



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2002  
OF THE CONDITION AND AFFAIRS OF THE

## Upper Peninsula Health Plan, Inc.

NAIC Group Code 0000 (Current Period) (Prior Period) NAIC Company Code 52615 Employer's ID Number 38-3379956

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 10/14/1997 Commenced Business 08/01/1998

Statutory Home Office 228 West Washington St., Marquette, MI 49855  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 228 West Washington St.  
(Street and Number) Marquette, MI 49855 (City or Town, State and Zip Code) (906) 225-7500 (Area Code) (Telephone Number)

Mail Address 228 West Washington St. Marquette, MI 4985  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 228 W. Washington St.  
(Street and Number) Marquette, MI. 49855 (City or Town, State and Zip Code) (906) 225-7500 (Area Code) (Telephone Number)

Internet Website Address www.uphp.com

Statement Contact Brian P Poshak (Name) (906) 225-7500 (Area Code) (Telephone Number) (Extension)  
bpposhak@uphp.com (E-mail Address) (906) 225-7690 (FAX Number)

Policyowner Relations Contact Greg Gustafson-CFO 228 West Washington St.  
(Street and Number) Marquette, MI. 49855 (City or Town, State and Zip Code) (906) 225-7500 (Area Code) (Telephone Number) (Extension)

### OFFICERS

President Mr. Greg Gustafson Secretary John Weiss, M.D.  
Treasurer Mr. John Schon

### VICE PRESIDENTS

### DIRECTORS OR TRUSTEES

Mr. John Schon Mr. Fred Geissler Mr. David Jahn Mr. James Bogan Ms. Staci Fortin John Weiss, MD Mr. Robert Vairo Ms. Connie Lekander  
Ms. Michelle Tavernier Mr. John Chartier Ms. Janine Beveridge Satish Chawla, MD Catherine Kroll, DO Mark Callaghan, MD Dong Liu, MD Jerry Louma, MD  
Mr. William Nemacheck Mr. Dan Wakeham

State of Michigan..... }  
County of Marquette..... } 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.

Mr. Greg Gustafson John Weiss, M.D. Mr. Greg Gustafson

President Secretary CFO

Subscribed and sworn to before me this  
February 18th day of 2003

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Upper Peninsula Health Plan

**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 .....						
<b>Group subscribers:</b>						
MSA Medicaid--Hospital Inpatient Account.....				204,782		
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0299997 Group subscriber subtotal .....	0	0	0	204,782	0	0
0299998 Premiums due and unpaid not individually listed .....						
0299999 Total group .....	0	0	0	204,782	0	0
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)	0	0	0	204,782	0	0











**EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	104,276		52,714		0	51,562
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	104,276	0	52,714	0	0	51,562



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Upper Peninsula Health Plan

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION

Upper Peninsula Health Plan

2. DIVISION

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2002

NAIC Company Code 52615

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year .....	18,245								17,938	307
2. First Quarter .....	19,183								18,867	316
3. Second Quarter .....	19,123								18,810	313
4. Third Quarter .....	19,278								18,961	317
5. Current Year	19,052								18,738	314
6. Current Year Member Months	230,728								226,959	3,769
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	115,374								114,222	1,152
8. Non-Physician .....	249,588								247,680	1,908
9. Total	364,962	0	0	0	0	0	0	0	361,902	3,060
10. Hospital Patient Days Incurred	6,994								6,979	15
11. Number of Inpatient Admissions	2,015								2,009	6
12. Premiums Collected .....	33,352,439								33,073,378	279,061
13. Premiums Earned	32,420,752								32,141,691	279,061
14. Amount Paid for Provision of Health Care Services .....	30,107,721								29,917,028	190,693
15. Amount Incurred for Provision of Health Care Services	29,644,306								29,453,613	190,693

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ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Upper Peninsula Health Plan

