



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2003
OF THE CONDITION AND AFFAIRS OF THE

THE WELLNESS PLAN

NAIC Group Code 1150 1150 NAIC Company Code 95471 Employer's ID Number 38-2008890
(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 11/08/1972 Commenced Business 02/28/1973

Statutory Home Office 7700 SECOND AVENUE, DETROIT, MI 48202
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 7700 SECOND AVENUE
(Street and Number) DETROIT, MI 48202 313-202-8500
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 7700 SECOND AVENUE, DETROIT, MI 48202
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 7700 SECOND AVENUE
(Street and Number) DETROIT, MI 48202 313-202-8500-27828
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.wellplan.com

Statutory Statement Contact Rao Kakarala Mr. 313-202-8500-27828
(Name) (Area Code) (Telephone Number) (Extension)
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Policyowner Relations Contact 7700 SECOND AVENUE
(Street and Number) DETROIT, MI 48202 313-202-8500
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

President Richard Eugene Standridge M.D. Secretary Donn Robert Merrill
Treasurer _____

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Kathleen Callahan Bernard Francis Parker Carol Ann Williams
Charles Francis Whitten, MD

State of Michigan }
County of Wayne } 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.

Richard Eugene Standridge, M.D. (Deputy Rehabilitator) Donn Robert Merrill (Deputy Rehabilitator) _____
President Secretary Treasurer

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

Polly J. Jones
Notary Public Wayne County, MI
August 17, 2007

STATEMENT AS OF SEPTEMBER 30, 2003 OF THE THE WELLNESS 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	12,122,568		12,122,568	9,828,328
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).....	26,918,138		26,918,138	28,422,937
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 (\$23,302,710) and short -term investments (\$1,000,582)	24,303,292	1,029,785	23,273,507	424,053
6. Contract loans, (including \$premium notes)			.0	
7. Other invested assets	(8,464,055)	.0	(8,464,055)	(7,441,674)
8. Receivable for securities .....			.0	.0
9. Aggregate write-ins for invested assets	916,546	916,546	.0	541,249
10. Subtotals, cash and invested assets (Lines 1 to 9)	55,796,489	1,946,331	53,850,158	31,774,893
11. Investment income due and accrued	42,437		42,437	48,522
12. Premiums and considerations:				
12.1 Uncollected premiums and agents' balances in the course of collection	2,159,293	970,765	1,188,528	1,193,364
12.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$earned but unbilled premiums).....			.0	
12.3 Accrued retrospective premiums.....			.0	
13. Reinsurance:				
13.1 Amounts recoverable from reinsurers .....			.0	.0
13.2 Funds held by or deposited with reinsured companies .....			.0	
13.3 Other amounts receivable under reinsurance contracts .....			.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	
17. Electronic data processing equipment and software.....	2,674,330	1,632,861	1,041,469	3,274,505
18. Furniture and equipment, including health care delivery assets (\$1,354,913)	3,584,185	334,391	3,249,794	3,899,728
19. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
20. Receivables from parent, subsidiaries and affiliates	10,053	10,053	.0	.0
21. Health care (\$7,902,643) and other amounts receivable.....	7,902,643	315,460	7,587,183	5,764,227
22. Other assets nonadmitted .....			.0	.0
23. Aggregate write-ins for other than invested assets	18,499	18,499	.0	.0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....	72,187,929	5,228,360	66,959,569	45,955,239
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
26. Total (Lines 24 and 25)	72,187,929	5,228,360	66,959,569	45,955,239
DETAILS OF WRITE-INS				
0901. Prepaid Expenses.....	916,546	916,546	.0	.0
0902. Employee Benefit Trust.....			.0	541,249
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)	916,546	916,546	0	541,249
2301. Employee Advances.....	18,499	18,499	.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)	18,499	18,499	0	0

