

Amended file due to a problem with Freedom's software. Data for the Premium Enrollment schedule was loaded incorrectly.



# HEALTH QUARTERLY STATEMENT

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

## Priority Health

NAIC Group Code 3383 3383 NAIC Company Code 95561 Employer's ID Number 38-2715520  
(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 03/07/1986 Commenced Business 10/15/1986

Statutory Home Office 1231 East Beltline, Grand Rapids, MI 49525-4501  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 1231 East Beltline  
(Street and Number)  
Grand Rapids, MI 49525-4501 616-942-0954  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1231 East Beltline, Grand Rapids, MI 49525-4501  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 1231 East Beltline  
(Street and Number)  
Grand Rapids, MI 49525-4501 616-464-8235  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.priority-health.com

Statutory Statement Contact Malcolm Hall 616-464-8235  
(Name) (Area Code) (Telephone Number) (Extension)  
malcolm.hall@priority-health.com 616-942-7916  
(E-mail Address) (FAX Number)

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

## OFFICERS

President Kimberly K Horn Secretary Judith W Hooyenga  
 Treasurer Dennis J Reese

## VICE PRESIDENTS

Dennis J Reese Judith W Hooyenga

## DIRECTORS OR TRUSTEES

<u>Richard C. Breon</u>	<u>Marilyn M Brown</u>	<u>Gaylen J Byker</u>
<u>James H Childress</u>	<u>Dale A Dykema</u>	<u>Michael P Freed</u>
<u>Jon M Gans</u>	<u>David E Gast</u>	<u>Gail D Gwizdala</u>
<u>Jody D Vanderwel</u>	<u>Edward A Higuera</u>	<u>Nicholas P Kokx</u>
<u>Lynn M Kotecki</u>	<u>Thomas R Macholan</u>	<u>Charles E McCallum</u>
<u>George N Monsma</u>	<u>Timothy V Smith</u>	<u>Hilary F Snell</u>
<u>Luis A Tomatis</u>	<u>Joseph L Brock</u>	<u>Harold E Burrell</u>
<u>Kenneth J Fawcett</u>	<u>Jerold R Harwood</u>	<u>Peter B Lundeen</u>
<u>Donald Oetman</u>	<u>Dale M Sowders</u>	

State of .....Michigan..... }  
County of .....Kent..... } ss

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

\_\_\_\_\_  
Kimberly K Horn  
President

\_\_\_\_\_  
Judith W. Hooyenga  
Secretary

\_\_\_\_\_  
Dennis J Reese  
Treasurer

Subscribed and sworn to before me this  
14th day of May, 2003

\_\_\_\_\_  
Cheryl Britcher  
Administrator to the Office of the President  
12/30/2005

STATEMENT AS OF MARCH 31, 2003 OF THE Priority Health

**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										
<b>Total Members at end of:</b>													
1. Prior Year .....	288,535	207	288,328	0	0	0	0	0	0				0
2. First Quarter .....	311,254	630	310,624										
3. Second Quarter .....	0												
4. Third Quarter .....	0												
5. Current Year	0												
6. Current Year Member Months	924,485	1,804	922,681										
<b>Total Member Ambulatory Encounters for Period:</b>													
7. Physician .....	517,974	1,011	516,963										
8. Non-Physician .....	14,045	27	14,018										
9. Total	532,019	1,038	530,981	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	17,481	34	17,447										
11. Number of Inpatient Admissions	4,793	9	4,784										
12. Health Premiums Collected .....	175,925,013	532,341	175,392,672										
13. Life Premiums Direct .....	0												
14. Property/Casualty Premiums Written .....	0												
15. Health Premiums Earned .....	183,521,648	555,328	182,966,320										
16. Property/Casualty Premiums Earned .....	0												
17. Amount Paid for Provision of Health Care Services .....	144,837,091	272,116	143,306,490						1,258,485				
18. Amount Incurred for Provision of Health Care Services	161,365,864	293,852	160,567,509						504,503				

7