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION

Upper Peninsula Health Plan

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NAIC Group Code 0000

BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2002

NAIC Company Code 52615

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year .....	18,245	.0	.0	.0	.0	.0	.0	.0	17,938	307
2. First Quarter .....	19,183	.0	.0	.0	.0	.0	.0	.0	18,867	316
3. Second Quarter .....	19,123	.0	.0	.0	.0	.0	.0	.0	18,810	313
4. Third Quarter .....	19,278	.0	.0	.0	.0	.0	.0	.0	18,961	317
5. Current Year	19,052	0	0	0	0	0	0	0	18,738	314
6. Current Year Member Months	230,728	0	0	0	0	0	0	0	226,959	3,769
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	115,374	.0	.0	.0	.0	.0	.0	.0	114,222	1,152
8. Non-Physician .....	249,588	0	0	0	0	0	0	0	247,680	1,908
9. Total	364,962	0	0	0	0	0	0	0	361,902	3,060
10. Hospital Patient Days Incurred	6,994	0	0	0	0	0	0	0	6,979	15
11. Number of Inpatient Admissions	2,015	0	0	0	0	0	0	0	2,009	6
12. Premiums Collected .....	33,352,439	.0	.0	.0	.0	.0	.0	.0	33,073,378	279,061
13. Premiums Earned	32,420,752	0	0	0	0	0	0	0	32,141,691	279,061
14. Amount Paid for Provision of Health Care Services .....	30,107,721	.0	.0	.0	.0	.0	.0	.0	29,917,028	190,693
15. Amount Incurred for Provision of Health Care Services	29,644,306	0	0	0	0	0	0	0	29,453,613	190,693

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## SCHEDULE A VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement).....	0
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10.....	0
2.2 Totals, Part 3, Column 7.....	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9).....	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13.....	0
4.2 Totals, Part 3, Column 9.....	0
5. Total profit (loss) on sales, Part 3, Column 14.....	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 11.....	0
6.2 Totals, Part 3, Column 8.....	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12.....	0
8. Book/adjusted carrying value at end of current period.....	0
9. Total valuation allowance.....	
10. Subtotal (Lines 8 plus 9).....	0
11. Total nonadmitted amounts.....	
12. Statement value, current period (Page 2, real estate lines, current period).....	0

## SCHEDULE B VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year.....	0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions.....	
2.2 Additional investment made after acquisitions.....	0
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.....	0
10. Total valuation allowance.....	
11. Subtotal (Lines 9 plus 10).....	0
12. Total nonadmitted amounts.....	
13. Statement value of mortgages owned at end of current period.....	0

## SCHEDULE BA VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	0
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions.....	
2.2 Additional investment made after acquisitions.....	0
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.....	0
10. Total valuation allowance.....	
11. Subtotal (Lines 9 plus 10).....	0
12. Total nonadmitted amounts.....	
13. Statement value of long-term invested assets at end of current period.....	0

**ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Upper Peninsula Health Plan**

**SCHEDULE D - PART 1A - SECTION 1**

**Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations**

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Class 1 .....	399,254	70,296	44,897			514,447	100.0	.0	0.0		
1.2 Class 2 .....						.0	0.0	.0	0.0		
1.3 Class 3 .....						.0	0.0	.0	0.0		
1.4 Class 4 .....						.0	0.0	.0	0.0		
1.5 Class 5 .....						.0	0.0	.0	0.0		
1.6 Class 6 .....						0	0.0	0	0.0		
1.7 Totals	399,254	70,296	44,897	0	0	514,447	100.0	0	0.0	0	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Class 1 .....						.0	0.0	.0	0.0		
2.2 Class 2 .....						.0	0.0	.0	0.0		
2.3 Class 3 .....						.0	0.0	.0	0.0		
2.4 Class 4 .....						.0	0.0	.0	0.0		
2.5 Class 5 .....						.0	0.0	.0	0.0		
2.6 Class 6 .....						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>3. States, Territories and Possessions etc., Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Class 1 .....						.0	0.0	.0	0.0		
3.2 Class 2 .....						.0	0.0	.0	0.0		
3.3 Class 3 .....						.0	0.0	.0	0.0		
3.4 Class 4 .....						.0	0.0	.0	0.0		
3.5 Class 5 .....						.0	0.0	.0	0.0		
3.6 Class 6 .....						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Class 1 .....						.0	0.0	.0	0.0		
4.2 Class 2 .....						.0	0.0	.0	0.0		
4.3 Class 3 .....						.0	0.0	.0	0.0		
4.4 Class 4 .....						.0	0.0	.0	0.0		
4.5 Class 5 .....						.0	0.0	.0	0.0		
4.6 Class 6 .....						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>5. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Class 1 .....						.0	0.0	.0	0.0		
5.2 Class 2 .....						.0	0.0	.0	0.0		
5.3 Class 3 .....						.0	0.0	.0	0.0		
5.4 Class 4 .....						.0	0.0	.0	0.0		
5.5 Class 5 .....						.0	0.0	.0	0.0		
5.6 Class 6 .....						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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**ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Upper Peninsula Health Plan**

