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HEALTH QUARTERLY STATEMENT

As of September 30, 2006

of the Condition and Affairs of the

Physicians Health Plan of Southwest Michigan

NAIC Group Code.....1334, 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 [ ]

Incorporated/Organized..... March 31, 2000 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.ibahealthplans.com	
Statutory Statement Contact	Joanne Wince *(Name)*	269-341-7289 *(Area Code) (Telephone Number) (Extension)*
	joanne_wince@uhc.com *(E-Mail Address)*	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

Name	Title	Name	Title
1. Kenneth Lee Taft	Chief Executive Officer	2. Kenneth Lee Taft	Secretary
3. Mary Michelle Meitz	Chief Financial Officer	4.	

OTHER

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. 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.

(Signature)	(Signature)	(Signature)
Kenneth Lee Taft	Kenneth Lee Taft	Mary Michelle Meitz
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chief Executive Officer	Secretary	Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____

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

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

2. Date filed _____

3. Number of pages attached _____

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	5,182,065	0	5,182,065	5,016,254
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less $.....0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less $.....0 encumbrances)	0	0	0	0
5. Cash ($.....(1,060,821)), cash equivalents ($.....0) and short-term investments ($.....7,909,660)	6,848,839	0	6,848,839	11,135,622
6. Contract loans (including $.....0 premium notes)	0	0	0	0
7. Other invested assets	0	0	0	267,831
8. Receivables for securities	0	0	0	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	12,030,904	0	12,030,904	16,419,707
11. Title Plants less $.....0 charged off (for Title insurers only)	0	0	0	0
12. Investment income due and accrued	42,661	0	42,661	42,297
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	(60,885)	0	(60,885)	65,908
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)	0	0	0	0
13.3 Accrued retrospective premiums	0	0	0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	155,314	0	155,314	0
14.2 Funds held by or deposited with reinsured companies	0	0	0	0
14.3 Other amounts receivable under reinsurance contracts	0	0	0	0
15. Amounts receivable relating to uninsured plans	0	0	0	0
16.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
16.2 Net deferred tax asset	0	0	0	0
17. Guaranty funds receivable or on deposit	0	0	0	0
18. Electronic data processing equipment and software	0	0	0	0
19. Furniture and equipment, including health care delivery assets ($.....0)	0	0	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
21. Receivables from parent, subsidiaries and affiliates	0	0	0	0
22. Health care ($.....1,098,191) and other amounts receivable	1,098,191	0	1,098,191	1,502,140
23. Aggregate write-ins for other than invested assets	0	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23)	13,266,185	0	13,266,185	18,030,052
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
26. TOTALS (Lines 24 and 25)	13,266,185	0	13,266,185	18,030,052

DETAILS OF WRITE-INS

0901.	0	0	0	0
0902.	0	0	0	0
0903.	0	0	0	0
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.	0	0	0	0
2302.	0	0	0	0
2303.	0	0	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)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $.....82,370 reinsurance ceded)	2,197,244	180,725	2,377,969	5,568,727
2. Accrued medical incentive pool and bonus amounts	33,740	0	33,740	213,530
3. Unpaid claims adjustment expenses	114,154	0	114,154	157,592
4. Aggregate health policy reserves	0	0	0	0
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	48,849	0	48,849	14,666
9. General expenses due or accrued	243,807	0	243,807	336,583
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	0	0	0	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	6,592	0	6,592	24,427
13. Remittances and items not allocated	0	0	0	0
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	0	0	0	170,307
16. Payable for securities	0	0	0	0
17. Funds held under reinsurance treaties with ($.....0 authorized reinsurers and $.....0 unauthorized reinsurers)	0	0	0	0
18. Reinsurance in unauthorized companies	0	0	0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
20. Liability for amounts held under uninsured plans	0	0	0	0
21. Aggregate write-ins for other liabilities (including $.....619,755 current)	619,755	0	619,755	946,325
22. Total liabilities (Lines 1 to 21)	3,264,141	180,725	3,444,866	7,432,157
23. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
24. Common capital stock	XXX	XXX	450	450
25. Preferred capital stock	XXX	XXX	0	0
26. Gross paid in and contributed surplus	XXX	XXX	10,454,747	10,931,918
27. Surplus notes	XXX	XXX	0	0
28. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29. Unassigned funds (surplus)	XXX	XXX	(633,878)	(334,473)
30. Less treasury stock, at cost:				
30.1 .....0.000 shares common (value included in Line 24 $.....0)	XXX	XXX	0	0
30.2 .....0.000 shares preferred (value included in Line 25 $.....0)	XXX	XXX	0	0
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	9,821,319	10,597,895
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	13,266,185	18,030,052

DETAILS OF WRITE-INS

2101. QAAP State Assessment	619,755	0	619,755	946,325
2102.	0	0	0	0
2103.	0	0	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)	619,755	0	619,755	946,325
2301.			0	0
2302.			0	0
2303.			0	0
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.			0	0
2802.			0	0
2803.			0	0
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 Uncovered	2 Total	3 Total
1. Member months	XXX	263,465	307,583
2. Net premium income (including $.....0 non-health premium income)	XXX	40,694,693	47,780,115
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4. Fee-for-service (net of $.....0 medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	(2,311,415)	(2,944,251)
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	38,383,278	44,835,864
Hospital and Medical:			
9. Hospital/medical benefits	1,460,279	19,214,203	21,650,333
10. Other professional services	279,074	3,672,021	3,431,599
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	199,914	2,630,446	4,028,441
13. Prescription drugs	539,730	7,101,707	8,533,797
14. Aggregate write-ins for other hospital and medical	28,445	374,272	296,081
15. Incentive pool, withhold adjustments and bonus amounts	0	698,553	441,768
16. Subtotal (Lines 9 to 15)	2,507,442	33,691,202	38,382,019
Less:			
17. Net reinsurance recoveries	0	(154,680)	201,286
18. Total hospital and medical (Lines 16 minus 17)	2,507,442	33,845,882	38,180,733
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including $.....41,181 cost containment expenses	0	1,782,734	2,311,500
21. General administrative expenses	0	3,807,525	4,673,993
22. Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)	0	0	0
23. Total underwriting deductions (Lines 18 through 22)	2,507,442	39,436,141	45,166,226
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,052,863)	(330,362)
25. Net investment income earned	0	547,576	342,834
26. Net realized capital gains (losses) less capital gains tax of $.....0	0	2,895	(8,060)
27. Net investment gains or (losses) (Lines 25 plus 26)	0	550,471	334,774
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]	0	0	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 27 plus 28 plus 29)	XXX	(502,392)	4,412
31. Federal and foreign income taxes incurred	XXX	0	0
32. Net income (loss) (Lines 30 minus 31)	XXX	(502,392)	4,412

DETAILS OF WRITE-INS

0601. QAAP Tax	XXX	(2,508,490)	(2,944,251)
0602. Quality Assurance Revenue	XXX	197,075	0
0603.	XXX	0	0
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	(2,311,415)	(2,944,251)
0701.	XXX	0	0
0702.	XXX	0	0
0703.	XXX	0	0
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. Other Medical Costs	28,445	374,272	296,081
1402.	0	0	0
1403.	0	0	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)	28,445	374,272	296,081
2901.	0	0	0
2902.	0	0	0
2903.	0	0	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)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year
33. Capital and surplus prior reporting year	10,597,895	7,269,677	7,269,677
34. Net income or (loss) from Line 32	(502,392)	4,412	3,369,636
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of $.....0	(12,163)	(74,013)	(60,544)
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	0
39. Change in nonadmitted assets	215,150	40,321	19,126
40. Change in unauthorized reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles	0	0	0
44. Capital changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	(477,171)	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(776,576)	(29,280)	3,328,218
49. Capital and surplus end of reporting period (Line 33 plus 48)	9,821,319	7,240,397	10,597,895

