



**QUARTERLY STATEMENT**  
**AS OF June 30, 2007**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**TOTAL HEALTH CARE USA, INC.**

NAIC Group Code 1238 , 1238 NAIC Company Code 12326 Employer's ID Number 38-3240485  
(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[ ] Hospital, Medical & Dental Service or Indemnity[ ]  
 Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]  
 Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 02/18/1994 Commenced Business 02/18/1994

Statutory Home Office 3011 W. GRAND BLVD., SUITE 1600 , DETROIT, MI 48202  
(Street and Number) (City, or Town, State and Zip Code)

Main Administrative Office 3011 W. GRAND BLVD., SUITE 1600  
(Street and Number)

DETROIT, MI 48202 (313)871-2000  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 3011 W. GRAND BLVD., SUITE 1600 , DETROIT, MI 48202  
(Street and Number or P.O. Box) (City, or Town, State and Zip Code)

Primary Location of Books and Records 3011 W. GRAND BLVD., SUITE 1600  
(Street and Number)

DETROIT, MI 48202 (313)871-2000  
(City, or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address TOTALHEALTHCAREONLINE.COM

Statutory Statement Contact BRIAN J EFRUSY, CFO (313)871-7879  
(Name) (Area Code)(Telephone Number)(Extension)  
BEFRUSY@THC-ONLINE.COM (313)871-7406  
(E-Mail Address) (Fax Number)

Policyowner Relations Contact 3011 W. GRAND BLVD., SUITE 1600  
(Street and Number)

DETROIT, MI 48202 (313)871-2000  
(City, or Town, State and Zip Code) (Area Code) (Telephone Number)(Extension)

**OFFICERS**

Name	Title
LYLE EDWARD ALGATE	EXECUTIVE DIRECTOR
KATHY KATHER	SECRETARY
RUBY COLE	TREASURER
ROBYN JAMES ARRINGTON JR., M.D.	MEDICAL DIRECTOR

**OTHERS**

**DIRECTORS OR TRUSTEES**

FRANCES LYNCH	KATHY KATHER
RUBY COLE	

State of Michigan  
 County of WAYNE ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the 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) LYLE EDWARD ALGATE _____ (Printed Name) 1. EXECUTIVE DIRECTOR _____ (Title)	_____ (Signature) KATHY KATHER _____ (Printed Name) 2. SECRETARY _____ (Title)	_____ (Signature) RUBY COLE _____ (Printed Name) 3. TREASURER _____ (Title)
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2007

- a. Is this an original filing?  
 b. If no, 1. State the amendment number  
 2. Date filed  
 3. Number of pages attached

Yes[X] No[ ]

\_\_\_\_\_  
 (Notary Public Signature)

**ASSETS**

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	435,000		435,000	435,000
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....4,492,399), cash equivalents (\$.....0) and short-term investments (\$.....5,322,365) .....	9,814,764		9,814,764	6,591,293
6. Contract loans (including \$.....0 premium notes) .....				
7. Other invested assets .....				
8. Receivables for securities .....				
9. Aggregate write-ins for invested assets .....				
10. Subtotals, cash and invested assets (Lines 1 to 9) .....	10,249,764		10,249,764	7,026,293
11. Title plants less \$.....0 charged off (for Title insurers only) .....				
12. Investment income due and accrued .....	9,601		9,601	11,585
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection .....	1,100,299	70,537	1,029,762	1,075,215
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
13.3 Accrued retrospective premiums .....				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers .....				
14.2 Funds held by or deposited with reinsured companies .....				
14.3 Other amounts receivable under reinsurance contracts .....				
15. Amounts receivable relating to uninsured plans .....				
16.1 Current federal and foreign income tax recoverable and interest thereon .....				
16.2 Net deferred tax asset .....				
17. Guaranty funds receivable or on deposit .....				
18. Electronic data processing equipment and software .....				
19. Furniture and equipment, including health care delivery assets (\$.....0) .....				
20. Net adjustments in assets and liabilities due to foreign exchange rates .....				
21. Receivables from parent, subsidiaries and affiliates .....				146,236
22. Health care (\$.....192,825) and other amounts receivable .....	272,825	80,000	192,825	128,944
23. Aggregate write-ins for other than invested assets .....	52		52	
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) .....	11,632,541	150,537	11,482,004	8,388,273
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
26. Total (Lines 24 and 25) .....	11,632,541	150,537	11,482,004	8,388,273
<b>DETAILS OF WRITE-INS</b>				
0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....				
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....				
2301. Other Receivable .....	52		52	
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	52		52	