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

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Class 1 .....						.0	.0.0	.0	.0.0		
6.2 Class 2 .....						.0	.0.0	.0	.0.0		
6.3 Class 3 .....						.0	.0.0	.0	.0.0		
6.4 Class 4 .....						.0	.0.0	.0	.0.0		
6.5 Class 5 .....						.0	.0.0	.0	.0.0		
6.6 Class 6 .....						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Class 1 .....						.0	.0.0	.0	.0.0		
7.2 Class 2 .....						.0	.0.0	.0	.0.0		
7.3 Class 3 .....						.0	.0.0	.0	.0.0		
7.4 Class 4 .....						.0	.0.0	.0	.0.0		
7.5 Class 5 .....						.0	.0.0	.0	.0.0		
7.6 Class 6 .....						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Class 1 .....						.0	.0.0	.0	.0.0		
8.2 Class 2 .....						.0	.0.0	.0	.0.0		
8.3 Class 3 .....						.0	.0.0	.0	.0.0		
8.4 Class 4 .....						.0	.0.0	.0	.0.0		
8.5 Class 5 .....						.0	.0.0	.0	.0.0		
8.6 Class 6 .....						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Class 1 .....						.0	.0.0	.0	.0.0		
9.2 Class 2 .....						.0	.0.0	.0	.0.0		
9.3 Class 3 .....						.0	.0.0	.0	.0.0		
9.4 Class 4 .....						.0	.0.0	.0	.0.0		
9.5 Class 5 .....						.0	.0.0	.0	.0.0		
9.6 Class 6 .....						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Upper Peninsula Health Plan**

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

**Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations**

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>											
10.1 Class 1	399,254	70,296	44,897	.0	.0	514,447	100.0	XXX	XXX	.0	.0
10.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.7 Totals	399,254	70,296	44,897	.0	.0	514,447	100.0	XXX	XXX	.0	.0
10.8 Line 10.7 as a % of Col. 6	77.6	13.7	8.7	0.0	0.0	100.0	XXX	XXX	XXX	0.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.2 Class 2	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.3 Class 3	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.4 Class 4	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.5 Class 5	.0	.0	.0	.0	.0	XXX	XXX	(c)	0.0	.0	.0
11.6 Class 6	.0	.0	.0	.0	.0	XXX	XXX	(c)	0.0	.0	.0
11.7 Totals	.0	.0	.0	.0	.0	XXX	XXX	(b)	0.0	.0	.0
11.8 Line 11.7 as a % of Col. 8	0.0	0.0	0.0	0.0	0.0	XXX	XXX		XXX	0.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1						.0	0.0	.0	0.0	.0	XXX
12.2 Class 2						.0	0.0	.0	0.0	.0	XXX
12.3 Class 3						.0	0.0	.0	0.0	.0	XXX
12.4 Class 4						.0	0.0	.0	0.0	.0	XXX
12.5 Class 5						.0	0.0	.0	0.0	.0	XXX
12.6 Class 6						.0	0.0	.0	0.0	.0	XXX
12.7 Totals	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.8 Line 12.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1						.0	0.0	.0	0.0	XXX	.0
13.2 Class 2						.0	0.0	.0	0.0	XXX	.0
13.3 Class 3						.0	0.0	.0	0.0	XXX	.0
13.4 Class 4						.0	0.0	.0	0.0	XXX	.0
13.5 Class 5						.0	0.0	.0	0.0	XXX	.0
13.6 Class 6						.0	0.0	.0	0.0	XXX	.0
13.7 Totals	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ ..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
 (b) Includes \$ ..... current year, \$ ..... prior year of bonds with Z designations and \$ ..... prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
 (c) Includes \$ ..... current year, \$ ..... prior year of bonds with 5\* designations and \$ ..... current year, \$ ..... prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

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**ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Upper Peninsula Health Plan**

**SCHEDULE D - PART 1A - SECTION 2**

**Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues**

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Issuer Obligations .....	399,254	70,296	44,897			514,447	100.0	.0	.0		
1.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						0	0.0	0	0.0		
1.7 Totals .....	399,254	70,296	44,897	0	0	514,447	100.0	0	0.0	0	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Issuer Obligations .....						.0	.0	.0	.0		
2.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						.0	.0	.0	.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined .....						.0	.0	.0	.0		
2.4 Other .....						.0	.0	.0	.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
2.5 Defined .....						.0	.0	.0	.0		
2.6 Other .....						0	0.0	0	0.0		
2.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>3. States, Territories, and Possessions Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Issuer Obligations .....						.0	.0	.0	.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						.0	.0	.0	.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined .....						.0	.0	.0	.0		
3.4 Other .....						.0	.0	.0	.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
3.5 Defined .....						.0	.0	.0	.0		
3.6 Other .....						0	0.0	0	0.0		
3.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Issuer Obligations .....						.0	.0	.0	.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						.0	.0	.0	.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined .....						.0	.0	.0	.0		
4.4 Other .....						.0	.0	.0	.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
4.5 Defined .....						.0	.0	.0	.0		
4.6 Other .....						0	0.0	0	0.0		
4.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>5. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Issuer Obligations .....						.0	.0	.0	.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						.0	.0	.0	.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined .....						.0	.0	.0	.0		
5.4 Other .....						.0	.0	.0	.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
5.5 Defined .....						.0	.0	.0	.0		
5.6 Other .....						0	0.0	0	0.0		
5.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Upper Peninsula Health Plan**

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

**Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues**

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Issuer Obligations .....						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined .....						0	0.0	0	0.0		
6.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined .....						0	0.0	0	0.0		
6.6 Other .....						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Issuer Obligations .....						0	0.0	0	0.0		
7.2 Single Class Mortgage-Backed/Asset-Based Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined .....						0	0.0	0	0.0		
7.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined .....						0	0.0	0	0.0		
7.6 Other .....						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Issuer Obligations .....						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parents, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Issuer Obligations .....						0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined .....						0	0.0	0	0.0		
9.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined .....						0	0.0	0	0.0		
9.6 Other .....						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Upper Peninsula Health Plan**

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

**Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues**

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>10. Total Bonds Current Year</b>											
10.1 Issuer Obligations	399,254	70,296	44,897	0	0	514,447	100.0	XXX	XXX	0	0
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	399,254	70,296	44,897	0	0	514,447	100.0	XXX	XXX	0	0
10.8 Line 10.7 as a % of Col. 6	77.6	13.7	8.7	0.0	0.0	100.0	XXX	XXX	XXX	0.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.8 Line 11.7 as a % of Col. 8	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	XXX	0.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations						0	0.0	0	0.0	0	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0	0	XXX
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						0	0.0	0	0.0	0	XXX
12.5 Defined						0	0.0	0	0.0	0	XXX
12.6 Other						0	0.0	0	0.0	0	XXX
12.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.8 Line 12.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations						0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0	XXX	0
13.3 Defined						0	0.0	0	0.0	XXX	0
13.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						0	0.0	0	0.0	XXX	0
13.5 Defined						0	0.0	0	0.0	XXX	0
13.6 Other						0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

**ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Upper Peninsula Health Plan**

**SCHEDULE DA - PART 2**

**Verification of SHORT-TERM INVESTMENTS Between Years**

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year .....	485,262	454,766	0	30,496	0
2. Cost of short-term investments acquired .....	484,639			484,639	
3. Increase (decrease) by adjustment .....	8,504			8,504	
4. Increase (decrease) by foreign exchange adjustment .....	0				
5. Total profit (loss) on disposal of short-term investments .....	0				
6. Consideration received on disposal of short-term investments .....	0				
7. Book/adjusted carrying value, current year .....	493,143	0	0	493,143	0
8. Total valuation allowance .....	0				
9. Subtotal (Lines 7 plus 8) .....	493,143	0	0	493,143	0
10. Total nonadmitted amounts .....	0				
11. Statement value (Lines 9 minus 10) .....	493,143	0	0	493,143	0
12. Income collected during year .....	964			964	
13. Income earned during year .....	480			480	

