
3. Add: Increases in Replicated Asset Statement Value	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0
4. Less: Closed or Disposed of Transactions	0	0	0	0	0	0	0	0	0	0
5. Less: Positions Disposed of for Failing Effectiveness Criteria	0	0	0	0	0	0	0	0	0	0
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0
7. Ending Inventory	0	0	0	0	0	0	0	0	0	0

SCHEDULE S - CEDED 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)

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

			1	2	Direct Business Only Year-to-Date			
					3	4	5	6
	State, Etc.		Guaranty Fund (Yes or No)	Is Insurer Licensed (Yes or No)	Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums
1.	Alabama	AL	No	No	0	0	0	0
2.	Alaska	AK	No	No	0	0	0	0
3.	Arizona	AZ	No	No	0	0	0	0
4.	Arkansas	AR	No	No	0	0	0	0
5.	California	CA	No	No	0	0	0	0
6.	Colorado	CO	No	No	0	0	0	0
7.	Connecticut	CT	No	No	0	0	0	0
8.	Delaware	DE	No	No	0	0	0	0
9.	District of Columbia	DC	No	No	0	0	0	0
10.	Florida	FL	No	No	0	0	0	0
11.	Georgia	GA	No	No	0	0	0	0
12.	Hawaii	HI	No	No	0	0	0	0
13.	Idaho	ID	No	No	0	0	0	0
14.	Illinois	IL	No	No	0	0	0	0
15.	Indiana	IN	No	No	0	0	0	0
16.	Iowa	IA	No	No	0	0	0	0
17.	Kansas	KS	No	No	0	0	0	0
18.	Kentucky	KY	No	No	0	0	0	0
19.	Louisiana	LA	No	No	0	0	0	0
20.	Maine	ME	No	No	0	0	0	0
21.	Maryland	MD	No	No	0	0	0	0
22.	Massachusetts	MA	No	No	0	0	0	0
23.	Michigan	MI	No	Yes	0	0	40,171,301	0
24.	Minnesota	MN	No	No	0	0	0	0
25.	Mississippi	MS	No	No	0	0	0	0
26.	Missouri	MO	No	No	0	0	0	0
27.	Montana	MT	No	No	0	0	0	0
28.	Nebraska	NE	No	No	0	0	0	0
29.	Nevada	NV	No	No	0	0	0	0
30.	New Hampshire	NH	No	No	0	0	0	0
31.	New Jersey	NJ	No	No	0	0	0	0
32.	New Mexico	NM	No	No	0	0	0	0
33.	New York	NY	No	No	0	0	0	0
34.	North Carolina	NC	No	No	0	0	0	0
35.	North Dakota	ND	No	No	0	0	0	0
36.	Ohio	OH	No	No	0	0	0	0
37.	Oklahoma	OK	No	No	0	0	0	0
38.	Oregon	OR	No	No	0	0	0	0
39.	Pennsylvania	PA	No	No	0	0	0	0
40.	Rhode Island	RI	No	No	0	0	0	0
41.	South Carolina	SC	No	No	0	0	0	0
42.	South Dakota	SD	No	No	0	0	0	0
43.	Tennessee	TN	No	No	0	0	0	0
44.	Texas	TX	No	No	0	0	0	0
45.	Utah	UT	No	No	0	0	0	0
46.	Vermont	VT	No	No	0	0	0	0
47.	Virginia	VA	No	No	0	0	0	0
48.	Washington	WA	No	No	0	0	0	0
49.	West Virginia	WV	No	No	0	0	0	0
50.	Wisconsin	WI	No	No	0	0	0	0
51.	Wyoming	WY	No	No	0	0	0	0
52.	American Samoa	AS	No	No	0	0	0	0
53.	Guam	GU	No	No	0	0	0	0
54.	Puerto Rico	PR	No	No	0	0	0	0
55.	U.S. Virgin Islands	VI	No	No	0	0	0	0
56.	Canada	CN	No	No	0	0	0	0
57.	Aggregate other alien	OT	XXX	XXX	0	0	0	0
58.	TOTAL (Direct Business)		XXX	(a) 1	0	0	40,171,301	0
DETAILS OF WRITE-INS								
5701			XXX	XXX	0	0	0	0
5702			XXX	XXX	0	0	0	0
5703			XXX	XXX	0	0	0	0
5798.	Summary of remaining write-ins for Line 57 from overflow page		XXX	XXX	0	0	0	0
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)		XXX	XXX	0	0	0	0

(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

All insurer members of a Holding Company Group that has acquired and/or disposed of any domestic insurer (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

PART 1 - ORGANIZATIONAL CHART

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	RESPONSES
1. Will the SVO Compliance Certification be filed with this statement?	Yes

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED During the Current Quarter

1	Location		4	5	6	7	8	9
	2	3						
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Expended for Additions and Permanent Improvements
9999999 Totals					0	0	0	0

SCHEDULE A - PART 3

Showing all Real Estate SOLD during the Quarter, including Payments during the Final Year on "Sales under Contract"

1	Location		4	5	6	7	8	9	10	11	12	13	14	15	16
	2	3													
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Amounts Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
9999999 Totals					0	0	0	0	0	0	0	0	0	0	0

SCHEDULE B - PART 1

Showing all Mortgage Loans ACQUIRED during the Current Quarter

1	Location		4	5	6	7	8	9	10	11
	2	3								
Loan Number	City	State	Loan Type	Date Acquired	Rate of Interest	Book Value/Recorded Investment Excluding Accrued Interest	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Value of Land and Buildings	Date of Last Appraisal or Valuation
9999999 GRAND TOTAL						0	0	0	0	X X X

