Ohio Dept of Insurance
2100 Stella Court
Columbus, OH 43215-1067
(614) 644-2658

www.ohioinsurance.gov

Ohio Department of Insurance
Bob Taft – Governor
J. Lee Covington II – Director

IMAGING COVER SHEET

NAIC #: DHW2

NAIC Group Code: 000

Company Name: HOME WARRANTY OF OHIO

Company Type: ☐ P&C ☐ Life ☐ HIC ☐ Frat ☐ Title ☐ MEWA ☒ HW ☐ MPA
☒ DOMESTIC ☐ FOREIGN

Form Type: STATEMENTS

Sub-form Type: QUARTERLY

Transaction # (if applicable):

Effective Date:

Additional Info: FIRST QUARTER, PERIOD ENDING MARCH 31, 2002

Date Scanned:

Scanned By (initials):

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O.F.R.S.

HOME WARRANTY COMPANY

ANNUAL STATEMENT

For the Year Ended December 31, 2001
of the condition and affairs of

THE Home Warranty Company of Ohio

Employer's ID No: 31-1481016

Organized under the Laws of the State of OHIO, made to the INSURANCE DEPARTMENT OF THE STATE OF OHIO, pursuant to the laws thereof.

Incorporated October 11, 1996 Commenced Business February 3, 1997

Home Office 619 Reynolds Ave Columbus, Ohio 43201
(Street and Number) (City or Town, State and Zip Code)

Mail Address SAME
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 614-294-8600
(Area Code and Telephone Number)

Primary Location of Books SAME
(Street) (City, State and Zip Code) (Telephone)

Contact Person and Phone Number MARK D. Swepston 614-294-8600

E-Mail Address NONE

OFFICERS

MARK D. Swepston (President)	Ralph Antoliano Jr (Vice President)	_____ (Vice President)
George Hoskins (Secretary)	_____ (Vice President)	_____ (Vice President)
Larry Winner (Treasurer)	_____ (Vice President)	_____ (Vice President),

DIRECTORS OR TRUSTEES**

_____	_____
_____	_____
_____	_____
_____	_____

State of OHIO
County of FRANKLIN SS.

Mark D. Swepston (President), George Hoskins (Secretary), Larry Winner (Treasurer)

of the Home Warranty Company of Ohio, being duly sworn, each for himself deposes and says that they are the above described officers of the said company, and that on the thirty first day of December last, all of the herein described assets were the absolute property of the said company, free and clear from any liens of claims thereon, except as herein stated, and that this annual statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to are a full and true statement of all the assets and liabilities and of the condition and affairs of the said company as of the thirty first day of December last, and of its income and deductions therefrom for the year ended on that date, according to the best of their information, knowledge and belief, respectively.

Subscribed and sworn to before me this ____ day of _____, _____

_____
(seal)

Mark D. Swepston President
Dwyl Hoskins Secretary
Larry Winner Treasurer

**Or corresponding person having charge of the accounts of company

ASSETS

	Current Year	Previous Year
1. Bonds (Sch. D, Part 1 Col. 16)		
2. Stocks		
a. Preferred stocks (Sch. D, Part 2, Col. 6)		
b. Common stocks (Sch. D, Part 2, Section 2)		
3. Real estate, less encumbrances (Sch. A)		
4. Mortgage loans on real estate (Sch. A)		
5. Cash on hand and on deposit		
a. Cash in company's office	51 877	52 844
b. Cash on deposit (Sch. N)		
6. Other invested assets (Sch. A)		
7. Subtotals, Cash & Invested Assets (Items 1 to 6)		
8. Home protection contract fees receivable		
9. Contract fees receivable		
10. Receivable from affiliates		
11. Federal income tax recoverable (Including $ _____ Net deferred tax assets)		
12. Electronic data processing equipment		
13. Interest, dividends and real estate income due and accrued		
14. Reinsurance recoverable on loss payments		
15. Other assets		
a. _____		
b. _____		
c. _____		
16. TOTALS (Lines 7 to 15)	51 877	52,844

Total, current year, to agree with page 8, Exhibit 1, Col 4, line 18.