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

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## SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Owned

1. Aggregate write-in book value, December 31, prior year (Line 8, prior year) .....	0
2. Cost/Option Premium (Section 2, Column 7) .....	0
3. Increase/(Decrease) by Adjustment (Section 1, Column 12)+(Section 3, Column 13) .....	0
4. Gain/(Loss) on Termination:	
4.1 Recognized (Section 3, Column 14) .....	0
4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15) .....	0
5. Consideration received on terminations (Section 3, Column 12) .....	0
6. Used to Adjust Basis on Open Contracts (Section 1, Column 13) .....	0
7. Disposition of deferred amount on contracts terminated in prior year:	
7.1 Recognized .....	
7.2 Used to Adjust Basis of Hedged Item .....	0
8. Aggregate write-in book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7) .....	0

## SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Written

1. Aggregate write-in book value, December 31, prior year (Line 8, prior year) .....	0
2. Consideration received (Section 2, Column 7) .....	0
3. Increase/(Decrease) by Adjustment (Section 1, Column 12)+(Section 3, Column 13) .....	0
4. Gain/(Loss) on Termination:	
4.1 Recognized (Section 3, Column 14) .....	0
4.2 Used to Adjust Basis (Section 3, Column 15) .....	0
5. Consideration paid on terminations (Section 3, Column 12) .....	0
6. Used to Adjust Basis on Open Contracts (Section 1, Column 13) .....	0
7. Disposition of deferred amount on contracts terminated in prior year:	
7.1 Recognized .....	
7.2 Used to Adjust Basis .....	0
8. Aggregate write-in book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7) .....	0

## SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS

### Verification Between Years of Aggregate Write-in Book Value on Swaps and Forwards

1. Aggregate write-in book value, December 31, prior year (Section 4, Line 8, prior year) .....	0
2. Cost or (Consideration Received) (Section 2, Column 7) .....	0
3. Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13) .....	0
4. Gain/(Loss) on Termination:	
4.1 Recognized (Section 3, Column 14) .....	0
4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15) .....	0
5. Consideration received (or paid) on terminations (Section 3, Column 12) .....	0
6. Used to Adjust Basis of Hedged Item on Open Contracts (Section 1, Column 13) .....	0
7. Disposition of deferred amount on contracts terminated in prior year:	
7.1 Recognized .....	
7.2 Used to Adjust Basis of Hedged Item .....	0
8. Aggregate write-in book value, December 31, Current Year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7) .....	0

## SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS

### Verification Between Years of Aggregate Write-in Book Value on Futures Contracts and Insurance Futures Contracts

1. Aggregate write-in book value, December 31, prior year (Section 4, Line 8, prior year) .....	0
2. Change in total Variation Margin on Open Contracts (Difference between years - Section 1, Column 6) .....	0
3.1 Change in Variation Margin on Open Contracts used to Adjust Basis of Hedged Item (Section 1, Column 11) .....	0
3.2 Change in variation margin on open contracts recognized (Difference between years - Section 1, Column 10) .....	0
4.1 Variation Margin on Contracts Terminated During the Year (Section 3, Column 6) .....	0
4.2 Less:	
4.21 Gain/(Loss) Recognized in Current Year (Section 3, Column 11) .....	0
4.22 Gain/(Loss) Used to Adjust Basis of Hedge (Section 3, Column 12) .....	0
4.3 Subtotal (Line 4.1 minus Line 4.2) .....	0
5.1 Net additions to Cash Deposits (Section 2, Column 7) .....	0
5.2 Less: Net Reductions to Cash Deposits (Section 3, Column 9) .....	0
6. Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2) .....	0
7. Disposition of Gain/(Loss) on Contracts Terminated in Prior Year:	
7.1 Recognized .....	
7.2 Used to Adjust Basis of Hedged Item .....	0
8. Aggregate write-in book value, December 31, Current Year (Lines 6 + 7.1 + 7.2) .....	0