STATEMENT AS OF SEPTEMBER 30, 2003 OF THE THE WELLNESS PLAN

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	47,636,976		47,636,976	30,764,742
2. Accrued medical incentive pool and bonus payments	2,962,951		2,962,951	1,578,750
3. Unpaid claims adjustment expenses	334,910		334,910	334,910
4. Aggregate health policy reserves	1,311,143		1,311,143	2,350,000
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	374,884		374,884	525,956
9. General expenses due or accrued	4,575,001		4,575,001	5,628,374
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	
12. Amounts withheld or retained for the account of others	1,042,367		1,042,367	1,545,342
13. Remittances and items not allocated			0	
14. Borrowed money (including \$177,394 current) and interest thereon \$1,569 (including \$1,570 current)	178,963		178,963	0
15. Amounts due to parent, subsidiaries and affiliates	1		1	1
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 \$3,473,311 current)	3,473,311	0	3,473,311	0
22. Total liabilities (Lines 1 to 21).....	61,890,507	0	61,890,507	42,728,075
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	5,069,062	3,227,164
29. Less treasury stock, at cost:				
29.1 shares common (value included in Line 23) \$)	XXX	XXX		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	5,069,062	3,227,164
31. Total liabilities, capital and surplus (Lines 22 and 30)	XXX	XXX	66,959,569	45,955,239
DETAILS OF WRITE-INS				
2101. Provider Tax (QUAPP).....	3,473,311		3,473,311	0
2102.			0	0
2103.			0	0
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)	3,473,311	0	3,473,311	0
2701. Medical Care Fund.....	XXX	XXX		0
2702. Reserve Restricted by Board.....	XXX	XXX		0
2703.	XXX	XXX		0
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 SEPTEMBER 30, 2003 OF THE THE WELLNESS PLAN

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year To Date
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,042,436	1,171,548
2. Net premium income (including .....0 non-health premium income).....	XXX	171,476,081	178,429,223
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$544,496 medical expenses)	XXX	(3,707)	(182,938)
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	(5,995,876)	149,054
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	165,476,498	178,395,339
Hospital and Medical:			
9. Hospital/medical benefits		92,412,873	108,610,210
10. Other professional services		7,955,672	8,168,794
11. Outside referrals		3,723,737	5,214,311
12. Emergency room and out-of-area		17,095,387	15,555,300
13. Prescription drugs		23,238,651	23,326,978
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool and withhold adjustments		1,331,374	730,257
16. Subtotal (Lines 9 to 15)	0	145,757,694	161,605,850
Less:			
17. Net reinsurance recoveries			0
18. Total hospital and medical (Lines 16 minus 17)	0	145,757,694	161,605,850
19. Non-health claims			
20. Claims adjustment expenses		923,955	2,895,567
21. General administrative expenses.....		17,130,603	16,319,979
22. Increase in reserves for life and accident and health contracts including \$0 increase in reserves for life only).....		(1,038,857)	(2,981,951)
23. Total underwriting deductions (Lines 18 through 22)	0	162,773,395	177,839,445
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	2,703,103	555,894
25. Net investment income earned		2,242,003	788,953
26. Net realized capital gains or (losses)		233,632	116,889
27. Net investment gains or (losses) (Lines 25 plus 26)	0	2,475,635	905,842
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	0
30. Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	5,178,738	1,461,736
31. Federal and foreign income taxes incurred	XXX		0
32. Net income (loss) (Lines 30 minus 31)	XXX	5,178,738	1,461,736
DETAILS OF WRITE-INS			
0601. Provider Tax (QUAPP).....	XXX	(6,052,327)	0
0602. Miscellaneous Income.....	XXX	56,451	149,054
0603.	XXX		
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	(5,995,876)	149,054
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.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
2901.			
2902.			
2903.			
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	0