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	4,916,044		4,916,044	3,180,523
2. Accrued medical incentive pool and bonus amounts .....	256,626		256,626	213,001
3. Unpaid claims adjustment expenses .....	110,493		110,493	71,545
4. Aggregate health policy reserves .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	610,741		610,741	657,178
9. General expenses due or accrued .....				
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....				
16. Payable for securities .....				
17. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers) .....				
18. Reinsurance in unauthorized companies .....				
19. Net adjustments in assets and liabilities due to foreign exchange rates .....				
20. Liability for amounts held under uninsured plans .....				
21. Aggregate write-ins for other liabilities (including \$.....0 current) .....	72,591		72,591	65,207
22. Total liabilities (Lines 1 to 21) .....	5,966,495		5,966,495	4,187,454
23. Aggregate write-ins for special surplus funds .....	X X X	X X X		
24. Common capital stock .....	X X X	X X X		
25. Preferred capital stock .....	X X X	X X X		
26. Gross paid in and contributed surplus .....	X X X	X X X		
27. Surplus notes .....	X X X	X X X		
28. Aggregate write-ins for other than special surplus funds .....	X X X	X X X		
29. Unassigned funds (surplus) .....	X X X	X X X	5,515,509	4,200,819
30. Less treasury stock, at cost:				
30.1 .....0 shares common (value included in Line 24 \$.....0) .....	X X X	X X X		
30.2 .....0 shares preferred (value included in Line 25 \$.....0) .....	X X X	X X X		
31. Total capital and surplus (Lines 23 to 29 minus Line 30) .....	X X X	X X X	5,515,509	4,200,819
32. Total Liabilities, capital and surplus (Lines 22 and 31) .....	X X X	X X X	11,482,004	8,388,273
<b>DETAILS OF WRITE-INS</b>				
2101. Accrued Other .....	72,591		72,591	65,207
2102. ....				
2103. ....				
2198. Summary of remaining write-ins for Line 21 from overflow page .....				
2199. TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above) .....	72,591		72,591	65,207
2301. ....	X X X	X X X		
2302. ....	X X X	X X X		
2303. ....	X X X	X X X		
2398. Summary of remaining write-ins for Line 23 from overflow page .....	X X X	X X X		
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	X X X	X X X		
2801. ....	X X X	X X X		
2802. ....	X X X	X X X		
2803. ....	X X X	X X X		
2898. Summary of remaining write-ins for Line 28 from overflow page .....	X X X	X X X		
2899. TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above) .....	X X X	X X X		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date
	1 Uncovered	2 Total	3 Total
1. Member Months .....	X X X	58,599	57,372
2. Net premium income (including \$.....0 non-health premium income) .....	X X X	12,883,933	12,417,117
3. Change in unearned premium reserves and reserves for rate credits .....	X X X		
4. Fee-for-service (net of \$.....0 medical expenses) .....	X X X		
5. Risk revenue .....	X X X		
6. Aggregate write-ins for other health care related revenues .....	X X X		
7. Aggregate write-ins for other non-health revenues .....	X X X		
8. Total revenues (Lines 2 to 7) .....	X X X	12,883,933	12,417,117
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		6,338,051	7,214,907
10. Other professional services .....		734,333	321,205
11. Outside referrals .....			
12. Emergency room and out-of-area .....		607,179	553,872
13. Prescription drugs .....		1,237,726	1,326,033
14. Aggregate write-ins for other hospital and medical .....		239,329	63,312
15. Incentive pool, withhold adjustments and bonus amounts .....		255,122	48,418
16. Subtotal (Lines 9 to 15) .....		9,411,740	9,527,747
<b>Less:</b>			
17. Net reinsurance recoveries .....			
18. Total hospital and medical (Lines 16 minus 17) .....		9,411,740	9,527,747
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$.....0 cost containment expenses .....		42,210	233,151
21. General administrative expenses .....		2,126,806	1,896,640
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....			
23. Total underwriting deductions (Lines 18 through 22) .....		11,580,756	11,657,538
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X	1,303,177	759,579
25. Net investment income earned .....		89,767	16,079
26. Net realized capital gains (losses) less capital gains tax of \$.....0 .....			
27. Net investment gains or (losses) (Lines 25 plus 26) .....		89,767	16,079
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....			
29. Aggregate write-ins for other income or expenses .....			500
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X	1,392,944	776,158
31. Federal and foreign income taxes incurred .....	X X X		
32. Net income (loss) (Lines 30 minus 31) .....	X X X	1,392,944	776,158
<b>DETAILS OF WRITE-INS</b>			
0601. ....	X X X		
0602. ....	X X X		
0603. ....	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X		
0701. ....	X X X		
0702. ....	X X X		
0703. ....	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	X X X		
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X		
1401. OTHER EXPENSE .....		239,329	63,312
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....		239,329	63,312
2901. MISCELLANEOUS REVENUE .....			500
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....			500