DETAILS OF WRITE-INS

4701.	0	0	0
4702.	0	0	0
4703.	0	0	0
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)	0	0	0

CASH FLOW

		1 Current Year to Date	2 Prior Year Ended December 31
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	40,855,669	63,829,654
2.	Net investment income	543,199	463,881
3.	Miscellaneous income	(2,637,985)	(1,264,325)
4.	Total (Lines 1 through 3)	38,760,883	63,029,210
5.	Benefit and loss related payments	39,197,916	53,368,994
6.	Net transfers to Separate, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	3,900,301	6,276,207
8.	Dividends paid to policyholders	0	0
9.	Federal and foreign income taxes paid (recovered) $.....0 net tax on capital gains (losses)	0	0
10.	Total (Lines 5 through 9)	43,098,217	59,645,201
11.	Net cash from operations (Line 4 minus Line 10)	(4,337,334)	3,384,009
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	1,605,836	716,589
	12.2 Stocks	0	0
	12.3 Mortgage loans	0	0
	12.4 Real estate	0	0
	12.5 Other invested assets	477,171	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
	12.7 Miscellaneous proceeds	(205,456)	(83,834)
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,877,551	632,755
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	1,768,623	806,613
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	340,000
	13.6 Miscellaneous applications	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	1,768,623	1,146,613
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	108,928	(513,857)
	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	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	477,171	0
	16.6 Other cash provided (applied)	418,794	447,580
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(58,377)	447,580
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(4,286,783)	3,317,732
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	11,135,622	7,817,889
	19.2 End of period (Line 18 plus Line 19.1)	6,848,839	11,135,622

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 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	34,272	27	707	0	0	0	0	0	33,538	0	0	0	0
2. First Quarter	34,290	26	323	0	0	0	0	0	33,941	0	0	0	0
3. Second Quarter	33,543	26	309	0	0	0	0	0	33,208	0	0	0	0
4. Third Quarter	277	24	253	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	263,465	231	3,149	0	0	0	0	0	260,085	0	0	0	0
Total Member Ambulatory Encounters for Period:													
7. Physician	197,449	338	4,604	0	0	0	0	0	192,507	0	0	0	0
8. Non-Physician	70,438	62	849	0	0	0	0	0	69,527	0	0	0	0
9. Total	267,887	400	5,453	0	0	0	0	0	262,034	0	0	0	0
10. Hospital Patient Days Incurred	6,316	10	68	0	0	0	0	0	6,238	0	0	0	0
11. Number of Inpatient Admissions	1,801	3	16	0	0	0	0	0	1,782	0	0	0	0
12. Health Premiums Written	40,995,743	100,547	1,197,217	0	0	0	0	0	39,697,979	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	40,995,743	100,547	1,197,217	0	0	0	0	0	39,697,979	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	35,559,609	73,779	1,006,445	0	0	0	0	0	34,479,385	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	33,691,204	70,658	963,859	0	0	0	0	0	32,656,687	0	0	0	0

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0299999. Aggregate Accounts Not Individually Listed-Uncovered	89,097	4,938	(17)	(30)	(589)	93,399
0399999. Aggregate Accounts Not Individually Listed-Covered	1,083,233	60,037	(202)	(368)	(7,162)	1,135,538
0499999. Subtotals	1,172,330	64,975	(219)	(398)	(7,751)	1,228,937
0599999. Unreported Claims and Other Claim Reserves						931,184
0699999. Total Amounts Withheld						300,219
0799999. Total Claims Unpaid						2,460,340
0899999. Accrued Medical Incentive Pool and Bonus Amounts						33,740

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	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	225,486	904,716	1,464	198,589	226,950	451,420
2. Medicare Supplement	0	0	0	0	0	0
3. Dental only	0	0	0	0	0	0
4. Vision only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan Premiums	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	3,894,060	30,909,876	164,648	2,013,269	4,058,708	5,117,305
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	4,119,546	31,814,592	166,112	2,211,858	4,285,658	5,568,725
10. Healthcare receivables (a)	21,367	1,076,825	0	0	21,367	1,502,140
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	302,263	576,080	0	33,740	302,263	213,530
13. Totals	4,400,442	31,313,847	166,112	2,245,598	4,566,554	4,280,115

(a) Excludes $.....0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

No significant change.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

No significant change.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

No significant change.