LIABILITIES, SURPLUS AND OTHER FUNDS

	Current Year	Previous Year
1. Unpaid contract claims in process of settlement		
2. Statutory reserve (pg. 28, Report 1, line 6, Col (1) + Col (2))		
3. Unpaid claims adjustment expense		
4. Other expenses (excluding taxes, licenses and fees)		
5. Taxes, licenses and fees (excluding federal and foreign income taxes		
6. Federal and foreign income taxes (including $_____net deferred tax liability)		
7. Borrowed money		
8. Interest payable		
9. Unearned contract fees		
10. Dividends declared and unpaid		
11. Reinsurance in unauthorized companies		
a. Unearned contract fees		
b. Reinsurance recoverable		
1. paid claims		
2. unpaid claims		
c. Reinsurance recoverable on paid & unpaid claims adjustment expense		
12. Ceded reinsurance balances payable		
13. All other liabilities:		
a. _____		
b _____.		
c _____		
14. Total liabilities (Items 1 to 13c)		
15. a. Common capital stock	850	850
b. Preferred capital stock		
16. Gross paid-in and contributed surplus	154,150	154,150
17. Unassigned funds (surplus)	(103,123)	(102,156)
18. Less treasury stock, at cost		
19. Surplus as regards contractholders (Items 15 to 17 less 18)	51,877	52,844
20. Totals (Item 14 plus 19)	51,877	52,844

Line 19 to agree with Page 4, line 27.

STATEMENT OF INCOME

	UNDERWRITING INCOME	Current Year	Previous Year
1.	Contract fees earned (Part 2B, Col 4)		
	DEDUCTIONS		
2.	Claims incurred (Part 3, Col. 7)		306
3.	Claims adjustment expenses incurred (Part 4, Col 1, line 22)		
4.	Other underwriting expenses incurred (Part 4, Col 2, line 22)	967	1144
5.	_____		
6.	Total deductions (Lines 2 to 5)	967	1450
7.	Net underwriting gain or loss (-) (Item 1 less 6)	(967)	(1450)
	INVESTMENT INCOME		
8.	Net investment income earned (Part 1, Col 8, ln 15)		
9.	Net realized capital gains or losses ((Part 1A, Col 7, ln 11)		
10.	Net investment gain or loss		
	OTHER INCOME		
11.	_____		
12.	_____		
13.	Total other income (Lines 11 + 12)		
14.	Net income before federal income taxes (Lines 7 + 10 + 13)	(967)	(1450)
15.	Federal income taxes incurred		
16.	Net income (Item 14 less 15)		
	CAPITAL AND SURPLUS ACCOUNT		
17.	Surplus as regards contractholders, Dec. 31 Previous year Gains (+) and Losses (-) in Surplus	52 844	54 294
18.	Net income (from item 16)	(967)	(1450)
19.	Net unrealized capital gains and losses		
20.	Change in non-admitted assets (Exhibit 2)		
21.	Capital changes:		
	a. Paid in		
	b. Transferred from surplus		
	c. Transferred to surplus		
22.	Surplus adjustments:		
	a. Paid in		
	b. Transferred to capital		
	c. Transferred from capital		
23.	Dividends to stockholders (cash)		
24.	Change in treasury stock		
25.	Change in Statutory reserve		
26.	Change in surplus as regards contractholders (lines 18 to 25)	(967)	(1450)
27.	Surplus as regards contractholders at statement date (line 17 + 26)	51 877	52 844

Line 27 to agree with Page 3, line 19.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - INTEREST, DIVIDENDS AND REAL ESTATE INCOME NONE

1	2 Sch	3 Collected during yr - paid on accrued purchase	Paid in Advance 4 Current Year	5 Previous Year	Due and accrued 6 Current Year	7 Previous Year	8 Earned During year 3+5-6 -4 -7
1. Bonds	D*						
2. Preferred Stock	D						
3. Common Stock	D						
4. Mortgage loans	A"						
5. Real estate	A#						
6. Cash	N						
7. Other assets	A						
8.							
9.							
10. Totals							

	Deductions
11. Total investment expenses incurred Pg. 7, Col 3, line 22	
12. Depreciation on real estate	
13.	
14. Total deductions (Items 11 to 13)	
15. Net investment income earned (Item 10 less 14)	

*Includes $ _____ accrual of discount less $ _____ amortization of premium.
"Includes $ _____ accrual of discount less $ _____ amortization of premium.
#Includes $ _____ for company's occupancy of its own buildings.