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	4,200,819	2,608,228	2,608,228
34. Net income or (loss) from Line 32 .....	1,392,944	776,158	1,561,977
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	(78,254)	51,461	30,614
40. Change in unauthorized reinsurance .....			
41. Change in treasury stock .....			
42. Change in surplus notes .....			
43. Cumulative effect of changes in accounting principles .....			
44. Capital Changes:			
44.1 Paid in .....			
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....			
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....			
48. Net change in capital and surplus (Lines 34 to 47) .....	1,314,690	827,619	1,592,591
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	5,515,509	3,435,847	4,200,819
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			

**CASH FLOW**

		1 Current Year To Date	2 Prior Year Ended December 31
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	12,854,695	25,185,573
2.	Net investment income .....	91,751	43,549
3.	Miscellaneous income .....	(63,881)	(128,194)
4.	Total (Lines 1 to 3) .....	12,882,565	25,100,928
5.	Benefit and loss related payments .....	7,632,594	17,033,804
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	2,130,068	4,217,119
8.	Dividends paid to policyholders .....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....		
10.	Total (Lines 5 through 9) .....	9,762,662	21,250,923
11.	Net cash from operations (Line 4 minus Line 10) .....	3,119,903	3,850,005
<b>Cash from Investments</b>			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....		80,000
12.2	Stocks .....		
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....		
12.7	Miscellaneous proceeds .....		
12.8	Total investment proceeds (Lines 12.1 to 12.7) .....		80,000
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....		200,000
13.2	Stocks .....		
13.3	Mortgage loans .....		
13.4	Real estate .....		
13.5	Other invested assets .....		
13.6	Miscellaneous applications .....		
13.7	Total investments acquired (Lines 13.1 to 13.6) .....		200,000
14.	Net increase (or decrease) in contract loans and premium notes .....		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14) .....		(120,000)
<b>Cash from Financing and Miscellaneous Sources</b>			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....		
16.2	Capital and paid in surplus, less treasury stock .....		
16.3	Borrowed funds .....		
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5	Dividends to stockholders .....		
16.6	Other cash provided (applied) .....	103,568	(13,132)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	103,568	(13,132)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	3,223,471	3,716,873
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	6,591,293	2,874,420
19.2	End of period (Line 18 plus Line 19.1) .....	9,814,764	6,591,293

**Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:**

Description		Amount 1	Amount 2
20.0001	.....		