## SCHEDULE DB - PART E - VERIFICATION BETWEEN YEARS

### Verification of Statement Value and Fair Value of Open Contracts

	<b>Statement Value</b>
1. Part A, Section 1, Column 10 .....	0
2. Part B, Section 1, Column 10 .....	0
3. Part C, Section 1, Column 10 .....	0
4. Part D, Section 1, Column 9 - 12 .....	0
5. Lines (1) - (2) + (3) + (4) .....	0
6. Part E, Section 1, Column 4 .....	0
7. Part E, Section 1, Column 5 .....	0
8. Lines (5) - (6) - (7) .....	0
	<b>Fair Value</b>
9. Part A, Section 1, Column 11 .....	0
10. Part B, Section 1, Column 11 .....	0
11. Part C, Section 1, Column 11 .....	0
12. Part D, Section 1, Column 9 .....	0
13. Lines (9) - (10) + (11) + (12) .....	0
14. Part E, Section 1, Column 7 .....	0
15. Part E, Section 1, Column 8 .....	0
16. Lines (13) - (14) - (15) .....	0



**ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Upper Peninsula Health Plan**

**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
3. Add: Increases in Replicated Asset Statement Value .....	XXX		XXX		XXX		XXX		XXX	0
4. Less: Closed or Disposed of Transactions .....									0	0
5. Less: Positions Disposed of For Failing Effectiveness Criteria .....									0	0
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value .....	XXX		XXX		XXX		XXX		XXX	0
7. Ending Inventory	0	0	0	0	0	0	0	0	0	0

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**ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Upper Peninsula Health Plan**

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
66346	58-0828824	01/01/2002	Munich American Rassurance Company, Inc.	Atlanta, Georgia	OTH/A	196,278						
0199999 - Total Affiliates						196,278						
0399999 Totals						196,278						

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**Schedule S-Part 5**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2002	2 2001	3 2000	4 1999	5 1998
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	3	3	4	4	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	193	322	421	425	90
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total medical and hospital expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

**SCHEDULE S-PART 6**

**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 9) .....	5,758,143		5,758,143
2. Amounts recoverable from reinsurers (Line 12) .....	0	.XXX	0
3. Accident and health premiums due and unpaid (Line 10).....	204,782		204,782
4. Net credit for ceded reinsurance.....	.XXX	0	0
5. All other admitted assets (Balance).....	2,625,562		2,625,562
6. Total assets (Line 23)	8,588,487	0	8,588,487
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	5,429,000	0	5,429,000
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 6).....	0		0
10. Reinsurance in unauthorized companies (Line 14).....	0	.XXX	0
11. All other liabilities (Balance).....	146,929		146,929
12. Total liabilities (Line 18).....	5,575,929	0	5,575,929
13. Total capital and surplus (Line 26).....	3,012,558	.XXX	3,012,558
14. Total liabilities, capital and surplus (Line 27)	8,588,487	0	8,588,487
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance .....	0		
18. Reinsurance recoverable on paid losses .....	0		
19. Other ceded reinsurance recoverables .....	0		
20. Total ceded reinsurance recoverables .....	0		
21. Premiums receivable .....	0		
22. Unauthorized reinsurance .....	0		
23. Other ceded reinsurance payables/offsets .....	0		
24. Total ceded reinsurance payable/offsets .....	0		
25. Total net credit for ceded reinsurance	0		



# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual 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 a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

- 1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?..... Yes [ ] No [ X ]
- 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?..... Yes [ X ] No [ ]
- 3. Will an actuarial certification be filed by March 1?..... Yes [ X ] No [ ]
- 4. Will the Risk-based Capital Report be filed with the NAIC by March 1?..... Yes [ X ] No [ ]
- 5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?..... Yes [ X ] No [ ]
- 6. Will the SVO Compliance Certification be filed by March 1? ..... Yes [ ] No [ X ]

**APRIL FILING**

- 7. Will Management's Discussion and Analysis be filed by April 1?..... Yes [ X ] No [ ]
- 8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?..... Yes [ ] No [ X ]
- 9. Will the Investment Risks Interrogatories be filed by April 1? ..... Yes [ X ] No [ ]

**JUNE FILING**

- 10. Will an audited financial report be filed by June 1 with the state of domicile? ..... Yes [ X ] No [ ]

**EXPLANATIONS:**

**BAR CODE:**



**OVERFLOW PAGE FOR WRITE-INS**

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