STATEMENT AS OF SEPTEMBER 30, 2003 OF THE THE WELLNESS PLAN

CAPITAL AND SURPLUS ACCOUNT

	1 Current Year to Date	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT:		
33. Capital and surplus prior reporting period	3,227,164	11,678,348
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
34. Net income or (loss) from Line 32	5,178,738	(7,936,860)
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Net unrealized capital gains and losses	(209,111)	144,175
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	0	0
39. Change in nonadmitted assets	(1,678,969)	(659,990)
40. Change in unauthorized reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles	(1,448,761)	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0
44.3 Transferred to surplus	0	0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	1,491
48. Net change in capital & surplus (Lines 34 to 47)	1,841,897	(8,451,184)
49. Capital and surplus end of reporting period (Line 33 plus 48)	5,069,061	3,227,164
DETAILS OF WRITE-INS		
4701. Accounting correction resulting from reclassifying an other liability.....		1,491
4702.		
4703.		
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	1,491

STATEMENT AS OF SEPTEMBER 30, 2003 OF THE THE WELLNESS PLAN

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	170,359,080	233,523,008
2. Net investment income	2,248,088	1,028,033
3. Miscellaneous income	56,451	190,043
4. Total (Lines 1 to 3)	172,663,619	234,741,084
5. Benefits and loss related payments	127,501,259	235,069,125
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions	19,107,931	21,420,127
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) \$ net tax on capital gains (losses)	0	
10. Total (Lines 5 through 9)	146,609,190	256,489,252
11. Net cash from operations (Line 4 minus Line 10)	26,054,429	(21,748,168)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	7,995,500	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	221,831
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash and short-term investments	(1,779)	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	7,993,721	221,831
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	10,565,403	9,827,389
13.3 Mortgage loans	0	0
13.4 Real estate	0	16,095
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	10,565,403	9,843,484
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)	(2,571,682)	(9,621,653)
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.....	1,791,594	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).....	(2,424,887)	1,659,991
17. Net cash from financing and miscellaneous sources (Line 16.1 to Line 16.4 minus Line 16.5 plus Line 16.6)	(633,293)	1,659,991
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
18. Net change in cash and short-term investments (Line 11 plus Line 15 plus Line 17)	22,849,454	(29,709,830)
19. Cash and short-term investments:		
19.1 Beginning of period	424,053	30,133,883
19.2 End of period (Line 18 plus Line 19.1).....	23,273,507	424,053

STATEMENT AS OF SEPTEMBER 30, 2003 OF THE THE WELLNESS 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	118,685	19	11,021	.0	.0	.0	958	.0	106,687				.0
2. First Quarter	117,525	22	9,438	.0	.0	.0	821	.0	107,244	.0	.0	.0	.0
3. Second Quarter	116,122	17	8,918	.0	.0	.0	671	.0	106,516	.0	.0	.0	.0
4. Third Quarter	113,418	16	7,303				942		105,157				
5. Current Year	113,778	16	7,303				942		105,517				
6. Current Year Member Months	1,042,436	169	77,433				9,131		955,703				
Total Member Ambulatory Encounters for Period:													
7. Physician	123,874	287	14,045				1,916		107,626				
8. Non-Physician	220,468	424	20,796				2,837		196,411				
9. Total	344,342	711	34,841	0	0	0	4,753	0	304,037	0	0	0	0
10. Hospital Patient Days Incurred	33,444	22	1,780				241		31,401				
11. Number of Inpatient Admissions	7,434	8	381				52		6,993				
12. Health Premiums Collected	170,359,080	29,728	13,446,364				1,413,493		155,469,495				
13. Life Premiums Direct .....	.0												
14. Property/Casualty Premiums Written .....	.0												
15. Health Premiums Earned	171,476,082	32,112	14,498,073				1,476,401		155,469,496				
16. Property/Casualty Premiums Earned .....	.0												
17. Amount Paid for Provision of Health Care Services	127,501,259	29,887	14,376,482				1,368,744		111,726,146				
18. Amount Incurred for Provision of Health Care Services	145,757,694	32,307	14,586,235				1,485,379		129,653,773				