Note 11 - Debt

No significant change.

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

No significant change.

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

No significant change.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

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

No significant change.

Note 20 - September 11 Events

No significant change.

Note 21 - Other Items

No significant change.

Note 22 - Events Subsequent

On May 1, 2006, the Company entered into an Asset Purchase Agreement (the "Agreement") with Great Lakes Health Plan, Inc. to transfer its Medicaid members through the assignment of its contract with the Michigan Department of Community Health. The transaction is effective as of the closing date of the Agreement, September 1, 2006.

Notice has been provided to OFIS and the commercial members that it is the intent of the Company to exit the commercial market by December 1, 2006.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

No significant change.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

No significant change.

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

NOTES TO FINANCIAL STATEMENTS

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 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 [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

2.1 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 [X]

2.2 If yes, date of change: .....

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]
If yes, complete the Schedule Y-Part 1 - Organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

4.2 If yes, provide 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
	00000	

5. 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 [X] N/A [ ]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2004.....

6.2 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. 12/31/2004.....

6.3 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). 06/27/2006.....

6.4 By what department or departments?

Michigan Office of Financial & Insurance Services (OFIS)

7.1 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? Yes [ ] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If the response to 8.3 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

FINANCIAL

9.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

9.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. $.....0

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: $.....0

13. Amount of real estate and mortgages held in short-term investments: $.....0

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

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Statement Value
14.21 Bonds	$ 0	$ 0
14.22 Preferred Stock	$ 0	$ 0
14.23 Common Stock	$ 0	$ 0
14.24 Short-Term Investments	$ 0	$ 0
14.25 Mortgages, Loans or Real Estate	$ 0	$ 0
14.26 All Other	$ 267,831	$ 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 267,831	$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	$ 0	$ 0

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
Bank One Investment Advisors	611 Woodard Ave., Detroit, MI 48226

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, broker/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
Bank One Investment Advisors	Craig Haynes	611 Woodard Ave., Detroit, MI 48226

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No [ ]

17.2 If no, list exceptions: _____

SCHEDULE A - VERIFICATION

Real Estate

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Increase (decrease) by adjustment	0	0
3. Cost of acquired	0	0
4. Cost of additions to and permanent improvements	0	0
5. Total profit (loss) on sales	0	0
6. Increase (decrease) by foreign exchange adjustment	0	0
7. Amount received on sales	0	0
8. Book/adjusted carrying value at end of current period	0	0
9. Total valuation allowance	0	0
10. Subtotal (Lines 8 plus 9)	0	0
11. Total nonadmitted amounts	0	0
12. Statement value, current period (Page 2, real estate lines, net admitted assets column)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year	0	0
2. Amount loaned during period:		
2.1 Actual cost at time of acquisitions	0	0
2.2 Additional investment made after acquisitions	0	0
3. Accrual of discount and mortgage interest points and commitment fees	0	0
4. Increase (decrease) by adjustment	0	0
5. Total profit (loss) on sale	0	0
6. Amounts paid on account or in full during the period	0	0
7. Amortization of premium	0	0
8. Increase (decrease) by foreign exchange adjustment	0	0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0	0
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts	0	0
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, net admitted assets column)	0	0