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	9,567		9,567							
2. First Quarter .....	9,888		9,888							
3. Second Quarter .....	10,144		10,144							
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	58,599		58,599							
Total Member Ambulatory Encounters for Period:										
7. Physician .....	21,794		21,794							
8. Non-Physician .....	13,371		13,371							
9. Total .....	35,165		35,165							
10. Hospital Patient Days Incurred .....	1,330		1,330							
11. Number of Inpatient Admissions .....	324		324							
12. Health Premiums Written (a) .....	12,948,626		12,948,626							
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	12,948,686		12,948,686							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	7,608,089		7,608,089							
18. Amount Incurred for Provision of Health Care Services .....	9,411,740		9,411,740							

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....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
<b>Individually Listed Claims Unpaid</b>						
RX AMERICA .....	100,754					100,754
0199999 Individually Listed Claims Unpaid .....	100,754					100,754
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	160,755					160,755
0499999 Subtotals .....	261,509					261,509
0599999 Unreported claims and other claim reserves .....						4,474,607
0699999 Total Amounts Withheld .....						179,928
0799999 Total Claims Unpaid .....						4,916,044
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						256,626

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec.31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	1,770,556	5,837,533	500,000	4,416,044	2,270,556	3,180,523
2. Medicare Supplement .....						
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	1,770,556	5,837,533	500,000	4,416,044	2,270,556	3,180,523
10. Healthcare receivables (a) .....						
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....	24,505			256,626	24,505	213,001
13. Totals .....	1,795,061	5,837,533	500,000	4,672,670	2,295,061	3,393,524

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

## **Notes to Financial Statement**

### **Note 1 – Nature of Business and Significant Accounting Policies**

NO CHANGE

### **Note 2 – Accounting Changes and Corrections of Errors**

NO CHANGE

### **Note 3 – Business Combinations and Goodwill**

This note is not applicable to the Company.

### **Note 4 – Discontinued Operations**

This note is not applicable to the Company.

### **Note 5 – Investments**

NO CHANGE

### **Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

NO CHANGE

### **Note 7 – Investment Income**

NO CHANGE

### **Note 8 – Derivative Instruments**

NO CHANGE

### **Note 9 – Income Taxes**

This note is not applicable to the Company.

### **Note 10 – Information Concerning Parent, Subsidiaries, and Affiliates**

NO CHANGE

### **Note 11 – Debt**

This note is not applicable to the Company.

### **Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans**

This note is not applicable to the Company.

### **Note 13 – Capital and Surplus, Stockholders' Dividend Restrictions, and Quasi-reorganizations**

NO CHANGE

### **Note 14 – Contingencies**

NO CHANGE

### **Note 15 – Leases**

This note is not applicable to the Company.

### **Note 16 – Information about Financial Instruments with Off-balance-sheet Risk and Financial Instruments with Concentrations of Credit Risk**

## **Notes to Financial Statement**

This note is not applicable to the Company.

### **Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

This note is not applicable to the Company.

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

This note is not applicable to the Company.

### **Note 19 – Direct Premium Written/Produced by Managing General Agents/Third-party Administrators**

This note is not applicable to the Company.

### **Note 20 – September 11 Events**

This note is not applicable to the Company.

### **Note 21 – Other Items**

NO CHANGE

### **Note 22 – Events Subsequent**

NO CHANGE

### **Note 23 – Reinsurance**

NO CHANGE

### **Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

This note is not applicable to the Company.

### **Note 25 – Change in Incurred Losses**

NO CHANGE

### **Note 26 – Intercompany Pooling Arrangements**

This note is not applicable to the Company.

### **Note 27 – Structured Settlements**

This note is not applicable to the Company.

### **Note 28 – Health Care Receivables**

NO CHANGE

### **Note 29 – Participating Policies**

This note is not applicable to the Company.

### **Note 30 – Premium Deficiency Reserves**

This note is not applicable to the Company.

### **Note 31 – Anticipated Salvage and Subrogation**

NO CHANGE

# GENERAL INTERROGATORIES

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

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity 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[ ] N/A[X]
  
- 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 the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

- 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. ..... 12/31/2005 .....
- 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. ..... 12/31/2005 .....
- 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). ..... 08/02/2005 .....
- 6.4 By what department or departments?  
MICHIGAN OFFICE OF FINANCIAL AND INSURANCE SERVICES
  
- 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 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
.....	.....	Yes[ ] No[X]				

### FINANCIAL

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[ ]
  - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
  
- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ ..... 0

### INVESTMENT

- 11.1 Has there been any change in the reporting entity's own preferred or common stock? Yes[ ] No[X]
- 11.2 If yes, explain:
  
