



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2003  
OF THE CONDITION AND AFFAIRS OF THE

## Upper Peninsula Health Plan, Inc.

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

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 [ ]  
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 W. Washington St., Marquette, MI 49855  
(Street and Number) (City or Town, State and Zip Code)

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

Mail Address 228 W. Washington St., Marquette, MI 49855  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 228 W. Washington St.  
Marquette, MI 49855 906-225-7491  
(City or Town, State and Zip Code) (Street and Number) (Area Code) (Telephone Number)

Internet Website Address www.uphp.com

Statutory Statement Contact Patrick N. Thomson CPA 906-225-7491  
(Name) (Area Code) (Telephone Number) (Extension)  
pthomson@uphp.com 906-225-7690  
(E-mail Address) (FAX Number)

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

### OFFICERS

President Dennis H. Smith CEO Secretary John Weiss MD  
Treasurer John Schon

### VICE PRESIDENTS

### DIRECTORS OR TRUSTEES

<u>Mr. John Schon</u>	<u>Mr. James Bogan</u>	<u>Mr. Robert Vairo</u>
<u>Mr. John Chartier</u>	<u>Mr. William Nemacheck</u>	<u>Kirk Lufkin MD</u>
<u>Catherine Kroll OD</u>	<u>Ms. Michelle Tavernier</u>	<u>Satish Chawla MD</u>
<u>Ms. Connie Lekander</u>	<u>Richard Bruner DO</u>	<u>Mark Callaghan MD</u>
<u>Mr. Wayne Hellerstedt</u>	<u>Mr. David Jahn</u>	<u>John Weiss MD</u>
<u>Mr. Eric Jurgensen</u>		

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.

\_\_\_\_\_  
Dennis H. Smith  
President  
(CEO)

\_\_\_\_\_  
John Weiss, MD  
Secretary  
( )

\_\_\_\_\_  
Greg A. Gustafson  
Treasurer  
(CFO)

Subscribed and sworn to before me this  
27 day of February, 2003

\_\_\_\_\_  
Tanya M. Jennings

October 11, 2007

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Upper Peninsula Health Plan, Inc.

**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>						
.....	.0					
.....	.0					
.....	.0					
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0299997 Group subscriber subtotal .....	.0	.0	.0	.0	.0	.0
0299998 Premiums due and unpaid not individually listed .....						
0299999 Total group .....	.0	.0	.0	.0	.0	.0
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						.0
0599999 Accident and health premiums due and unpaid (Page 2, Line 12)	0	0	0	0	0	0





Exhibit 6 - Amounts Due From Parent, Subs

**NONE**

Exhibit 7- Amount Due to Parent, Subs

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Upper Peninsula Health Plan, Inc.

**EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0.0		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers .....	.0	.0.0		.0.0		
4. Total capitation payments .....	.0	.0.0	.0	.0.0	.0	.0
Other Payments:						
5. Fee-for-service .....	3,284,252	8.4	XXX	XXX		3,284,252
6. Contractual fee payments .....	35,853,021	91.6	XXX	XXX	35,853,021	.0
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments .....	.0	.0.0	XXX	XXX		.0
12. Total other payments .....	39,137,273	100.0	XXX	XXX	35,853,021	3,284,252
13. TOTAL (Line 4 plus Line 12)	39,137,273	100 %	XXX	XXX	35,853,021	3,284,252

**EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	6 Intermediary's Total Adjusted Capital	7 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

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**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 .....	113,305		27,959		12,802	72,544
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	113,305	0	27,959	0	12,802	72,544



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Upper Peninsula Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Upper Peninsula Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2003

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 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
<b>Total Members at end of:</b>													
1. Prior Year .....	19,052								18,738				314
2. First Quarter .....	26,211								25,914				297
3. Second Quarter .....	25,724								25,432				292
4. Third Quarter .....	26,029								25,733				296
5. Current Year .....	26,195								25,898				297
6. Current Year Member Months	311,820								308,226				3,594
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician .....	194,712								193,225				1,487
8. Non-Physician .....	341,679								339,614				2,065
9. Total	536,391	0	0	0	0	0	0	0	532,839	0	0	0	3,552
10. Hospital Patient Days Incurred	7,202								7,198				4
11. Number of Inpatient Admissions	2,124								2,122				2
12. Health Premiums Collected .....	47,341,780								47,065,782				275,998
13. Life Premiums Direct .....	0												
14. Property/Casualty Premiums Written .....	0												
15. Health Premiums Earned .....	46,490,976								46,214,978				275,998
16. Property/Casualty Premiums Earned .....	0												
17. Amount Paid for Provision of Health Care Services .....	39,137,278								39,016,981				120,297
18. Amount Incurred for Provision of Health Care Services	39,608,278								39,354,188				254,090