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STATEMENT AS OF SEPTEMBER 30, 2003 OF THE THE WELLNESS 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	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)	2,088,451	12,317,918	438,197	3,159,723	2,526,648	3,389,493
2. Medicare Supplement .....					.0	.0
3. Dental Only .....					.0	.0
4. Vision Only .....					.0	.0
5. Federal Employees Health Benefits Plan Premiums	155,340	1,213,404	34,863	330,719	190,203	259,434
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid	15,016,139	96,710,007	5,748,868	37,924,606	20,765,007	27,115,815
8. Other Health .....					.0	.0
9. Health Subtotal (Lines 1 to 8).....	17,259,930	110,241,329	6,221,928	41,415,048	23,481,858	30,764,742
10. Other non-health .....					.0	
11. Medical incentive pools, accruals and disbursements			617,234	2,345,717	617,234	1,578,750
12. Totals	17,259,930	110,241,329	6,839,162	43,760,765	24,099,092	32,343,492

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NOTES TO FINANCIAL STATEMENTS

1 Summary of Significant Accounting Policies

A. Accounting Policies

The financial statements of The Wellness Plan (TWP) are presented on the basis of accounting practices permitted by the Michigan Office of Financial and Insurance Services (OFIS).

As of January 1, 2003, OFIS has adopted the NAIC's *Accounting Practices and Procedures* as a component of prescribed and permitted practices. OFIS has certain permitted practices that can be used as a phase-in for the accounting practices.

1. Three-year phase-in period for the limitation of admitted electronic data processing equipment and software
2. Three-year phase-in period for the amount of nonadmitted furniture and equipment

TWP, with the previous permission of OFIS, records their Malpractice Trust Self Insurance Fund and the Stop Loss Self Insurance Trust on Schedule BA. These two items are not specifically addressed in statutory accounting. In addition, one of the funds has a negative balance, which OFIS has allowed to remain as an asset. If these funds were not allowed as admitted assets, the surplus would be decreased by \$927,014 as of September 30, 2003 and by \$907,695 as of December 31, 2002.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

	<u>9/30/03</u>	<u>12/31/02</u>
(1) Net income – Mich. OFIS basis	\$ 5,178,738	\$(7,936,860)
(2) State prescribed practice	-0-	-0-
(3) State prescribed practice	<u>-0-</u>	<u>-0-</u>
(4) Net income – NAIC SAP	<u>5,178,738</u>	<u>(7,936,860)</u>
(5) Statutory surplus – Mich. OFIS basis	5,069,062	3,227,164
(6) State prescribed practices (surplus):		
EDP equipment	916,493	2,841,244
Furniture & equipment	1,894,881	2,114,569
(7) State permitted practices (surplus):		
Schedule BA assets	<u>-0-</u>	<u>-0-</u>
(8) Statutory surplus – NAIC SAP	<u>\$2,257,688</u>	<u>\$(1,728,649)</u>

B. Not applicable

C. Not applicable

2. Accounting Changes and Correction of Errors

As of January 1, 2003, OFIS has adopted the NAIC's *Accounting Practices and Procedures* as a component of prescribed and permitted practices. OFIS has certain permitted practices that can be used as a phase-in for the accounting procedures.

- The prepaid portion of the Retired Employees Health Insurance Fund is now being reported as a nonadmitted asset, based on the following amounts:

	<u>9/30/03</u>	<u>12/31/02</u>
Employee Benefit Trust Fund – Investments	1,736,030	1,654,873
Employee Benefit Trust Fund – Cash	<u>70,136</u>	<u>33,705</u>
Subtotal	1,806,166	1,688,578
Accrued Pension Benefit Liability	<u>776,381</u>	<u>658,794</u>
Prepaid employee benefits	<u>1,029,785</u>	<u>1,029,784</u>

NOTES TO FINANCIAL STATEMENTS

Accounting Changes and Correction of Errors (Continued)

- The reported amount for computer hardware is limited to 25% of the Company's capital surplus as reported at June 30, 2003, as allowed under the State of Michigan prescribed accounting practices.

	<u>9/30/03</u>	<u>12/31/02</u>
Capital and surplus, beginning of period	4,165,875	12,914,743
Percentage allowed for 2003	<u>25%</u>	<u>25%</u>
Allowable limit of computer equipment	1,041,469	3,228,686
Amount of EDP Equipment and software	2,674,330	3,274,504
Admitted amount (as determined above)	<u>1,041,469</u>	<u>3,228,686</u>
Nonadmitted amount	<u>1,632,861</u>	<u>45,818</u>

- Office Furniture and Equipment is stated at 85% of the net book value as allowed under the State of Michigan's prescribed accounting practices.

	<u>9/30/03</u>	<u>12/31/02</u>
Furniture and Equipment	3,584,185	3,899,728
Less: Medical Delivery assets	<u>1,354,913</u> *	<u>1,412,000</u>
Office Equipment	2,229,272	2,487,728
Admitted amount at 85% of total	<u>1,894,881</u>	<u>2,114,569</u>
Nonadmitted amount	<u>334,391</u>	<u>373,159</u>

* Medical Delivery assets of \$1,354,913 consisting of inventory of medical supplies, drugs and staff clinics equipment were deducted from the total office furniture and equipment when determining nonadmitted assets.

- Summary of accounting changes:

Prepaid employee benefits	\$1,029,784
EDP Equipment and Software	45,818
Office Furniture and Equipment	<u>373,159</u>

Cumulative effect of changes in accounting principles \$1,448,761

Rent expense charged to the three staff medical centers totalled \$1,892,064 for the nine months ended September 30, 2003. This amount is included in the Statement of Revenue and Expenses as a medical care delivery expense. The offsetting entry was recorded to investment income. The amount of rent was determined by our appraiser based on local market conditions.

3. Business Combinations and Goodwill

Not applicable

4. Discontinued Operations

Not applicable

5. Investments (Mortgage Loans, Debt Restructuring, Reverse Mortgages, Loan-Backed Securities and Repurchase Agreements)

- A. Not applicable
- B. Not applicable
- C. Not applicable
- D. Not applicable
- E. Not applicable
- F. Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

NOTES TO FINANCIAL STATEMENTS

7. Investment Income

Not applicable

8. Derivative Instruments

Not applicable

9. Income Taxes

Not applicable

10. Information Concerning Parent, Subsidiaries and Affiliates

Not applicable

11. Debt

In February 2003, the Corporation entered into a loan agreement with Cananwill, Inc. in the amount of \$1,323,950. The last installment is due in October 2003. Interest compounds at 4.49% per year and is included in the equal monthly installment payments of \$149,871.56.

In April 2003, the Corporation entered into a second loan agreement with Cananwill, Inc. in the amount of \$395,644. The last installment is due in January 2004. Interest compounds at 4.24% per year and is included in the equal monthly installment payments of \$44,740.72.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable

13. Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

Not applicable

14. Contingencies

Not applicable

15. Leases

Not applicable

16. Information about Financial Instruments With Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

Not applicable

NOTES TO FINANCIAL STATEMENTS

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable

20. September 11 Events

Not applicable

21. Other Items

Not applicable

22. Events Subsequent

Not applicable

23. Reinsurance

Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased \$7,060,572 from \$32,343,492 as of December 31, 2002 to \$25,283,420 as of September 30, 2003 as a result of reestimation of unpaid claims and claim adjustment expenses. This decrease is generally the result of an ongoing analysis of recent loss development trends.

26. Organization and Operation

Not applicable

27. Minimum Net Worth

Not applicable

28. Health Care Receivables

Not applicable

29. Participating Policies

Not applicable

30. Premium Deficiency Reserves

At December 31, 2002, the Company recorded a loss of \$2,350,000 in commercial premium deficiency reserves based on expected losses occurring during 2003. Resulting from the net reduction of commercial membership as well as the reduction in incurred claims expenses, \$1,038,857 has been recognized as the reduction of medical expenses during the nine months ended September 30, 2003.

