



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

Botsford Health Plan

NAIC Group Code 0000 0000 NAIC Company Code 52570 Employer's ID Number 38-3243956
(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 [X]
Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated 06/26/1995 Commenced Business 10/01/1996

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

Main Administrative Office 28050 Grand River Avenue
(Street and Number)
Farmington Hills, MI 48336-5933 248-471-8157-0000
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 28050 Grand River Avenue
(Street and Number)
Farmington Hills, MI 48336-5933 248-471-8157-0000
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.botsfordsystem.org/bhp

Statutory Statement Contact Regina Doxtader 248-471-8157-0000
(Name) (Area Code) (Telephone Number) (Extension)
rdoxtader@botsford.org 248-471-8887-0000
(E-mail Address) (FAX Number)

Policyowner Relations Contact 25250 West Eight Mile Rd.
(Street and Number)
Southfield, MI 48034-0000 248-945-7405-0000
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

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

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

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

**STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN**

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....			.0	.0
2. Stocks:				
2.1 Preferred stocks .....			.0	.0
2.2 Common stocks .....			.0	.0
3. Mortgage loans on real estate:				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$ encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ encumbrances) .....			.0	.0
5. Cash (\$9,087,146) and short-term investments (\$1,001,467)	10,088,613		10,088,613	9,245,274
6. Contract loans, (including \$ premium notes)			.0	.0
7. Other invested assets .....	.0	.0	.0	.0
8. Receivable for securities .....			.0	.0
9. Aggregate write-ins for invested assets .....	.0	.0	.0	.0
10. Subtotals, cash and invested assets (Lines 1 to 9)	10,088,613	.0	10,088,613	9,245,274
11. Investment income due and accrued	769		769	763
12. Premiums and considerations:				
12.1 Uncollected premiums and agents' balances in the course of collection	289,500		289,500	884,027
12.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			.0	.0
12.3 Accrued retrospective premiums .....			.0	.0
13. Reinsurance:				
13.1 Amounts recoverable from reinsurers	300,134		300,134	17,505
13.2 Funds held by or deposited with reinsured companies .....			.0	.0
13.3 Other amounts receivable under reinsurance contracts .....			.0	.0
14. Amounts receivable relating to uninsured plans .....			.0	.0
15.1 Current federal and foreign income tax recoverable and interest thereon .....			.0	.0
15.2 Net deferred tax asset.....			.0	.0
16. Guaranty funds receivable or on deposit .....			.0	.0
17. Electronic data processing equipment and software.....	482,733	468,312	14,421	10,852
18. Furniture and equipment, including health care delivery assets (\$)	159,590	89,503	70,087	75,756
19. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
20. Receivables from parent, subsidiaries and affiliates .....			.0	.0
21. Health care (\$) and other amounts receivable.....			.0	.0
22. Other assets nonadmitted	198,110	198,110	.0	.0
23. Aggregate write-ins for other than invested assets .....	.0	.0	.0	.0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....	11,519,449	755,925	10,763,524	10,234,177
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
26. Total (Lines 24 and 25)	11,519,449	755,925	10,763,524	10,234,177
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.0	.0	.0	.0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	.0	.0	.0	.0
2301. ....			.0	.0
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	.0	.0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	.0	.0	.0	.0

**STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN**

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	2,662,014		2,662,014	2,872,149
2. Accrued medical incentive pool and bonus payments	4,364,917		4,364,917	3,594,562
3. Unpaid claims adjustment expenses	42,900	0	42,900	42,900
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	158,182		158,182	85,414
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	126,769		126,769	217,694
16. Payable for securities			0	0
17. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$ unauthorized reinsurers)			0	0
18. Reinsurance in unauthorized companies			0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
20. Liability for amounts held under uninsured accident and health plans			0	0
21. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
22. Total liabilities (Lines 1 to 21)	7,354,782	0	7,354,782	6,812,719
23. Common capital stock	XXX	XXX		0
24. Preferred capital stock	XXX	XXX		0
25. Gross paid in and contributed surplus	XXX	XXX		0
26. Surplus notes	XXX	XXX		0
27. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
28. Unassigned funds (surplus)	XXX	XXX	3,408,742	3,421,455
29. Less treasury stock, at cost:				
29.1 shares common (value included in Line 23) \$)	XXX	XXX	0	0
29.2 shares preferred (value included in Line 24) \$)	XXX	XXX		0
30. Total capital and surplus (Lines 23 to 28 minus Line 29)	XXX	XXX	3,408,742	3,421,455
31. Total liabilities, capital and surplus (Lines 22 and 30)	XXX	XXX	10,763,524	10,234,174
DETAILS OF WRITE-INS				
2101.			0	0
2102.				
2103.				
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	0	0	0	0
2701.	XXX	XXX		
2702.	XXX	XXX		
2703.	XXX	XXX		
2798. Summary of remaining write-ins for Line 27 from overflow page	XXX	XXX	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	XXX	XXX	0	0

**STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN**

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year To Date
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	29,848	102,782
2. Net premium income (including non-health premium income).....	XXX	5,740,809	19,960,701
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX		0
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	5,740,809	19,960,701
Hospital and Medical:			
9. Hospital/medical benefits		3,256,148	10,037,301
10. Other professional services		334,379	1,141,125
11. Outside referrals			0
12. Emergency room and out-of-area		221,455	589,793
13. Prescription drugs		592,403	1,648,307
14. Aggregate write-ins for other hospital and medical.....	0	109,818	(993,046)
15. Incentive pool and withhold adjustments		770,355	4,858,783
16. Subtotal (Lines 9 to 15)	0	5,284,558	17,282,264
Less:			
17. Net reinsurance recoveries		324,074	41,593
18. Total hospital and medical (Lines 16 minus 17)	0	4,960,484	17,240,671
19. Non-health claims			
20. Claims adjustment expenses		95,931	387,201
21. General administrative expenses		550,118	1,858,225
22. Increase in reserves for life and accident and health contracts including \$ increase in reserves for life only).....			0
23. Total underwriting deductions (Lines 18 through 22)	0	5,606,533	19,486,097
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	134,276	474,604
25. Net investment income earned		28,595	121,320
26. Net realized capital gains or (losses)			0
27. Net investment gains or (losses) (Lines 25 plus 26)	0	28,595	121,320
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0
29. Aggregate write-ins for other income or expenses	0	0	88,472
30. Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	162,871	684,396
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	162,871	684,396
DETAILS OF WRITE-INS			
0601.	XXX	0	0
0602.	XXX		0
0603.	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			0
1402.			0
1403. Patient transportation services.....		109,818	355,305
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	(1,348,351)
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	109,818	(993,046)
2901.			0
2902. Contractor Performance Bonus - Benchmark Adjustment.....		0	88,472
2903.			0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	88,472

STATEMENT AS OF MARCH 31, 2003 OF THE

BOTSFORD HEALTH PLAN

CAPITAL AND SURPLUS ACCOUNT

	1 Current Year to Date	2 Prior Year To Date
CAPITAL AND SURPLUS ACCOUNT:		
33. Capital and surplus prior reporting period	3,421,455	3,054,749
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
34. Net income or (loss) from Line 32	162,871	684,396
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Net unrealized capital gains and losses		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax		0
39. Change in nonadmitted assets	(175,584)	(317,690)
40. Change in unauthorized reinsurance	0	0
41. Change in treasury stock		0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in		0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		0
45. Surplus adjustments:		
45.1 Paid in		0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital & surplus (Lines 34 to 47)	(12,713)	366,706
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,408,742	3,421,455
DETAILS OF WRITE-INS		
4701. Prior year inpatient settlement due to State of Michigan 1998.....		0
4702. Prior year audit adjustment to recognize reinsurance recoveries.....		0
4703. Prior year inpatient settlement due from State of Michigan 1999.....		0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0

**STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN**

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance	6,335,336	19,472,857
2. Net investment income	28,589	121,320
3. Miscellaneous income	0	1,436,822
4. Total (Lines 1 to 3)	6,363,925	21,030,999
5. Benefits and loss related payments	4,682,893	15,589,548
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	573,281	1,798,485
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) \$ net tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	5,256,174	17,388,033
11. Net cash from operations (Line 4 minus Line 10)	1,107,751	3,642,966
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14. Net increase (or decrease) in policy loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds received	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(264,408)	(347,134)
17. Net cash from financing and miscellaneous sources (Line 16.1 to Line 16.4 minus Line 16.5 plus Line 16.6)	(264,408)	(347,134)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
18. Net change in cash and short-term investments (Line 11 plus Line 15 plus Line 17)	843,343	3,295,832
19. Cash and short-term investments:		
19.1 Beginning of period	9,245,274	5,949,442
19.2 End of period (Line 18 plus Line 19.1)	10,088,617	9,245,274

**STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN**

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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										
Total Members at end of:													
1. Prior Year	9,592	0	0	0	0	0	0	0	9,592				0
2. First Quarter	9,806								9,806				
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	29,848								29,848				
Total Member Ambulatory Encounters for Period:													
7. Physician	1,806								1,806				
8. Non-Physician	2,991								2,991				
9. Total	4,797	0	0	0	0	0	0	0	4,797	0	0	0	0
10. Hospital Patient Days Incurred	418								418				
11. Number of Inpatient Admissions	120								120				
12. Health Premiums Collected	6,335,336								6,335,336				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	5,740,809								5,740,809				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	4,682,893								4,682,893				
18. Amount Incurred for Provision of Health Care Services	5,284,558								5,284,558				

7

**STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN**

CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Payable (Reported)						
Botsford General Hospital.....	178,197	226,445				404,642
Sinai/Grace Hospital.....	19,644	17,013				36,657
Oakwood Hospital (Facility).....	9,554	9,005				18,559
Heritage Hospital (Facility).....	178	24,812				24,990
Annapolis Hospital, Facility.....	11,422	865				12,287
Botsford Home Medical Equip.....	3,489	7,145				10,634
Detroit Receiving Hospital.....	5,686	4,925				10,611
St. Mary Mercy Hospital.....	10,531	0				10,531
Childrens Hospital.....	7,082	3,239				10,321
Lakhani, Sanjay.....	535	9,522				10,057
4-D Pharmacy.....						0
0199999 Individually Listed Claims Payable	246,318	302,971	0	0	0	549,289
0299999 Aggregate Accounts Not Individually Listed-Uncovered						0
0399999 Aggregate Accounts Not Individually Listed-Covered	130,317	125,325				255,642
0499999 Subtotals	376,635	428,296	0	0	0	804,931
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	1,857,083
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total Claims Payable	XXX	XXX	XXX	XXX	XXX	2,662,014
0899999 Accrued Medical Incentive Pool	XXX	XXX	XXX	XXX	XXX	4,364,917

STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 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		
1. Comprehensive (hospital & medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan Premiums					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid	1,351,867	2,362,240	1,520,282	817,658	2,872,149	2,872,149
8. Other Health					0	0
9. Health Subtotal (Lines 1 to 8).....	1,351,867	2,362,240	1,520,282	817,658	2,872,149	2,872,149
10. Other non-health					0	0
11. Medical incentive pools, accruals and disbursements			3,594,562	770,355	3,594,562	3,594,562
12. Totals	1,351,867	2,362,240	5,114,844	1,588,013	6,466,711	6,466,711

STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

There has been no events subsequent to the end of the most recent fiscal year that have had a material financial impact on Botsford Health Plan. Footnote disclosures included in the 2002 Annual Statement are still representative of the operations of the Health Plan.

**STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN**

GENERAL INTERROGATORIES

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

**PART 1 - COMMON INTERROGATORIES
GENERAL**

- 1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes [] No [X]
- 1.2 If yes, explain:
.....
- 2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 2.2 If yes, has the report been filed with the domiciliary state? Yes [] No [X]
- 3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 3.2 If yes, date of change: 01/01/3000
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 explanation.
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2002
- 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. 12/31/2002
- 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). 03/31/2003
- 7.4 By what department or departments?
Office of Financial and Insurance Services.....
- 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:
.....
- 9.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 9.2 If response to 9.1 is yes, please identify the name of the bank holding company.
.....
- 9.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 9.4 If response to 9.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

**STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN**

GENERAL INTERROGATORIES

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

INVESTMENT

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

10.2 If yes, explain:
.....

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

11.2 If yes, give full and complete information relating thereto:
.....

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

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

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

14.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-term Investments	\$	\$
14.25 Mortgages, Loans or Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$
14.29 Receivable from Parent not included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

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

If no, attach a description with this statement.

16. 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 [] No [X]

16.1 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

16.2 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)

16.3 Have there been any changes, including name changes in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]

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

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

16.5 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

STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN

Schedule A - Verification

NONE

Schedule B - Verification

NONE

Schedule BA - Verification

NONE

Schedule D - Verification

NONE

Schedule D - Part 1B

NONE

STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Amount of Interest Received Current Quarter	Paid for Accrued Interest
8099999 Totals	1,001,467	XXX	1,001,467	1,927	769

SCHEDULE DA - PART 2- Verification

Short-Term Investments Owned

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	842,116	832,602
2. Cost of short-term investments acquired	159,351	9,514
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
7. Book/adjusted carrying value, current period	1,001,467	842,116
8. Total valuation allowance .....		.0
9. Subtotal (Lines 7 plus 8)	1,001,467	842,116
10. Total nonadmitted amounts .....		.0
11. Statement value (Lines 9 minus 10)	1,001,467	842,116
12. Income collected during period	2,227	10,276
13. Income earned during period	2,996	10,276

STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

**STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN**

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

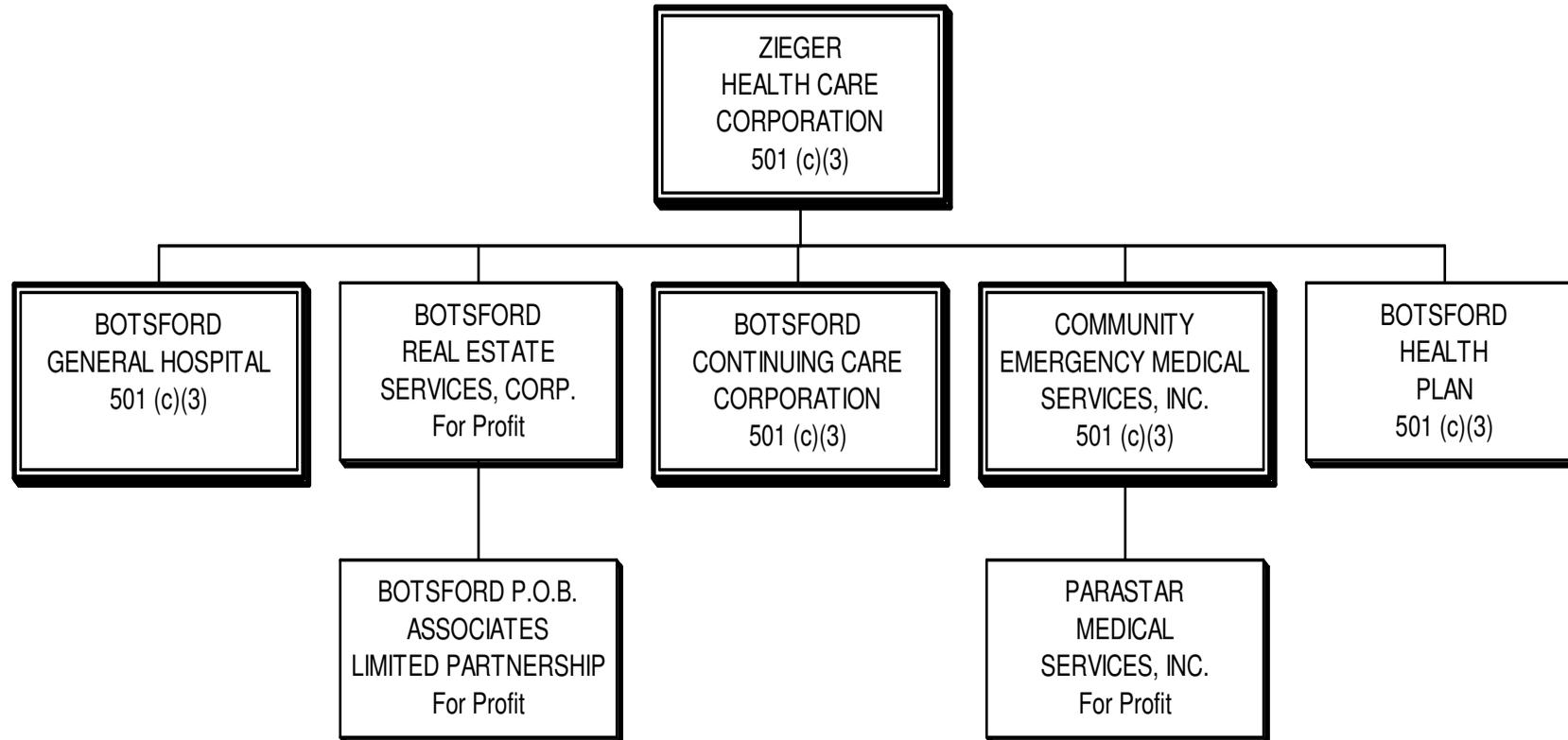
Allocated by States and Territories

States, Etc.	1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed? (Yes or No)	Direct Business Only Year-to-Date						
			3 Accident and Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefit Program Premiums	7 Life and Annuity Premiums and Deposit-Type Contract Funds	8 Property/ Casualty Premiums	
1. Alabama	AL	No							
2. Alaska	AK	No							
3. Arizona	AZ	No							
4. Arkansas	AR	No							
5. California	CA	No							
6. Colorado	CO	No							
7. Connecticut	CT	No							
8. Delaware	DE	No							
9. District of Columbia	DC	No							
10. Florida	FL	No							
11. Georgia	GA	No							
12. Hawaii	HI	No							