SCHEDULE BA - VERIFICATION

Other Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	482,555	203,099
2. Cost of acquisitions during period:		
2.1 Actual cost at time of acquisitions	0	0
2.2 Additional investment made after acquisitions	0	340,000
3. Accrual of discount	0	0
4. Increase (decrease) by adjustment	(12,163)	(60,544)
5. Total profit (loss) on sale	6,779	0
6. Amounts paid on account or in full during the period	477,171	0
7. Amortization of premium	0	0
8. Increase (decrease) by foreign exchange adjustment	0	0
9. Book adjusted/carrying value of long-term invested assets at end of current period	0	482,555
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	0	482,555
12. Total nonadmitted amounts	0	214,724
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	0	267,831

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	5,016,254	4,932,212
2. Cost of bonds and stocks acquired	1,768,623	806,613
3. Accrual of discount	10,836	7,953
4. Increase (decrease) by adjustment	0	0
5. Increase (decrease) by foreign exchange adjustment	0	0
6. Total profit (loss) on disposal	(3,884)	(8,060)
7. Consideration for bonds and stocks disposed of	1,605,836	716,589
8. Amortization of premium	3,928	5,874
9. Book/adjusted carrying value, current period	5,182,065	5,016,254
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	5,182,065	5,016,254
12. Total nonadmitted amounts	0	0
13. Statement value	5,182,065	5,016,254

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	16,359,932	17,433,059	20,705,334	4,068	17,292,649	16,359,932	13,091,725	17,350,155
2. Class 2	0	0	0	0	0	0	0	0
3. Class 3	0	0	0	0	0	0	0	0
4. Class 4	0	0	0	0	0	0	0	0
5. Class 5	0	0	0	0	0	0	0	0
6. Class 6	0	0	0	0	0	0	0	0
7. Total Bonds	16,359,932	17,433,059	20,705,334	4,068	17,292,649	16,359,932	13,091,725	17,350,155
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	16,359,932	17,433,059	20,705,334	4,068	17,292,649	16,359,932	13,091,725	17,350,155

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
8299999. Totals	7,909,660	XXX	7,909,660	396,674	0

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	12,333,900	8,636,077
2. Cost of short-term investments acquired	51,272,913	66,302,219
3. Increase (decrease) by adjustment	0	0
4. Increase (decrease) by foreign exchange adjustment	0	0
5. Total profit (loss) on disposal of short-term investments	0	0
6. Consideration received on disposal of short-term investments	55,697,154	62,604,396
7. Book/adjusted carrying value, current period	7,909,660	12,333,900
8. Total valuation allowance	0	0
9. Subtotal (Lines 7 plus 8)	7,909,660	12,333,900
10. Total nonadmitted amounts	0	0
11. Statement value (Lines 9 minus 10)	7,909,660	12,333,900
12. Income collected during period	396,674	362,083
13. Income earned during period	396,674	362,083

SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
					Derivative Instruments Open		Cash Instrument(s) Held				
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description

NONE

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory	0	0	0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions	0	0	0	0	0	0	0	0	0	0
3. Add: Increases in Replicated Asset Statement Value	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0
4. Less: Closed or Disposed of Transactions	0	0	0	0	0	0	0	0	0	0
5. Less: Positions Disposed of for Failing Effectiveness Criteria	0	0	0	0	0	0	0	0	0	0
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0
7. Ending inventory	0	0	0	0	0	0	0	0	0	0

NONE

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Location	5 Is Insurer Authorized? (YES or NO)