PART 1A - CAPITAL GAINS AND LOSSES ON INVESTMENTS NONE

1	2 Profit on sales or maturity	3 Loss on sales or maturity	4 Increase by adj. in book value	5 Decrease by adj in book value	6 Net Change in BV and admitted value	7 Total (2 - 3 + 4 - 5 + 6)
1. Bonds						
2. Preferred stock						
3. Common stock						
4. Mortgage loans						
5. Real estate						
6. Cash						
7. Other assets						
8.						
9.						
10. Totals						
11. Net realized capital gains or losses						
12. Net unrealized capital gains or losses (Pg. 4, line 19)						

UNDERWRITING AND INVESTMENT EXHIBIT

Part 2A - Contract Fees Written NONE

Direct Fees Written 1	Reinsurance		Net Fees Written (Col. 1+2-3) 4
	Assumed 2	Ceded 3	

Part 2B - Contract Fees Earned NONE

Net Fees Written 1	Unearned Fees Prior Year 2	Unearned Fees Current Year 3	Net Fees Earned (Col. 1+2-3) 4

Part 3 - Contract Claims Paid and Incurred NONE

Claims Paid				Net Claims Unpaid Current Year 5	Net Claims Unpaid Prior Year 6	Claims Incurred Current Year 7
Direct Business 1	Reinsurance		Net Claim Payments (Col. 1+2-3) 4			
	Assumed 2	Ceded 3				

Part 3A - Claims and Claim Adjustment Expenses to Net Fees Earned Ratios

Calendar Year 1	Net Fees Earned 2	Claims Incurred 3	Claims Expense Incurred Pg 7 ln 21 col. 1 4	Ratio 1 Col. 3 / Col. 2 5	Ratio 2 Col. 4 / Col. 2 6
1996					
1997	6703	1421		21.20	
1998	20072	10426		51.94	
1999	2049	6691		326.55	
2000	—	306		306.00	
2001	—	—		—	

NONE

Part 3B - Contract Fees Written - OHIO BUSINESS ONLY

Direct Fees Written 1	Direct Fees Earned 2	Dividends Paid 3	Direct Claims Paid (deduct salvage) 4	Direct Claims Incurred 5	Direct Claims Unpaid 6

Part 4 B - Development of Prior Year Unpaid Contract Claims Reserve

NONE

Prior Year Unpaid Contract Claims Reserve 1	Claims Paid Current Year Incurred Prior Year 2	Col. (2) - Col. (1) Difference 3

PART 4 - EXPENSE EXHIBIT

	Claims Adjustment Expense	Under-writing Expense	Invest-ment Expense	Total Expense
1. Claims adjustment expense				
2. Commission and brokerage:				
a. Direct				
b. Reinsurance ceded				
c. Reinsurance assumed				
d. Net commission				
3. Allowance to managers and agents				
4. Advertising				
5. Salaries				
6. Employee relations and welfare				
7. Insurance				
8. Directors' fees				
9. Travel and travel items				
10. Rent and rent items				
11. Equipment				
12. Printing and stationery		210		210
13. Postage, telephone and telegraph				
14. Legal and auditing		209		209
15. Bond		450		450
16. Taxes, licenses and fees:				
a. State & local insurance taxes		(32)		(32)
b. Ins. department licenses & Fees		130		130
c. Payroll taxes				
d. All other (excl federal and foreign income and real estate				
17. Real estate expenses				
18. Real Estate taxes				
19.				
20.				
21. Total expenses incurred (Lines 1 to 20)				
22. