





# QUARTERLY STATEMENT

AS OF JUNE 30, 2005  
OF THE CONDITION AND AFFAIRS OF THE

## Great Lakes Health Plan, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 95467 Employer's ID Number 38-3204052  
(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/Organized 01/11/1994 Commenced Business 10/11/1994

Statutory Home Office 17117 W. Nine Mile Rd., Southfield, MI 48075  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 17117 W. Nine Mile Rd, Suite 1600 Southfield, MI 48075 248-559-5656  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 17117 W. Nine Mile Rd, Southfield, MI 48075  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 17117 W. Nine Mile Rd, Suite 1600 Southfield, MI 48075 248-331-4284  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.glhp.com

Statutory Statement Contact Chris Scherer 248-331-4284  
(Name) (Area Code) (Telephone Number) (Extension)  
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Policyowner Relations Contact 17117 W. Nine Mile Rd, Suite 1600 Southfield, MI 48075 248-331-4284  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

### OFFICERS

| Name                    | Title            | Name                        | Title            |
|-------------------------|------------------|-----------------------------|------------------|
| <u>Chris A. Scherer</u> | <u>President</u> | <u>Robert W. Oberrender</u> | <u>Treasurer</u> |
| <u>Eric Wexler</u>      | <u>Secretary</u> |                             |                  |

### OTHER OFFICERS

|                       |                                  |                     |                                 |
|-----------------------|----------------------------------|---------------------|---------------------------------|
| <u>Tim Holt</u>       | <u>V.P. Information Services</u> | <u>Dawn Koehler</u> | <u>V.P Government Relations</u> |
| <u>Janice Prewitt</u> | <u>V. P Health Services</u>      |                     |                                 |

### DIRECTORS OR TRUSTEES

|                           |                      |                        |                          |
|---------------------------|----------------------|------------------------|--------------------------|
| <u>Deborah M. Chaskes</u> | <u>Thelma Duggin</u> | <u>G. David Shafer</u> | <u>Ernest Monfiletto</u> |
| <u>Adika Nyatiu</u>       |                      |                        |                          |

State of Michigan  
County of Oakland 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. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Chris Scherer  
President

Eric Wexler  
Secretary

Dawn Kohler  
Vice President- Government Services

Subscribed and sworn to before me this  
                     day of August, 2005

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

b. If no,  
1. State the amendment number 1  
2. Date filed 10/18/2005

3. Number of pages attached 6

STATEMENT AS OF JUNE 30, 2005 OF THE Great Lakes Health Plan, Inc.

ASSETS

|   | Current Statement Date |                         |   | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|---|------------------------|-------------------------|---|---|
|   | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds .....  | 1,000,000              |                         | 1,000,000                                 | 1,000,000   |
| 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<br>\$ ..... encumbrances) .....  |                        |                         | 0   | 0   |
| 4.2 Properties held for the production of income<br>(less \$ ..... encumbrances) .....  |                        |                         | 0   | 0   |
| 4.3 Properties held for sale (less<br>\$ ..... encumbrances) .....  |                        |                         | 0   | 0   |
| 5. Cash (\$ ..... (2,607,608) ),<br>cash equivalents (\$ ..... 0 )<br>and short-term investments (\$ ..... 49,812,865 ) .....                               | 47,205,257             |                         | 47,205,257                                | 64,661,106  |
| 6. Contract loans, (including \$ ..... premium notes)   |                        |                         | 0   | 0   |
| 7. Other invested assets .....  | 0                      | 0                       | 0   | 0   |
| 8. Receivables 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) .....  | 48,205,257             | 0                       | 48,205,257                                | 65,661,106  |
| 11. Title plants less \$ ..... charged off (for Title insurers<br>only)   |                        |                         | 0   |   |
| 12. Investment income due and accrued .....   | 91,247                 |                         | 91,247                                    | 95,307  |
| 13. Premiums and considerations:  |                        |                         |   |   |
| 13.1 Uncollected premiums and agents' balances in the course of<br>collection .....   |                        |                         | 0   | 0   |
| 13.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due (including \$ ..... earned<br>but unbilled premiums) ..... |                        |                         | 0   | 0   |
| 13.3 Accrued retrospective premiums .....   |                        |                         | 0   | 0   |
| 14. Reinsurance:  |                        |                         |   |   |
| 14.1 Amounts recoverable from reinsurers .....  | 421,821                |                         | 421,821                                   | 79,261  |
| 14.2 Funds held by or deposited with reinsured companies .....  |                        |                         | 0   | 0   |
| 14.3 Other amounts receivable under reinsurance contracts .....   |                        |                         | 0   | 0   |
| 15. Amounts receivable relating to uninsured plans .....  |                        |                         | 0   | 0   |
| 16.1 Current federal and foreign income tax recoverable and interest thereon .....  |                        |                         | 0   | 0   |
| 16.2 Net deferred tax asset .....   | 2,774,516              | 799,012                 | 1,975,504                                 | 1,975,504   |
| 17. Guaranty funds receivable or on deposit .....   |                        |                         | 0   | 0   |
| 18. Electronic data processing equipment and software .....   | 352,841                | 208,682                 | 144,159                                   | 154,751   |
| 19. Furniture and equipment, including health care delivery assets<br>(\$ ..... 0 ) .....   | 761,480                | 571,110                 | 190,370                                   | 314,678   |
| 20. Net adjustment in assets and liabilities due to foreign exchange rates .....  |                        |                         | 0   | 0   |
| 21. Receivables from parent, subsidiaries and affiliates .....  |                        |                         | 0   | 0   |
| 22. Health care (\$ ..... 6,404,917 ) and other amounts receivable .....  | 6,404,917              | 215,132                 | 6,189,785                                 | 7,157,746   |
| 23. Aggregate write-ins for other than invested assets .....  | 8,702,120              | 8,702,120               | 0   | 0   |
| 24. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 10 to 23)   | 67,714,199             | 10,496,056              | 57,218,143                                | 75,438,353  |
| 25. From Separate Accounts, Segregated Accounts and Protected<br>Cell Accounts .....  |                        |                         | 0   | 0   |
| 26. Total (Lines 24 and 25)   | 67,714,199             | 10,496,056              | 57,218,143                                | 75,438,353  |
| <b>DETAILS OF WRITE-INS</b>   |                        |                         |   |   |
| 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. JV Receivable .....   | 569,000                | 569,000                 | 0   | 0   |
| 2302. Allow for Bad Debt .....  | (395,843)              | (395,843)               | 0   | 0   |
| 2303. Other Non admit assets .....  | 8,528,963              | 8,528,963               | 0   | 0   |
| 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)  | 8,702,120              | 8,702,120               | 0   | 0   |

**LIABILITIES, CAPITAL AND SURPLUS**

|  | Current Period |                |            | Prior Year  |
|--|----------------|----------------|------------|-------------|
|  | 1<br>Covered   | 2<br>Uncovered | 3<br>Total | 4<br>Total  |
| 1. Claims unpaid (less \$ ..... reinsurance ceded)   | 16,790,374     |                | 16,790,374 | 20,766,800  |
| 2. Accrued medical incentive pool and bonus amounts  |                |                | 0          | 0           |
| 3. Unpaid claims adjustment expenses   | 400,000        |                | 400,000    | 400,000     |
| 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   | 75,050         |                | 75,050     | 1,363,622   |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized 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   | 8,207,846      |                | 8,207,846  | 12,879,462  |
| 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)  | 25,473,270     | 0              | 25,473,270 | 35,409,883  |
| 23. Aggregate write-ins for special surplus funds  | XXX            | XXX            | 0          | 0           |
| 24. Common capital stock   | XXX            | XXX            |            | 0           |
| 25. Preferred capital stock  | XXX            | XXX            |            | 0           |
| 26. Gross paid in and contributed surplus  | XXX            | XXX            | 31,763,489 | 31,763,489  |
| 27. Surplus notes  | XXX            | XXX            |            | 14,000,000  |
| 28. Aggregate write-ins for other than special surplus funds   | XXX            | XXX            | 0          | 0           |
| 29. Unassigned funds (surplus)   | XXX            | XXX            | (18,616)   | (5,735,019) |
| 30. Less treasury stock, at cost:  |                |                |            |             |
| 30.1 ..... shares common (value included in Line 24) \$ ..... )  | XXX            | XXX            |            | 0           |
| 30.2 ..... shares preferred (value included in Line 25) \$ ..... )   | XXX            | XXX            |            | 0           |
| 31. Total capital and surplus (Lines 23 to 29 minus Line 30)   | XXX            | XXX            | 31,744,873 | 40,028,470  |
| 32. Total liabilities, capital and surplus (Lines 22 and 31)   | XXX            | XXX            | 57,218,143 | 75,438,353  |
| <b>DETAILS OF WRITE-INS</b>  |                |                |            |             |
| 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           |
| 2301. ....   | XXX            | XXX            |            |             |
| 2302. ....   | XXX            | XXX            |            |             |
| 2303. ....   | XXX            | XXX            |            |             |
| 2398. Summary of remaining write-ins for Line 23 from overflow page  | XXX            | XXX            | 0          | 0           |
| 2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)  | XXX            | XXX            | 0          | 0           |
| 2801. ....   | XXX            | XXX            |            |             |
| 2802. ....   | XXX            | XXX            |            |             |
| 2803. ....   | XXX            | XXX            |            |             |
| 2898. Summary of remaining write-ins for Line 28 from overflow page  | XXX            | XXX            | 0          | 0           |
| 2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)  | XXX            | XXX            | 0          | 0           |

**STATEMENT OF REVENUE AND EXPENSES**

|  | Current Year To Date |             | Prior Year To Date |
|--|----------------------|-------------|--------------------|
|  | 1<br>Uncovered       | 2<br>Total  | 3<br>Total         |
| 1. Member Months.....  | XXX                  | 648,946     | 592,289            |
| 2. Net premium income (including ..... non-health premium income).....   | XXX                  | 124,572,882 | 99,439,272         |
| 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                  | (7,536,931) | (5,930,193)        |
| 8. Total revenues (Lines 2 to 7) .....   | XXX                  | 117,035,951 | 93,509,079         |
| <b>Hospital and Medical:</b>   |                      |             |                    |
| 9. Hospital/medical benefits .....   |                      | 68,878,629  | 58,867,294         |
| 10. Other professional services .....  |                      | 4,601,894   | 4,196,466          |
| 11. Outside referrals .....  |                      |             | 0                  |
| 12. Emergency room and out-of-area .....   |                      | 6,927,116   | 4,983,309          |
| 13. Prescription drugs .....   |                      | 15,609,809  | 13,656,463         |
| 14. Aggregate write-ins for other hospital and medical.....  | 0                    | 0           | 0                  |
| 15. Incentive pool, withhold adjustments and bonus amounts.....  |                      |             | 0                  |
| 16. Subtotal (Lines 9 to 15) .....   | 0                    | 96,017,448  | 81,703,533         |
| <b>Less:</b>   |                      |             |                    |
| 17. Net reinsurance recoveries .....   |                      | 619,569     | 192,256            |
| 18. Total hospital and medical (Lines 16 minus 17) .....   | 0                    | 95,397,879  | 81,511,277         |
| 19. Non-health claims (net).....   |                      |             | 0                  |
| 20. Claims adjustment expenses, including \$ 1,730,294 ..... cost containment expenses.....  |                      | 2,504,449   | 1,837,277          |
| 21. General administrative expenses.....   |                      | 12,534,121  | 7,990,927          |
| 22. Increase in reserves for life and accident and health contracts including<br>\$ ..... increase in reserves for life only).....         |                      |             | 0                  |
| 23. Total underwriting deductions (Lines 18 through 22) .....  | 0                    | 110,436,449 | 91,339,480         |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) .....   | XXX                  | 6,599,502   | 2,169,598          |
| 25. Net investment income earned .....   |                      | 756,833     | 134,700            |
| 26. Net realized capital gains (losses) less capital gains tax of \$ .....   |                      |             | 0                  |
| 27. Net investment gains (losses) (Lines 25 plus 26) .....   | 0                    | 756,833     | 134,700            |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered<br>\$ ..... ) (amount charged off \$ ..... )] ..... |                      |             | 0                  |
| 29. Aggregate write-ins for other income or expenses .....   | 0                    | 0           | 0                  |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus<br>27 plus 28 plus 29) .....     | XXX                  | 7,356,335   | 2,304,299          |
| 31. Federal and foreign income taxes incurred .....  | XXX                  | 2,743,544   | 2,198,395          |
| 32. Net income (loss) (Lines 30 minus 31) .....  | XXX                  | 4,612,791   | 105,904            |
| <b>DETAILS OF WRITE-INS</b>  |                      |             |                    |
| 0601. ....   | XXX                  |             |                    |
| 0602. ....   | XXX                  |             |                    |
| 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                  | 0           | 0                  |
| 0701. QAAP Assessment.....   | XXX                  | (7,536,931) | (5,930,193)        |
| 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                  | (7,536,931) | (5,930,193)        |
| 1401. ....   |                      |             | 0                  |
| 1402. ....   |                      |             | 0                  |
| 1403. ....   |                      |             | 0                  |
| 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. Rental Income.....   |                      |             | 0                  |
| 2902. ....   |                      |             | 0                  |
| 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           | 0                  |

