

Premium Enrollment data (The Freedom Group's 2003 quarterly statement software) issue



HEALTH QUARTERLY STATEMENT

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

Cape Health Plan, Inc.

NAIC Group Code 0000 0000 NAIC Company Code 95759 Employer's ID Number 38-2455176
(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 [] No [X]

Incorporated 04/29/1982 Commenced Business 04/29/1982

Statutory Home Office 26711 Northwestern Highway, Suite 300, Southfield, MI 48034
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 26711 Northwestern Highway, Suite 300
Southfield, MI 48034 248-386-3000
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 26711 Northwestern Highway, Suite 300, Southfield, MI 48034
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 26711 Northwestern Highway, Suite 300
Southfield, MI 48034 248-386-3003
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.capehealth.com

Statutory Statement Contact THOMAS ASHFORD MURAR MR. 248-386-3003
(Name) (Area Code) (Telephone Number) (Extension)
tmurar@capehealth.com 248-945-9149
(E-mail Address) (FAX Number)

Policyowner Relations Contact 26711 Northwestern Highway, Suite 300
Southfield, MI 48034 248-386-3000-3003
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

President Nancy Wanchik Secretary William Brodhead
Treasurer Ralph Woronoff

VICE PRESIDENTS

Steve Stein MD Michele Lundberg Thomas Murar
Rodger Prong

DIRECTORS OR TRUSTEES

Nancy Wanchik William Brodhead Ralph Woronoff
Janis Coleman Lillian Bullard Etrua Bryant
Shirley Lightsey Thomas Murar Susan Sarin
Gladys Taylor

State ofMICHIGAN.....
County ofMACOMB..... } 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.

Nancy Wanchik (President and Chief Operating
Officer)
President

Susan Sarin (Chief Executive Officer)
Secretary

Thomas Murar (Chief Financial Officer)
Treasurer

Subscribed and sworn to before me this
13 day of MAY, 2003

LINDA RUSTE
NOTARY PUBLIC
MARCH 26, 2007

STATEMENT AS OF MARCH 31, 2003 OF THE CAPE HEALTH PLAN, INC.

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	54,171	0	0	0	0	0	0	0	54,171				0
2. First Quarter	56,943								56,943				
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	168,505								168,505				
Total Member Ambulatory Encounters for Period:													
7. Physician	4,381								4,381				
8. Non-Physician	2,699								2,699				
9. Total	7,080	0	0	0	0	0	0	0	7,080	0	0	0	0
10. Hospital Patient Days Incurred	7,567								7,567				
11. Number of Inpatient Admissions	1,525								1,525				
12. Health Premiums Collected	27,059,714								27,059,714				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0								0				
15. Health Premiums Earned	27,059,714								27,059,714				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	14,937,126								14,937,126				
18. Amount Incurred for Provision of Health Care Services	9,453,818								9,453,818				

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