AMENDED FILING EXPLANATION

* 5 2 5 6 9 2 0 0 3 2 0 1 0 0 1 0 0 *

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2003

of the Condition and Affairs of the

Physicians Health Plan of Southwest Michigan

NAIC Group Code..... 1334, (Current Period) (Prior Period) NAIC Company Code..... 52569 Employer's ID Number..... 38-3376063

Organized under the Laws of Michigan State of Domicile or Port of Entry Michigan Country of Domicile US

Licensed as Business Type Health Maintenance Organization

Is HMO Federally Qualified? Yes [X] No [ ]

Date Incorporated or Organized..... March 31, 2000 Date Commenced Business..... June 1, 2000

Statutory Home Office	106 Farmers Alley Suite 300 ….. Kalamazoo ..... MI ..... 49005-1100 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	106 Farmers Alley Suite 300 ….. Kalamazoo ..... MI ..... 49005-1100 *(Street and Number) (City or Town, State and Zip Code)*	269-341-7200 *(Area Code) (Telephone Number)*
Mail Address	106 Farmers Alley Suite 300 ….. Kalamazoo ..... MI ..... 49005-1100 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	106 Farmers Alley Suite 300 ….. Kalamazoo ..... MI ..... 49005-1100 *(Street and Number) (City or Town, State and Zip Code)*	269-341-7200 *(Area Code) (Telephone Number)*
Internet Website Address	www.phpiba.com	
Statutory Statement Contact	David Lee Vis *(Name)* *dvis@ibahealth.com* *(E-Mail Address)*	269-341-7311 *(Area Code) (Telephone Number) (Extension)* *269-341-6928* *(Fax Number)*
Policyowner Relations Contact	106 Farmers Alley Suite 300 ….. Kalamazoo ..... MI ..... 49005-1100 *(Street and Number) (City or Town, State and Zip Code)*	269-341-7200 *(Area Code) (Telephone Number) (Extension)*

OFFICERS

Chief Executive Officer ..... Kenneth Lee Taft Chief Financial Officer ..... David Lee Vis Secretary ..... Kenneth Lee Taft

President ..... David Ike Kibbe

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Susan Mary Ulshafer #	Kenneth Lee Taft	Owen Mark Berow M.D.	David William Burke M.D. #
Abbe Jane Siver	David Vincent Copeland	Dawn Joann Kline	Konrads Valentins Lubvas M.D
Judy Markusse Mann #			

State of..... Michigan
County of..... Kalamazoo

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.

Signature	Signature	Signature
Kenneth Lee Taft	Kenneth Lee Taft	David Lee Vis
(Printed Name)	(Printed Name)	(Printed Name)

Subscribed and sworn to before me this

.....day of ....., 2004

.....

a. Is this an original filing? Yes [ ] No [X]

b. If no: 1.State the amendment number 1

2. Date filed..... 4/19/2004

3. Number of pages attached.....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Physicians Health Plan of Southwest Michigan 2. Kalamazoo, MI

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....1334 NAIC Company Code.....52569

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	31,856	67	5,564						26,225				
2. First quarter	30,361	59	3,746						26,556				
3. Second quarter	31,095	56	3,598						27,441				
4. Third quarter	32,391	52	3,223						29,116				
5. Current year	32,761	53	2,713						29,995				
6. Current year member months	378,238	660	40,268						337,310				
Total Member Ambulatory Encounters for Year:													
7. Physician	208,062	555	33,921						173,586				
8. Non-physician	109,814	179	10,935						98,700				
9. Totals	317,876	734	44,856	0	0	0	0	0	272,286	0	0	0	0
10. Hospital patient days incurred	9,406	30	1,019						8,357				
11. Number of inpatient admissions	2,479	10	237						2,232				
12. Health premiums collected	60,223,999	232,581	10,120,278						49,871,140				
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	60,274,452	223,504	10,125,031						49,925,917				
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	52,250,704	159,337	9,737,342						42,354,025				
18. Amount incurred for provision of health care services	51,758,276	142,291	8,695,654						42,920,331				

(a) For health business on indiciated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION.....Physicians Health Plan of Southwest Michigan 2. Kalamazoo, MI

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR (Location)

NAIC Group Code.....1334 NAIC Company Code.....52569

	1	Comprehensive (Hospital & Medical) 2	3	4	5	6	7	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
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9. Totals	317,876	734	44,856	0	0	0	0	0	272,286	0	0	0	0
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(a) For health business on indiciated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

SCHEDULE Y (Continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	38-2418383	Bronson Healthcare Group, Inc.		(699,918)			1,916,549				1,216,631	
52569	38-3376063	Physicians Health Plan of Southwest Michigan		699,918			(4,202,301)	342,457			(3,159,926)	
	38-3361367	Physicians Health Plan Shared Services L.L.C.					(289,263)				(289,263)	
81450	38-2346432	IBA Health and Life Assurance Company					6,154,816	(342,457)			5,812,359	
	38-2432067	IBA Self Funded Group, Inc.					(2,880,067)				(2,880,067)	
	38-2609888	Southwest Michigan Health Network, Inc.					(699,734)				(699,734)	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0