- 12.1 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]
- 12.2 If yes, give full and complete information relating thereto:
  
- 13. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ ..... 0
- 14. Amount of real estate and mortgages held in short-term investments: \$ ..... 0
  
- 15.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[ ] No[X]
- 15.2 If yes, please complete the following:

## GENERAL INTERROGATORIES (Continued)

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
15.21 Bonds .....		
15.22 Preferred Stock .....		
15.23 Common Stock .....		
15.24 Short-Term Investments .....		
15.25 Mortgages Loans on Real Estate .....		
15.26 All Other .....		
15.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 15.21 to 15.26) .....		
15.28 Total Investment in Parent included in Lines 15.21 to 15.26 above .....		

16.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]  
 16.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
 If no, attach a description with this statement. Yes [ ] No [ ] N/A [X]

17. 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 [ ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
COMERICA BANK - LYNN HUTZEL-VISEL .....	611 WOODWARD AVE., DETROIT, MI 48226 .....
FIRST INDEPENDENCE NAT'L BANK - RHONDA PUGH .....	44 MICHIGAN AVE., DETROIT, MI 48226 .....

17.2 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)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

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

18.2 If no, list exceptions:  
 NOT REQUIRED BY STATE OF DOMICLE

STATEMENT AS OF **June 30, 2007** OF THE **TOTAL HEALTH CARE USA, INC.**  
**SCHEDULE A - VERIFICATION**

**Real Estate**

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

NONE

**SCHEDULE B - VERIFICATION**

**Mortgage Loans**

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

NONE

**SCHEDULE BA - VERIFICATION**

**Other Invested Assets**

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

NONE

**SCHEDULE D - VERIFICATION**

**Bonds and Stocks**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	435,000	315,000
2.	Cost of bonds and stocks acquired .....		200,000
3.	Accrual of discount .....		
4.	Increase (decrease) by adjustment .....		
5.	Increase (decrease) by foreign exchange adjustment .....		
6.	Total profit (loss) on disposal .....		
7.	Consideration for bonds and stocks disposed of .....		80,000
8.	Amortization of premium .....		
9.	Book/adjusted carrying value, current period .....	435,000	435,000
10.	Total valuation allowance .....		
11.	Subtotal (Lines 9 plus 10) .....	435,000	435,000
12.	Total nonadmitted amounts .....		
13.	Statement value .....	435,000	435,000

## 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	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 .....	4,696,867	1,073,990	13,492		4,696,867	5,757,365		1,865,713
2. Class 2 .....								
3. Class 3 .....								
4. Class 4 .....								
5. Class 5 .....								
6. Class 6 .....								
7. Total Bonds .....	4,696,867	1,073,990	13,492		4,696,867	5,757,365		1,865,713
<b>PREFERRED STOCK</b>								
8. Class 1 .....								
9. Class 2 .....								
10. Class 3 .....								
11. Class 4 .....								
12. Class 5 .....								
13. Class 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	4,696,867	1,073,990	13,492		4,696,867	5,757,365		1,865,713

**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 .....	5,322,365	X X X	5,322,365	77,357	

**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 .....	1,430,713	693,103
2. Cost of short-term investments acquired .....	4,594,239	737,610
3. Increase (decrease) by adjustment .....	(385,000)	
4. Increase (decrease) by foreign exchange adjustment .....		
5. Total profit (loss) on disposal of short-term investments .....		
6. Consideration received on disposal of short-term investments .....	317,587	
7. Book/adjusted carrying value, current period .....	5,322,365	1,430,713
8. Total valuation allowance .....		
9. Subtotals (Lines 7 plus 8) .....	5,322,365	1,430,713
10. Total nonadmitted amounts .....		
11. Statement value (Lines 9 minus 10) .....	5,322,365	1,430,713
12. Income collected during period .....	77,357	43,290
13. Income earned during period .....	79,347	43,290

**15 Schedule DB Part F Section 1 ..... NONE**

**16 Schedule DB Part F Section 2 ..... NONE**

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
<b>Accident and Health - Non-affiliates</b>						
90611 .....	41-1366075 .....	11/01/2006 .....	ALLIANZ LIFE INS CO OF NORTH AMER .....	MINNEAPOLIS, MN .....	SSL/L/I .....	Yes[X] No [ ] .....

# SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

## Current Year to Date - Allocated by States and Territories

		Direct Business Only								
		1 Is Insurer Licensed (Yes or No)	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
State, Etc.										
1.	Alabama (AL)	No								
2.	Alaska (AK)	No								
3.	Arizona (AZ)	No								
4.	Arkansas (AR)	No								
5.	California (CA)	No								
6.	Colorado (CO)	No								
7.	Connecticut (CT)	No								
8.	Delaware (DE)	No								
9.	District of Columbia (DC)	No								
10.	Florida (FL)	No								
11.	Georgia (GA)	No								
12.	Hawaii (HI)	No								
13.	Idaho (ID)	No								
14.	Illinois (IL)	No								
15.	Indiana (IN)	No								
16.	Iowa (IA)	No								
17.	Kansas (KS)	No								
18.	Kentucky (KY)	No								
19.	Louisiana (LA)	No								
20.	Maine (ME)	No								
21.	Maryland (MD)	No								
22.	Massachusetts (MA)	No								
23.	Michigan (MI)	Yes	12,948,686					12,948,686		
24.	Minnesota (MN)	No								
25.	Mississippi (MS)	No								
26.	Missouri (MO)	No								
27.	Montana (MT)	No								
28.	Nebraska (NE)	No								
29.	Nevada (NV)	No								
30.	New Hampshire (NH)	No								
31.	New Jersey (NJ)	No								
32.	New Mexico (NM)	No								
33.	New York (NY)	No								
34.	North Carolina (NC)	No								
35.	North Dakota (ND)	No								
36.	Ohio (OH)	No								
37.	Oklahoma (OK)	No								
38.	Oregon (OR)	No								
39.	Pennsylvania (PA)	No								
40.	Rhode Island (RI)	No								
41.	South Carolina (SC)	No								
42.	South Dakota (SD)	No								
43.	Tennessee (TN)	No								
44.	Texas (TX)	No								
45.	Utah (UT)	No								
46.	Vermont (VT)	No								
47.	Virginia (VA)	No								
48.	Washington (WA)	No								
49.	West Virginia (WV)	No								
50.	Wisconsin (WI)	No								
51.	Wyoming (WY)	No								
52.	American Samoa (AS)	No								
53.	Guam (GU)	No								
54.	Puerto Rico (PR)	No								
55.	U.S. Virgin Islands (VI)	No								
56.	Northern Mariana Islands (MP)	No								
57.	Canada (CN)	No								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	12,948,686					12,948,686		
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	<b>Total (Direct Business)</b>	<b>(a) 1</b>	<b>12,948,686</b>					<b>12,948,686</b>		
<b>DETAILS OF WRITE-INS</b>										
5801.		X X X								
5802.		X X X								
5803.		X X X								
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
5899.	<b>TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)</b>	<b>X X X</b>								

(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**

TOTAL HEALTH CARE, INC. - PARENT  
38-2018957, NAIC #95644, STATE OF MICHIGAN

TOTAL HEALTH CARE USA, INC. - WHOLLY OWNED SUBSIDIARY OF TOTAL HEALTH CARE, INC.  
383240485, NAIC #12326, STATE OF MICHIGAN

TOTAL HEALTH CHOICE, INC. - WHOLLY OWNED SUBSIDIARY OF TOTAL HEALTH CARE, INC.  
33-0603319, NAIC #95134, STATE OF FLORIDA