31. Anticipated Salvage and Subrogation

Not applicable

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
- 1.2 If yes, explain:
Please refer to Note 2 on Page 10.....
- 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
- 2.2 If yes, has the report been filed with the domiciliary state? Yes No
- 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
- 3.2 If yes, date of change:
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
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
- 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 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. 12/31/2001
- 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. 12/31/1997
- 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). 04/15/1999
- 7.4 By what department or departments?
.....
- 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
- 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
- 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
- 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 SEPTEMBER 30, 2003 OF THE THE WELLNESS 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: \$

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

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

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 []

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 [X] No []

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
Comerica Bank.....	Detroit, Michigan.....
Bank One.....	Detroit, Michigan.....

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
DTC2255.....	Clarence Lewis, Jr.....	Bank One, 611 Woodward Ave., Detroit, MI 48226
DTC2255.....	Richard F. Cipiccio.....	Bank One, 111 Polaris Pky., Columbus, OH 43420
DTC2018.....	Randy K. Browning.....	Comerica Bank, 411 W. Lafayette, Detroit, MI 48226

Questions #6: On July 1, 2003, Linda Watters, Commissioner of OFIS, was appointed as Rehabilitator by court order, and eoshealth regulatory services, llc, was appointed as Deputy Rehabilitator.

SCHEDULE A - VERIFICATION

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	28,422,937	30,576,717
2. Increase (decrease) by adjustment	(1,504,799)	(2,049,783)
3. Cost of acquired		0
4. Cost of additions to and permanent improvements		16,095
5. Total profit (loss) on sales		101,739
6. Increase (decrease) by foreign exchange adjustment		0
7. Amount received on sales		221,831
8. Book/adjusted carrying value at end of current period	26,918,138	28,422,937
9. Total valuation allowance		0
10. Subtotal (Lines 8 plus 9)	26,918,138	28,422,937
11. Total nonadmitted amounts		0
12. Statement value, current period (Page 2, real estate lines, current period)	26,918,138	28,422,937

SCHEDULE B – VERIFICATION

	1 Year to Date	2 Prior Year Ended December 31
NONE		
1. Book/adjusted carrying value, December 31 of prior year		
2. Amount loaned during period:		
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 period		
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		

SCHEDULE BA – VERIFICATION

Other Invested Assets Included in Schedule BA

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	(7,441,674)	(7,414,879)
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions		0
2.2. Additional investment made after acquisitions		0
3. Accrual of discount		0
4. Increase (decrease) by adjustment	(1,022,381)	(26,795)
5. Total profit (loss) on sale		0
6. Amounts paid on account or in full during the period		0
7. Amortization of premium		0
8. Increase (decrease) by foreign exchange adjustment		0
9. Book/adjusted carrying value of long-term invested assets at end of current period	(8,464,055)	(7,441,674)
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	(8,464,055)	(7,441,674)
12. Total nonadmitted amounts		0
13. Statement value of long-term invested assets at end of current period	(8,464,055)	(7,441,674)

SCHEDULE D - VERIFICATION

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	9,828,328	0
2. Cost of bonds and stocks acquired	10,565,403	9,827,389
3. Accrual of discount		0
4. Increase (decrease) by adjustment	(299,477)	939
5. Increase (decrease) by foreign exchange adjustment		0
6. Total profit (loss) on disposal	23,814	0
7. Consideration for bonds and stocks disposed of	7,995,500	0
8. Amortization of premium		0
9. Book/adjusted carrying value, current period	12,122,568	9,828,328
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	12,122,568	9,828,328
12. Total nonadmitted amounts		0
13. Statement value (Lines 11 minus 12)	12,122,568	9,828,328