SCHEDULE B - PART 2

Showing all Mortgage Loans SOLD, transferred or paid in full during the Current Quarter

1	Location		4	5	6	7	8	9	10	11	12	13
	2	3										
Loan Number	City	State	Loan Type	Date Acquired	Book Value/ Recorded Investment Excluding Accrued Interest Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Book Value/ Recorded Investment Excluding Accrued Interest at Disposition	Consideration Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Proft (Loss) on Sale
9999999 Totals					0	0	0	0	0	0	0	0

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets ACQUIRED during the Current Quarter

1	Location		4	5	6	7	8	9	10
	2	3							
Number of Units and Description	City	State	Name of Vendor	Date Acquired	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment
9999999 Totals					0	0	0	0	0

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets SOLD, transferred or paid in full during the Current Quarter

1	Location		4	5	6	7	8	9	10	11	12	13
	2	3										
Number of Units and Description	City	State	Name of Purchaser or Nature of Disposition	Date Acquired	Book/ Adjusted Carrying Value Less Encumbrances Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Book Adjusted/ Carrying Value Less Encumbrances at Disposition	Consideration Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale
9999999 Totals					0	0	0	0	0	0	0	0

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation (a)
6099998 Summary Item for Bonds Bought and Sold This Quarter					0	0	0	
6599998 Summary Item for Preferred Stock Bought and Sold This Quarter					0	0	0	
7099998 Summary Item for Common Stock Bought and Sold This Quarter					0	X X X	0	
7199999 Subtotal - Preferred and Common Stock					0	X X X	0	
7299999 Total - Bonds, Preferred and Common Stock					0	X X X	0	

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues .....0.

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Book/Adjusted Carrying Value at Disposal Date	10 Increase (Decrease) by Adjustment	11 Increase (Decrease) by Foreign Exchange Adjustment	12 Foreign Exchange Gain (Loss) on Disposal	13 Realized Gain (Loss) on Disposal	14 Total Gain (Loss) On Disposal	15 Interest on Bonds Received During Year	16 Dividends on Stocks Received During Year	17 NAIC Desig-nation (a)
6099998 Summary Item for Bonds Bought and Sold This Quarter					0	0	0	0	0	0	0	0	0	0	XXX	XXX
6599998 Summary Item for Preferred Stock Bought and Sold This Quarter					0	0	0	0	0	0	0	0	0	XXX	0	XXX
7099998 Summary Item for Common Stock Bought and Sold This Quarter					0	XXX	0	0	0	0	0	0	0	XXX	0	XXX
7199999 Subtotal - Preferred and Common Stock					0	XXX	0	0	0	0	0	0	0	XXX	0	XXX
7299999 Total - Bonds, Preferred and Common Stock					0	XXX	0	0	0	0	0	0	0	0	0	XXX

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues .....0.

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price Rate or Index	5 Date of Acquisition	6 Exchange or Counterparty	7 Cost/ Option Premium	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income
9999999 Grand Total						0	0		0	0	0	0	0

SCHEDULE DB - PART B - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price Rate or Index	5 Date of Insurance/ Purchase	6 Exchange or Counterparty	7 Consideration Received	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis	14 Other Investment/ Miscellaneous Income
9999999 Grand Total						0	0		0	0	0	0	0

SCHEDULE DB - PART C - SECTION 1

Showing all Collar, Swap and Forwards Open at Current Statement Date

1 Description	2 Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price Rate or Index Rec (Pay)	5 Date of Opening Position or Agreement	6 Exchange or Counterparty	7 Cost or (Consideration Received)	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income	15 Potential Exposure
9999999 Grand Total						0	0		0	0	0	0	0	0

SCHEDULE DB - PART D - SECTION 1

Showing all Futures Contracts and Insurance Futures Contracts at Current Statement Date

1	2	3	4	5	6	7	8	9	Variation Margin Information			13
									10	11	12	
Description	Number of Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Date of Opening Position	Exchange or Counterparty	Cash Deposit	Recognized	Used to Adjust Basis of Hedged Item	Deferred	Potential Exposure
9999999 Grand Total			0	0	0	XXX	XXX	0	0	0	0	0

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	*
open depositories									
Administrative Operating	Fifth Third Bank		0.000	0	0	(56,800)	(310,728)	(57,868)	.
Claims Disbursement	Fifth Third Bank		0.000	3,276	0	(320,693)	(759,442)	(560,311)	.
Money Market Sweep Account	Fifth Third Securities		0.160	4,888	0	2,332,494	1,363,841	1,172,727	.
	Fifth Third Bank		0.000	0	0	(1,336,711)	1,369,033	749,738	.
			0.000	0	0	0	0	0	.
0199998 Deposits in .....0 depositories which do not exceed the allowable limit in any one depository (See Instructions) - open depositories			X X X	0	0	0	0	0	.
0199999 Totals - Open Depositories			X X X	8,164	0	618,290	1,662,704	1,304,286	
0299998 Deposits in .....0 depositories which do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories			X X X	0	0	0	0	0	.
0299999 Totals - Suspended Depositories			X X X	0	0	0	0	0	
0399999 Total Cash On Deposit			X X X	8,164	0	618,290	1,662,704	1,304,286	
0499999 Cash in Company's Office			X X X	X X X	X X X	150	150	150	
0599999 Total Cash			X X X	8,164	0	618,440	1,662,854	1,304,436	

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