

Amendment due State of Michigan review.



QUARTERLY STATEMENT

AS OF MARCH 31, 2005
OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, Inc.

NAIC Group Code	<u>0000</u>	NAIC Company Code	<u>52615</u>	Employer's ID Number	<u>38-3379956</u>
	(Current Period)		(Prior Period)		
Organized under the Laws of	<u>Michigan</u>		State of Domicile or Port of Entry	<u>Michigan</u>	
Country of Domicile	<u>United States of America</u>				
Licensed as business type:	Life, Accident & Health [<input checked="" type="checkbox"/>]	Property/Casualty [<input type="checkbox"/>]	Dental Service Corporation [<input type="checkbox"/>]		
	Vision Service Corporation [<input type="checkbox"/>]	Other [<input type="checkbox"/>]	Health Maintenance Organization [<input type="checkbox"/>]		
	Hospital, Medical & Dental Service or Indemnity [<input type="checkbox"/>]	Is HMO, Federally Qualified? Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]			
Incorporated/Organized	<u>10/14/1997</u>	Commenced Business	<u>08/01/1998</u>		
Statutory Home Office	<u>228 W. Washington St.</u>		<u>Marquette, MI 49855</u>		
	(Street and Number)		(City or Town, State and Zip Code)		
Main Administrative Office	<u>228 W. Washington St.</u>	<u>Marquette, MI 49855</u>	<u>906-225-7500</u>		
	(Street and Number)	(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	<u>228 W. Washington St.</u>		<u>Marquette, MI 49855</u>		
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)		
Primary Location of Books and Records	<u>228 W. Washington St.</u>	<u>Marquette, MI 49855</u>	<u>906-225-7491</u>		
	(Street and Number)	(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Internet Website Address	<u>www.uphp.com</u>				
Statutory Statement Contact	<u>Patrick N. Thomson CPA</u>		<u>906-225-7491</u>		
	(Name)		(Area Code) (Telephone Number) (Extension)		
	<u>pthomson@uphp.com</u>		<u>906-225-7690</u>		
	(E-mail Address)		(FAX Number)		
Policyowner Relations Contact	<u>228 W. Washington St.</u>	<u>Marquette, MI 49855</u>	<u>906-225-7500</u>		
	(Street and Number)	(City or Town, State and Zip Code)	(Area Code) (Telephone Number) (Extension)		

OFFICERS

Name	Title	Name	Title
<u>Dennis H. Smith</u>	<u>President</u>	<u>Greg A. Gustafson</u>	<u>Treasurer</u>
<u>William Nemacheck</u>	<u>Secretary</u>		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

<u>John Schon</u>	<u>James Bogan</u>	<u>William Nemacheck</u>	<u>Wayne Hellerstedt</u>
<u>David Hartberg</u>	<u>Robert Vairo</u>	<u>David Rencher</u>	<u>Michelle Tavernier</u>
<u>Eric Jurgensen</u>			

State of Michigan
 County of Marquette **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.

Dennis H. Smith
 President

William Nemacheck
 Secretary

Greg A. Gustafson
 Treasurer

Subscribed and sworn to before me this
14 day of July, 2005

a. Is this an original filing? Yes [] No []
 b. If no,
 1. State the amendment number 1
 2. Date filed 07/15/2005
 3. Number of pages attached 1

Tanya M. Jennings, Executive Assistant
 October 11, 2007

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - 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	53,904		12,399,361			
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	53,904	0	12,399,361	0	0	0
59. Reporting entity contributions for Employee Benefit Plans		XXX	XXX						
60. Total (Direct Business)		XXX	(a) 1	53,904	0	12,399,361	0	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.