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Upper Peninsula Health Plan, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Upper Peninsula Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2003									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 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other		
		2 Individual	3 Group												
<b>Total Members at end of:</b>															
1. Prior Year .....	19,052	0	0	0	0	0	0	0	18,738	0	0	0	314		
2. First Quarter .....	26,211	0	0	0	0	0	0	0	25,914	0	0	0	297		
3. Second Quarter .....	25,724	0	0	0	0	0	0	0	25,432	0	0	0	292		
4. Third Quarter .....	26,029	0	0	0	0	0	0	0	25,733	0	0	0	296		
5. Current Year .....	26,195	0	0	0	0	0	0	0	25,898	0	0	0	297		
6. Current Year Member Months	311,820	0	0	0	0	0	0	0	308,226	0	0	0	3,594		
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	194,712	0	0	0	0	0	0	0	193,225	0	0	0	1,487		
8. Non-Physician .....	341,679	0	0	0	0	0	0	0	339,614	0	0	0	2,065		
9. Total	536,391	0	0	0	0	0	0	0	532,839	0	0	0	3,552		
10. Hospital Patient Days Incurred	7,202	0	0	0	0	0	0	0	7,198	0	0	0	4		
11. Number of Inpatient Admissions	2,124	0	0	0	0	0	0	0	2,122	0	0	0	2		
12. Health Premiums Collected .....	47,341,780	0	0	0	0	0	0	0	47,065,782	0	0	0	275,998		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	46,490,976	0	0	0	0	0	0	0	46,214,978	0	0	0	275,998		
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	39,137,278	0	0	0	0	0	0	0	39,016,981	0	0	0	120,297		
18. Amount Incurred for Provision of Health Care Services	39,608,278	0	0	0	0	0	0	0	39,354,188	0	0	0	254,090		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

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### SCHEDULE A VERIFICATION BETWEEN YEARS

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

**NONE**

### SCHEDULE B VERIFICATION BETWEEN YEARS

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

**NONE**

### SCHEDULE BA VERIFICATION BETWEEN YEARS

- 1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....
- 2. Cost of acquisitions during year:
  - 2.1 Actual cost at time of acquisitions .....
  - 2.2 Additional investment made after acquisitions .....
- 3. Accrual of discount .....
- 4. Increase (decrease) by adjustment .....
- 5. Total profit (loss) on sale .....
- 6. Amounts paid on account or in full during the year .....
- 7. Amortization of premium .....
- 8. Increase (decrease) by foreign exchange adjustment .....
- 9. Book/adjusted carrying value of long-term invested assets at end of current period .....
- 10. Total valuation allowance .....
- 11. Subtotal (Lines 9 plus 10) .....
- 12. Total nonadmitted amounts .....
- 13. Statement value of long-term invested assets at end of current period .....

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Upper Peninsula Health Plan, Inc.**

**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	20,000	25,257				45,257	100.0	514,447	100.0	45,257	
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	20,000	25,257	0	0	0	45,257	100.0	514,447	100.0	45,257	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

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Upper Peninsula Health Plan, Inc.

**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 2003 OF THE Upper Peninsula Health Plan, Inc.**

**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	20,000	25,257	.0	.0	.0	45,257	100.0	XXX	XXX	45,257	.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	20,000	25,257	.0	.0	.0	45,257	100.0	XXX	XXX	45,257	.0
10.8 Line 10.7 as a % of Col. 6	44.2	55.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1	399,254	70,296	44,897	.0	.0	XXX	XXX	514,447	100.0	514,447	.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	.0	0.0	.0	.0
11.6 Class 6	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.7 Totals	399,254	70,296	44,897	.0	.0	XXX	XXX	514,447	100.0	514,447	.0
11.8 Line 11.7 as a % of Col. 8	77.6	13.6	8.8	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1	20,000	25,257	.0	.0	.0	45,257	100.0	514,447	0.0	45,257	XXX
12.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.7 Totals	20,000	25,257	.0	.0	.0	45,257	100.0	514,447	0.0	45,257	XXX
12.8 Line 12.7 as a % of Col. 6	44.2	55.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	44.2	55.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.6 Class 6	.0	.0	.0	.0	.0	.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 \$ ..... , current year, \$ ..... 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 2003 OF THE Upper Peninsula Health Plan, Inc.**

**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	20,000	25,257				45,257	100.0	514,447	100.0	45,257	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
1.7 Totals	20,000	25,257	0	0	0	45,257	100.0	514,447	100.0	45,257	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Issuer Obligations						0	0.0	0	0.0		
2.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
2.3 Defined						0	0.0	0	0.0		
2.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES						0	0.0	0	0.0		
2.5 Defined						0	0.0	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	0.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
3.3 Defined						0	0.0	0	0.0		
3.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES						0	0.0	0	0.0		
3.5 Defined						0	0.0	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	0.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
4.3 Defined						0	0.0	0	0.0		
4.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES						0	0.0	0	0.0		
4.5 Defined						0	0.0	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	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
5.3 Defined						0	0.0	0	0.0		
5.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES						0	0.0	0	0.0		
5.5 Defined						0	0.0	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 2003 OF THE Upper Peninsula Health Plan, Inc.**