STATEMENT AS OF SEPTEMBER 30, 2003 OF THE THE WELLNESS PLAN

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1								
2. Class 2								
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds								
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock								

NONE

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	1,000,582	XXX	1,000,582	194	

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.....	1,002,361	10,422,143
2. Cost of short-term investments acquired .....		.0
3. Increase (decrease) by adjustment	(1,779)	(9,419,782)
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	1,000,582	1,002,361
8. Total valuation allowance .....		.0
9. Subtotal (Lines 7 plus 8)	1,000,582	1,002,361
10. Total nonadmitted amounts .....		.0
11. Statement value (Lines 9 minus 10)	1,000,582	1,002,361
12. Income collected during period	194	11,325
13. Income earned during period	194	11,325

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S

NONE

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

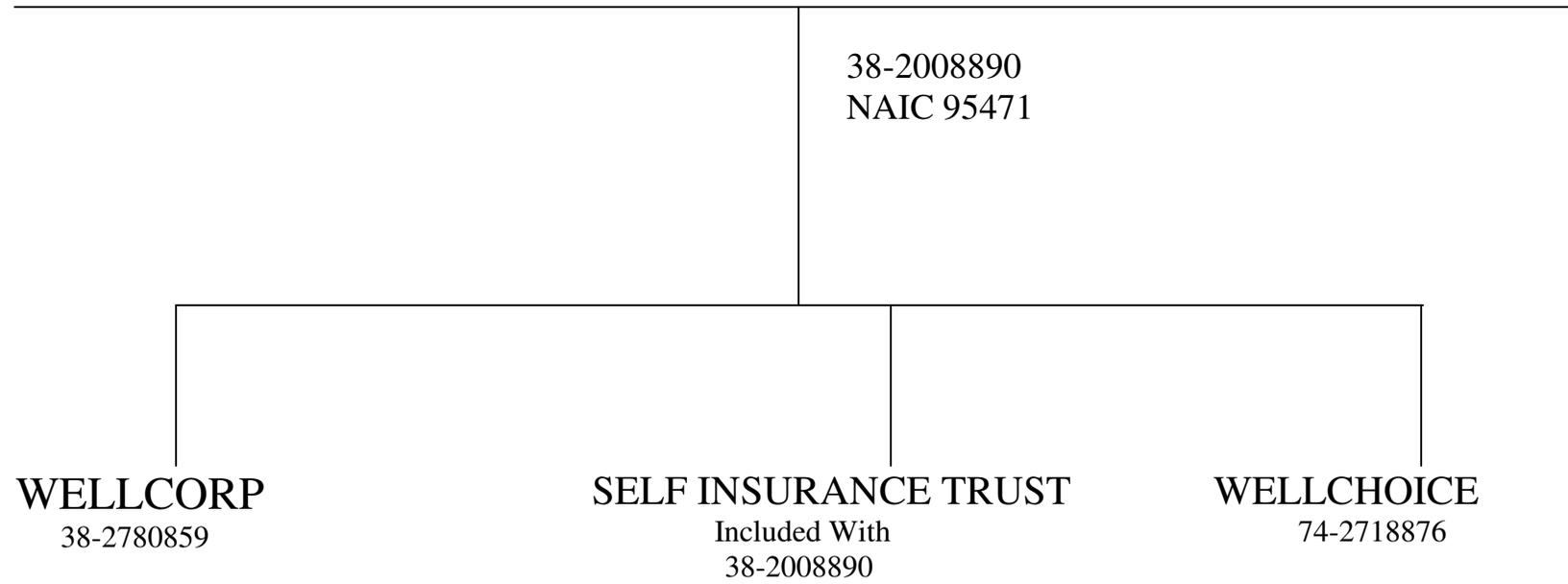
Allocated by States and Territories

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								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI	No	Yes	14,530,185		155,469,496	1,476,401		
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH								
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Canada	CN								
57. Aggregate Other Alien	OT	XXX	XXX	0	0	0	0	0	0
58. Total (Direct Business)	XXX	(a) 1		14,530,185	0	155,469,496	1,476,401	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.