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	2	Direct Business Only Year to Date					
				3	4	5	6	7	8
	State, Etc.	Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Deposit-Type Contract Funds	Property/Casualty Premiums
1.	Alabama AL	NO	NO	0	0	0	0	0	0
2.	Alaska AK	NO	NO	0	0	0	0	0	0
3.	Arizona AZ	NO	NO	0	0	0	0	0	0
4.	Arkansas AR	NO	NO	0	0	0	0	0	0
5.	California CA	NO	NO	0	0	0	0	0	0
6.	Colorado CO	NO	NO	0	0	0	0	0	0
7.	Connecticut CT	NO	NO	0	0	0	0	0	0
8.	Delaware DE	NO	NO	0	0	0	0	0	0
9.	District of Columbia DC	NO	NO	0	0	0	0	0	0
10.	Florida FL	NO	NO	0	0	0	0	0	0
11.	Georgia GA	NO	NO	0	0	0	0	0	0
12.	Hawaii HI	NO	NO	0	0	0	0	0	0
13.	Idaho ID	NO	NO	0	0	0	0	0	0
14.	Illinois IL	NO	NO	0	0	0	0	0	0
15.	Indiana IN	NO	NO	0	0	0	0	0	0
16.	Iowa IA	NO	NO	0	0	0	0	0	0
17.	Kansas KS	NO	NO	0	0	0	0	0	0
18.	Kentucky KY	NO	NO	0	0	0	0	0	0
19.	Louisiana LA	NO	NO	0	0	0	0	0	0
20.	Maine ME	NO	NO	0	0	0	0	0	0
21.	Maryland MD	NO	NO	0	0	0	0	0	0
22.	Massachusetts MA	NO	NO	0	0	0	0	0	0
23.	Michigan MI	NO	YES	1,297,764	0	39,697,979	0	0	0
24.	Minnesota MN	NO	NO	0	0	0	0	0	0
25.	Mississippi MS	NO	NO	0	0	0	0	0	0
26.	Missouri MO	NO	NO	0	0	0	0	0	0
27.	Montana MT	NO	NO	0	0	0	0	0	0
28.	Nebraska NE	NO	NO	0	0	0	0	0	0
29.	Nevada NV	NO	NO	0	0	0	0	0	0
30.	New Hampshire NH	NO	NO	0	0	0	0	0	0
31.	New Jersey NJ	NO	NO	0	0	0	0	0	0
32.	New Mexico NM	NO	NO	0	0	0	0	0	0
33.	New York NY	NO	NO	0	0	0	0	0	0
34.	North Carolina NC	NO	NO	0	0	0	0	0	0
35.	North Dakota ND	NO	NO	0	0	0	0	0	0
36.	Ohio OH	NO	NO	0	0	0	0	0	0
37.	Oklahoma OK	NO	NO	0	0	0	0	0	0
38.	Oregon OR	NO	NO	0	0	0	0	0	0
39.	Pennsylvania PA	NO	NO	0	0	0	0	0	0
40.	Rhode Island RI	NO	NO	0	0	0	0	0	0
41.	South Carolina SC	NO	NO	0	0	0	0	0	0
42.	South Dakota SD	NO	NO	0	0	0	0	0	0
43.	Tennessee TN	NO	NO	0	0	0	0	0	0
44.	Texas TX	NO	NO	0	0	0	0	0	0
45.	Utah UT	NO	NO	0	0	0	0	0	0
46.	Vermont VT	NO	NO	0	0	0	0	0	0
47.	Virginia VA	NO	NO	0	0	0	0	0	0
48.	Washington WA	NO	NO	0	0	0	0	0	0
49.	West Virginia WV	NO	NO	0	0	0	0	0	0
50.	Wisconsin WI	NO	NO	0	0	0	0	0	0
51.	Wyoming WY	NO	NO	0	0	0	0	0	0
52.	American Samoa AS	NO	NO	0	0	0	0	0	0
53.	Guam GU	NO	NO	0	0	0	0	0	0
54.	Puerto Rico PR	NO	NO	0	0	0	0	0	0
55.	U.S. Virgin Islands VI	NO	NO	0	0	0	0	0	0
56.	Northern Mariana Islands MP	NO	NO	0	0	0	0	0	0
57.	Canada CN	NO	NO	0	0	0	0	0	0
58.	Aggregate Other alien OT	XXX	XXX	0	0	0	0	0	0
59.	Subtotal	XXX	XXX	1,297,764	0	39,697,979	0	0	0
60.	Reporting entity contributions for Employee Benefit Plans	XXX	XXX	0	0	0	0	0	0
61.	Total (Direct Business)	XXX	(a) 1	1,297,764	0	39,697,979	0	0	0