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



12326200736500002

2007

Document Code: 365



<b>E01</b>	<b>Schedule A Part 2</b> .....	<b>NONE</b>
<b>E01</b>	<b>Schedule A Part 3</b> .....	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 1</b> .....	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 2</b> .....	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 1</b> .....	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 2</b> .....	<b>NONE</b>
<b>E04</b>	<b>Schedule D Part 3</b> .....	<b>NONE</b>
<b>E05</b>	<b>Schedule D Part 4</b> .....	<b>NONE</b>
<b>E06</b>	<b>Schedule DB Part A Section 1</b> .....	<b>NONE</b>
<b>E06</b>	<b>Schedule DB Part B Section 1</b> .....	<b>NONE</b>
<b>E07</b>	<b>Schedule DB Part C Section 1</b> .....	<b>NONE</b>
<b>E07</b>	<b>Schedule DB Part D Section 1</b> .....	<b>NONE</b>

**SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>								
FIRST INDEPENDENCE BANK DETROIT, MI .....					3,442,088	3,946,918	4,492,399	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories ..	X X X	X X X						X X X
0199999 Totals - Open Depositories .....	X X X	X X X			3,442,088	3,946,918	4,492,399	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories .....	X X X	X X X						X X X
0299999 Totals - Suspended Depositories .....	X X X	X X X						X X X
0399999 Total Cash On Deposit .....	X X X	X X X			3,442,088	3,946,918	4,492,399	X X X
0499999 Cash in Company's Office .....	X X X	X X X	X X X	X X X				X X X
0599999 Total Cash .....	X X X	X X X			3,442,088	3,946,918	4,492,399	X X X

### SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Gross Investment Income
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>N O N E</b> </div>							
0199999 .....							



12326200736500102

2007

Document Code: 365

# MEDICARE PART D COVERAGE SUPPLEMENT

## Net of Reinsurance

For the Quarter Ended June 30, 2007

NAIC Group Code: 1238

NAIC Company Code: 12326

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected .....		XXX		XXX	
2. Earned Premiums .....		XXX		XXX	XXX
3. Claims Paid .....		XXX		XXX	
4. Claims Incurred .....		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a) .....	XXX		XXX		
6. Aggregate Policy Reserves - change .....		XXX		XXX	XXX
7. Expenses Paid .....		XXX		XXX	
8. Expenses Incurred .....		XXX		XXX	XXX
9. Underwriting Gain or Loss .....		XXX		XXX	XXX
10. Cash Flow Results .....	XXX	XXX	XXX	XXX	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS

## INDEX TO HEALTH QUARTERLY STATEMENT

Accounting Changes and Corrections of Errors; Q10, Note 2; Q11  
Accounting Practices and Policies; Q5; Q10, Note 1  
Admitted Assets; Q2  
Bonds; Q2; Q6; Q11.1; Q11.2; QE04; QE05  
Bonuses; Q3; Q4; Q8; Q9  
Borrowed Funds; Q3; Q6  
Business Combinations and Goodwill; Q10, Note 3  
Capital Gains (Losses)  
    Realized; Q4  
    Unrealized; Q4; Q5  
Capital Stock; Q2; Q10, Note 13  
Capital Notes; Q6; Q10, Note 11  
Caps; QE06  
Cash; Q2; Q6; QE08  
Cash Equivalents; Q2; Q6  
Claims; Q3; Q8  
Collars; QE07  
Commissions; Q6  
Common Stock; Q2; Q3; Q6; Q11.1; Q11.2  
Cost Containment Expenses; Q4  
Contingencies; Q10, Note 14  
Counterparty Exposure; Q10, Note 8  
Debt; Q10, Note 11  
Deferred Compensation; Q10, Note 2  
Derivative Instruments; Q10, Note 8; Q14; Q15; QE06; QE07  
Discontinued Operations; Q10, Note 4  
Electronic Data Processing Equipment; Q2  
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Extinguishment of Liabilities; Q10, Note 17  
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Guaranty Fund; Q2; Q18  
Health Care Receivables; Q2; Q9; Q10, Note 28  
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Income; Q4; Q5  
Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9  
Incurred Claims and Claim Adjustment Expenses; Q10, Note 25  
Intercompany Pooling; Q10, Note 26  
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    Accrued; Q2  
    Earned; Q2; Q14  
    Received; Q6  
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Limited Partnership; Q10, Note 6  
Long-Term Invested Assets; QE03  
Managing General Agents; Q10, Note 19  
Medicare Part D Coverage; QSupp1  
Member Months; Q4; Q7  
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