**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

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**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Upper Peninsula Health Plan, Inc.**

**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	20,000	25,257	0	0	0	45,257	100.0	XXX	XXX	45,257	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities 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	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
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	20,000	25,257	0	0	0	45,257	100.0	XXX	XXX	45,257	0
10.8 Line 10.7 as a % of Col. 6	44.2	55.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations	399,254	70,296	44,897	0	0	XXX	XXX	514,447	0.0	514,447	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities 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	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
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	399,254	70,296	44,897	0	0	XXX	XXX	514,447	0.0	514,447	0
11.8 Line 11.7 as a % of Col. 8	77.6	13.6	8.8	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations	20,000	25,257	0	0	0	45,257	100.0	514,447	0.0	45,257	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	20,000	25,257	0	0	0	45,257	100.0	514,447	0.0	45,257	XXX
12.8 Line 12.7 as a % of Col. 6	44.2	55.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	44.2	55.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
13.5 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Other	0	0	0	0	0	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 2003 OF THE Upper Peninsula Health Plan, Inc.**

**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 .....	484,639	.0	.0	484,639	.0
2. Cost of short-term investments acquired .....	(484,639)			(484,639)	
3. Increase (decrease) by adjustment .....	.0				
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			.0	
7. Book/adjusted carrying value, current year .....	.0	.0	.0	.0	.0
8. Total valuation allowance .....	.0				
9. Subtotal (Lines 7 plus 8) .....	.0	.0	.0	.0	.0
10. Total nonadmitted amounts .....	.0				
11. Statement value (Lines 9 minus 10) .....	.0	.0	.0	.0	.0
12. Income collected during year .....	.0			.0	
13. Income earned during year .....	.0			.0	

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

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Schedule DB - Part A - VBY

**NONE**

Schedule DB - Part B - VBY

**NONE**

Schedule DB - Part C - VBY

**NONE**

Schedule DB - Part D - VBY

**NONE**

Schedule DB - Part E - VBY

**NONE**

Schedule DB - Part F - Section 1

**NONE**

Schedule DB - Part F - Section 2

**NONE**

Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Upper Peninsula Health Plan, Inc.**

**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	01/01/2003	Munich American Reassurance Company	Miami, Florida	OTH/A	355,782						
0299999 - Total - Non-Affiliates						355,782						
0399999 Totals						355,782						

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**ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Upper Peninsula Health Plan, Inc.**

**SCHEDULE S - PART 4**

**Reinsurance Ceded to Unauthorized Companies**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total Cols. (5+6+7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
<b>NONE</b>													
1199999 Totals													

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

	1 2003	2 2002	3 2001	4 2000	5 1999
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	2	3	3	4	4
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	354	196	322	421	425
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical 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 10) .....	9,577,212		9,577,212
2. Amounts recoverable from reinsurers (Line 12) .....	0		0
3. Amounts recoverable from reinsurers (Line 13.1) .....	0		0
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	2,107,573		2,107,573
6. Total assets (Line 26)	11,684,785	0	11,684,785
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	5,900,000	0	5,900,000
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	0		0
10. Reinsurance in unauthorized companies (Line 18) .....	0		0
11. All other liabilities (Balance) .....	(5,900,000)		(5,900,000)
12. Total liabilities (Line 22) .....	0	0	0
13. Total capital and surplus (Line 30) .....	4,307,270	XXX	4,307,270
14. Total liabilities, capital and surplus (Line 31)	4,307,270	0	4,307,270
<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 ]
- 7. Will the Life Supplement be filed the state of domicile and the NAIC by March 1? ..... Yes [ ] No [ X ]
- 8. Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?..... Yes [ ] No [ X ]

**APRIL FILING**

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

**JUNE FILING**

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

**EXPLANATIONS:**

- 1.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.

**BAR CODE:**

- 1.   
5 2 6 1 5 2 0 0 3 3 6 0 5 8 0 0 0
- 6.   
5 2 6 1 5 2 0 0 3 4 7 0 0 0 0 0 0
- 7.   
5 2 6 1 5 2 0 0 3 2 0 5 0 0 0 0 0
- 8.   
5 2 6 1 5 2 0 0 3 2 0 7 0 0 0 0 0
- 9.   
5 2 6 1 5 2 0 0 3 3 5 0 0 0 0 0 0
- 10.   
5 2 6 1 5 2 0 0 3 3 3 0 5 8 0 0 0
- 11.   
5 2 6 1 5 2 0 0 3 2 8 5 0 0 0 0 0
-   
5 2 6 1 5 2 0 0 3 2 2 0 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

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