## STATEMENT OF REVENUE AND EXPENSES (Continued)

|  | 1<br>Current Year<br>to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year |
|--|------------------------------|----------------------------|-----------------|
| <b>CAPITAL AND SURPLUS ACCOUNT:</b>  |                              |                            |                 |
| 33. Capital and surplus prior reporting year.....                                      | 40,028,468                   | 6,098,516                  | 6,098,516       |
| <b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS:</b>                                      |                              |                            |                 |
| 34. Net income or (loss) from Line 32 .....  | 4,612,791                    | 105,904                    | 6,220,299       |
| 35. Change in valuation basis of aggregate policy and claim reserves .....             |                              | 0                          | 0               |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... |                              | 0                          | 0               |
| 37. Change in net unrealized foreign exchange capital gain or (loss) .....             |                              | 0                          | 0               |
| 38. Change in net deferred income tax .....  |                              | 223,496                    | (339,788)       |
| 39. Change in nonadmitted assets .....   | 232,832                      | 11,125,120                 | 12,222,696      |
| 40. Change in unauthorized reinsurance .....   | 0                            | 0                          | 0               |
| 41. Change in treasury stock .....   |                              | 0                          | 0               |
| 42. Change in surplus notes .....  | (14,000,000)                 | 3,175,000                  | 3,175,000       |
| 43. Cumulative effect of changes in accounting principles .....                        |                              | 0                          | 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                            | 12,695,241                 | 12,651,745      |
| 45.2 Transferred to capital (Stock Dividend) .....                                     | 0                            | 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 .....                         | 870,782                      | 0                          | 0               |
| 48. Net change in capital & surplus (Lines 34 to 47) .....                             | (8,283,595)                  | 27,324,760                 | 33,929,952      |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)                      | 31,744,873                   | 33,423,277                 | 40,028,468      |
| <b>DETAILS OF WRITE-INS</b>  |                              |                            |                 |
| 4701. Audit Adjustments.....   | 870,782                      | 0                          | 0               |
| 4702. ....   |                              |                            |                 |
| 4703. ....   |                              |                            |                 |
| 4798. Summary of remaining write-ins for Line 47 from overflow page .....              | 0                            | 0                          | 0               |
| 4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)                          | 870,782                      | 0                          | 0               |

STATEMENT AS OF JUNE 30, 2005 OF THE Great Lakes Health Plan, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

|   | 1<br>Total  | Comprehensive<br>(Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees<br>Health Benefit<br>Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Stop<br>Loss | 11<br>Disability<br>Income | 12<br>Long-Term<br>Care | 13<br>Other |
|---|-------------|---------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|--------------------|----------------------------|-------------------------|-------------|
|   |             | 2<br>Individual                       | 3<br>Group |                             |                     |                     |   |                              |                            |                    |                            |                         |             |
| <b>Total Members at end of:</b>                             |             |                                       |            |                             |                     |                     |   |                              |                            |                    |                            |                         |             |
| 1. Prior Year .....   | 107,564     | .0                                    | .0         | .0                          | .0                  | .0                  | .0  | .0                           | 107,564                    | .0                 | .0                         | .0                      | .0          |
| 2 First Quarter .....                                       | 108,184     | .0                                    | .0         | .0                          | .0                  | .0                  | .0  | .0                           | 108,184                    | .0                 | .0                         | .0                      | .0          |
| 3 Second Quarter .....                                      | 108,278     |                                       |            |                             |                     |                     |   |                              | 108,278                    |                    |                            |                         |             |
| 4. Third Quarter .....                                      | .0          |                                       |            |                             |                     |                     |   |                              |                            |                    |                            |                         |             |
| 5. Current Year   | 0           |                                       |            |                             |                     |                     |   |                              |                            |                    |                            |                         |             |
| 6 Current Year Member Months                                | 648,946     |                                       |            |                             |                     |                     |   |                              | 648,946                    |                    |                            |                         |             |
| <b>Total Member Ambulatory Encounters for Period:</b>       |             |                                       |            |                             |                     |                     |   |                              |                            |                    |                            |                         |             |
| 7. Physician .....  | 259,463     |                                       |            |                             |                     |                     |   |                              | 259,463                    |                    |                            |                         |             |
| 8. Non-Physician .....                                      | 166,410     |                                       |            |                             |                     |                     |   |                              | 166,410                    |                    |                            |                         |             |
| 9. Total  | 425,873     | 0                                     | 0          | 0                           | 0                   | 0                   | 0   | 0                            | 425,873                    | 0                  | 0                          | 0                       | 0           |
| 10. Hospital Patient Days Incurred                          | 27,082      |                                       |            |                             |                     |                     |   |                              | 27,082                     |                    |                            |                         |             |
| 11. Number of Inpatient Admissions                          | 6,538       |                                       |            |                             |                     |                     |   |                              | 6,538                      |                    |                            |                         |             |
| 12. Health Premiums Written .....                           | 124,994,703 |                                       |            |                             |                     |                     |   |                              | 124,994,703                |                    |                            |                         |             |
| 13. Life Premiums Direct .....                              | .0          |                                       |            |                             |                     |                     |   |                              |                            |                    |                            |                         |             |
| 14. Property/Casualty Premiums Written .....                | .0          |                                       |            |                             |                     |                     |   |                              |                            |                    |                            |                         |             |
| 15. Health Premiums Earned .....                            | 124,572,882 |                                       |            |                             |                     |                     |   |                              | 124,572,882                |                    |                            |                         |             |
| 16. Property/Casualty Premiums Earned .....                 | .0          |                                       |            |                             |                     |                     |   |                              |                            |                    |                            |                         |             |
| 17. Amount Paid for Provision of Health Care Services ..... | 99,374,304  |                                       |            |                             |                     |                     |   |                              | 99,374,304                 |                    |                            |                         |             |
| 18. Amount Incurred for Provision of Health Care Services   | 96,017,448  |                                       |            |                             |                     |                     |   |                              | 96,017,448                 |                    |                            |                         |             |

7

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

| States, Etc.  | 1<br>Guaranty Fund<br>(Yes or No) | 2<br>Is Insurer Licensed?<br>(Yes or No) | Direct Business Only Year-to-Date    |                              |                            |   |  |  |   |
|---|-----------------------------------|--|--------------------------------------|------------------------------|----------------------------|---|--|--|---|
|   |                                   |  | 3<br>Accident and Health<br>Premiums | 4<br>Medicare<br>Title XVIII | 5<br>Medicaid<br>Title XIX | 6<br>Federal Employees<br>Health Benefit<br>Program<br>Premiums | 7<br>Life and Annuity<br>Premiums and<br>Deposit-Type<br>Contract<br>Funds | 8<br>Property/<br>Casualty<br>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                                  |                              |                            | 124,994,703   |  |  |   |
| 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. Subtotal  |                                   | XXX                                      | XXX                                  | 0                            | 0                          | 124,994,703   | 0  | 0                                      | 0 |
| 59. Reporting entity contributions for Employee Benefit Plans       |                                   | XXX                                      | XXX                                  |                              |                            |   |  |  |   |
| 60. Total (Direct Business)   |                                   | XXX                                      | (a) 1                                | 0                            | 0                          | 124,994,703   | 0  | 0                                      | 0 |
| <b>DETAILS OF WRITE-INS</b>   |                                   |  |                                      |                              |                            |   |  |  |   |
| 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.