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

THE WELLNESS PLAN (NAIC Code) FIN



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?

.....Yes.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

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

STATEMENT AS OF SEPTEMBER 30, 2003 OF THE THE WELLNESS PLAN

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation (a)
681937-32-2	One Group Ultra Short-Term Bond Fund	08/06/2003	Bank One, Detroit, Michigan		10,000,000	0		1
681937-63-7	One Group Short-Term Bond Fund	07/14/2003	Bank One, Detroit, Michigan		553,027	0		1
681937-63-7	One Group Short-Term Bond Fund, Plan and Trust	07/14/2003	Bank One, Detroit, Michigan		19,185			1
681937-63-7	One Group Short-Term Bond Fund, Stop Loss	09/02/2003	Bank One, Detroit, Michigan		(1,153)			1
681937-63-7	One Group Short-Term Bond Fund, Stop Loss	08/01/2003	Bank One, Detroit, Michigan		(1,192)			1
681937-63-7	One Group Short-Term Bond Fund, Stop Loss	07/01/2003	Bank One, Detroit, Michigan		(1,236)			1
68231N-74-3	One Group Bond Fund, Emp Ben Trust	09/02/2003	Bank One, Detroit, Michigan		(866)			1
68231N-74-3	One Group Bond Fund, Emp Ben Trust	08/01/2003	Bank One, Detroit, Michigan		(925)			1
68231N-74-3	One Group Bond Fund, Emp Ben Trust	07/01/2003	Bank One, Detroit, Michigan		(963)			1
681939-78-1	One Group Bond Fund, Emp Ben Trust	07/01/2003	Bank One, Detroit, Michigan		(420)			1
68231N-87-5	One Group Bond Fund, Emp Ben Trust	07/01/2003	Bank One, Detroit, Michigan		(39)			1
68231N-60-2	One Group Small Cap Value Fund, Demp Bet Trust	07/01/2003	Bank One, Detroit, Michigan		(15)			1
4599999	- Total - Bonds - Industrial, Misc.				10,565,403	0		XXX
6099997	- Total - Bonds - Part 3				10,565,403	0		XXX
6099999	- Total - Bonds				10,565,403	0	0	XXX
6599999	- Total - Preferred Stocks				0	XXX	0	XXX
7099999	- Total - Common Stocks				0	XXX	0	XXX
7199999	- Total - Preferred and Common Stocks				0	XXX	0	XXX
7299999	- Totals				10,565,403	XXX	0	XXX

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

E04

STATEMENT AS OF SEPTEMBER 30, 2003 OF THE THE WELLNESS PLAN

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Book/Adjusted Carrying Value at Disposal Date	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest on Bonds Received During Year	Dividends on Stocks Received During Year	NAIC Designation (a)
681937-63-7	One Group Short Term Bond Fund-Stop Loss Plan	07/14/2003	Bank One, Detroit, Michigan		1,550		1,500	1,550				50	50	20,364		1
4599999	- Bonds - Industrial and Miscellaneous				1,550		1,500	1,550				50	50	20,364	XXX	XXX
6099997	- Bonds - Part 4				1,550		1,500	1,550				50	50	20,364	XXX	XXX
6099999	- Total - Bonds				1,550	0	1,500	1,550	0	0	0	50	50	20,364	XXX	XXX
6599999	- Total - Preferred Stocks				0	XXX	0	0	0	0	0	0	0	XXX	0	XXX
7099999	- Total - Common Stocks				0	XXX	0	0	0	0	0	0	0	XXX	0	XXX
7199999	- Total - Preferred and Common Stocks				0	XXX	0	0	0	0	0	0	0	XXX	0	XXX
7299999 Totals					1,550	XXX	1,500	1,550	0	0	0	50	50	20,364	0	XXX

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

E05

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