13. Idaho	ID	No							
14. Illinois	IL	No							
15. Indiana	IN	No							
16. Iowa	IA	No							
17. Kansas	KS	No							
18. Kentucky	KY	No							
19. Louisiana	LA	No							
20. Maine	ME	No							
21. Maryland	MD	No							
22. Massachusetts	MA	No							
23. Michigan	MI	No	Yes		5,802,234				
24. Minnesota	MN	No	No						
25. Mississippi	MS	No	No						
26. Missouri	MO	No	No						
27. Montana	MT	No	No						
28. Nebraska	NE	No	No						
29. Nevada	NV	No	No						
30. New Hampshire	NH	No	No						
31. New Jersey	NJ	No	No						
32. New Mexico	NM	No	No						
33. New York	NY	No	No						
34. North Carolina	NC	No	No						
35. North Dakota	ND	No	No						
36. Ohio	OH	No	No						
37. Oklahoma	OK	No	No						
38. Oregon	OR	No	No						
39. Pennsylvania	PA	No	No						
40. Rhode Island	RI	No	No						
41. South Carolina	SC	No	No						
42. South Dakota	SD	No	No						
43. Tennessee	TN	No	No						
44. Texas	TX	No	No						
45. Utah	UT	No	No						
46. Vermont	VT	No	No						
47. Virginia	VA	No	No						
48. Washington	WA	No	No						
49. West Virginia	WV	No	No						
50. Wisconsin	WI	No	No						
51. Wyoming	WY	No	No						
52. American Samoa	AS	No	No						
53. Guam	GU	No	No						
54. Puerto Rico	PR	No	No						
55. U.S. Virgin Islands	VI	No	No						
56. Canada	CN	No	No						
57. Aggregate Other Alien	OT	XXX	XXX	0	0	0	0	0	0
58. Total (Direct Business)	XXX	(a)	1	0	0	5,802,234	0	0	0
DETAILS OF WRITE-INS									
5701.									
5702.									
5703.									
5798. Summary of remaining write-ins for Line 57 from overflow page				0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)				0	0	0	0	0	0

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

STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN

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



STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory question.

RESPONSE

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

.....No.....

Explanation:

Bar Code:



STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN

OVERFLOW PAGE FOR WRITE-INS

MQ004 Additional Aggregate Lines for Page 04 Line 14.

*REVEX1

1404. Prior Year Settlement.....	0	(1,348,351)
1497. Summary of remaining write-ins for Line 14 from Page 04	0	(1,348,351)

STATEMENT AS OF MARCH 31, 2003 OF THE
BOTSFORD HEALTH PLAN

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