DETAILS OF WRITE-INS

5801.	0	0	0	0	0	0	0
5802.	0	0	0	0	0	0	0
5803.	0	0	0	0	0	0	0
5898. Summary of remaining write-ins for line 58 from overflow page	0	0	0	0	0	0	0
5899. Total (Lines 5801 thru 5803 plus 5898) (Line 58 above)	0	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

NAME	DOMICILE	% OWNED	FEIN	NAIC CO CODE
Bronson Healthcare Group, Inc.	MI	100	38-2418383	
Bronson Methodist Hospital	MI	100	38-1359087	
Bronson Vicksburg Hospital	MI	100	38-2610349	
Bronson Properties Corporation	MI	100	38-6052573	
Bronson Health Foundation	MI	100	38-2415081	
Child Care Plus, Inc.	MI	100	38-2767444	
Kalamazoo County Safe Kids Coalition	MI	100	38-3283257	
Hospital Network, Inc.	MI	71.5	38-2625715	
Van Buren Emergency Medical Services, Inc.	MI	50	38-2745910	
Allegan Emergency Medical Services, Inc.	MI	50	38-2893665	
Van Buren Healthcare Services Corporation	MI	50	38-3027386	
West Michigan Air Care, Inc.	MI	50	38-3067256	
West Michigan Cancer Center	MI	50	38-3061574	
Michigan Health Partners	MI	100	38-3252721	
Michigan HealthLink	MI	50	38-3145044	
First Health Development Corporation	MI	50	38-2787945	
Physicians Health Plan of Southwest Michigan	MI	100	38-3376063	52569
Bronson Management Services Corporation	MI	100	38-2415032	
Bronson Practice Management, Inc.	MI	100	38-2511179	
Bronson Physician Services, Inc	MI	100	38-2756971	
Bronson Staffing Services, Inc.	MI	100	38-3277697	
Bronson Lifestyle Improvement & Research Center	MI	100	38-3552556	

Overflow Page for Write-Ins

NONE

SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED During the Current Quarter

1	Location		4	5	6	7	8	9
	2	3						
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Expended for Additions and Permanent Improvements

NONE

E01

SCHEDULE A - PART 3

Showing all Real Estate SOLD During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1	Location		4	5	6	7	8	9	10	11	12	13	14	15	16
	2	3													
Description of Property	City	State	Disposal Date	Name of Purchaser	Actual Cost	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Expended for Additions, Permanent Improvements and Changes in Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Amounts Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs, and Expenses Incurred

NONE

SCHEDULE B - PART 1

Showing all Mortgage Loans ACQUIRED During the Current Quarter

1	Location		4	5	6	7	8	9	10	11	12
	2	3									
Loan Number	City	State	Loan Type	Actual Cost	Date Acquired	Rate of Interest	Book Value/Recorded Investment Excluding Accrued Interest	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Value of Land and Buildings	Date of Last Appraisal or Valuation

NONE

SCHEDULE B - PART 2

Showing all Mortgage Loans SOLD, Transferred or Paid in Full During the Current Quarter

1	Location		4	5	6	7	8	9	10	11	12	13
	2	3										
Loan Number	City	State	Loan Type	Date Acquired	Book Value/ Recorded Investment Excluding Accrued Interest Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Book Value/ Recorded Investment Excluding Accrued Interest at Disposition	Consideration Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale

NONE

SCHEDULE BA - PART 1

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

1	2	Location		5	6	7	8	9	10	11	12	13	14	15	16
		3	4												
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	NAIC Desig-nation	Date Originally Acquired	Type and Strategy	Actual Cost	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Fair Value	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Commitment for Additional Investment	Percentage of Ownership

NONE

E03

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets SOLD, Transferred or Paid in Full During the Current Quarter

1	2	Location		5	6	7	8	9	10	11	12	13	14	15
		3	4											
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Consideration Received	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income

NONE

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 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Government									
912827 7L 0	US TREASURY NOTES		08/15/2006	BARCLAYS CAPITAL INC FIXED INC		39,923	40,000	0	1
912828 BH 2	US TREASURY NOTES		08/15/2006	BONY/COUNTRYWIDE SEC CORP		91,137	95,000	0	1
912827 5Z 1	US TREASURY NOTES		08/15/2006	BANK OF AMERICA SECURITIES LLC		41,994	40,000	0	1
3134A4 ZT 4	FHLMC		09/28/2006	BANK OF AMERICA SECURITIES LLC		19,779	20,000	182	1
912828 EW 6	US TREASURY NOTES		09/28/2006	BNP PARIBAS SECURITIES BOND		24,896	25,000	135	1
0399999.	Total - Bonds - U.S. Government					217,730	220,000	317	XXX
6099997.	Total - Bonds - Part 3					217,730	220,000	317	XXX
6099999.	Total - Bonds					217,730	220,000	317	XXX
7499999.	Total - Bonds, Preferred and Common Stocks					217,730	XXX	317	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues: 0.

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	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value At Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government																					
912828 BF 6	US TREASURY NOTES		.08/15/2006	BANK ONE		150,000	150,000	149,123	149,826	0	174	0	174	0	150,000	0	0	0	4,008	08/15/2006	1
0399999.	Total - Bonds - U.S. Government					150,000	150,000	149,123	149,826	0	174	0	174	0	150,000	0	0	0	4,008	XXX	XXX
6099997.	Total - Bonds - Part 4					150,000	150,000	149,123	149,826	0	174	0	174	0	150,000	0	0	0	4,008	XXX	XXX
6099999.	Total - Bonds					150,000	150,000	149,123	149,826	0	174	0	174	0	150,000	0	0	0	4,008	XXX	XXX
7499999.	Total - Bonds, Preferred and Common Stocks					150,000	XXX	149,123	149,826	0	174	0	174	0	150,000	0	0	0	4,008	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues: 0.

SCHEDULE DB - PART A - SECTION 1

Showing All Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Acquisition	6 Exchange or Counterparty	7 Cost/ Option Premium	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART B - SECTION 1

Showing All Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Issuance/ Purchase	6 Exchange or Counterparty	7 Consideration Received	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis	14 Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART C - SECTION 1

Showing All Collar, Swap and Forwards Open at Current Statement Date

1 Description	2 Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index Rec (Pay)	5 Date of Opening Position or Agreement	6 Exchange or Counterparty	7 Cost or (Consideration Received)	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income	15 Potential Exposure

NONE

SCHEDULE DB - PART D - SECTION 1

Showing All Futures Contracts and Insurance Futures Contracts at Current Statement Date

1	2	3	4	5	6	7	8	9	Variation Margin Information			13
									10	11	12	
Description	Number of Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Date of Opening Position	Exchange or Counterparty	Cash Deposit	Recognized	Used to Adjust Basis of Hedged Item	Deferred	Potential Exposure

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories									
The Chase Manhattan Bank	New York, New York		0.000	0	0	(2,224,360)	(1,585,133)	(1,114,111)	XXX
Comerica Bank Detroit	Detroit, Michigan		0.000	0	0	9,659	80,978	53,094	XXX
National City Bank of Michigan	Royal Oak, Michigan		0.000	0	0	1,671	385	197	XXX
0199999. Total Open Depositories		XXX	XXX	0	0	(2,213,030)	(1,503,770)	(1,060,821)	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	(2,213,030)	(1,503,770)	(1,060,821)	XXX
0599999. Total Cash		XXX	XXX	0	0	(2,213,030)	(1,503,770)	(1,060,821)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned at End of Current Quarter

1 CUSIP Identification	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Gross Investment Income

NONE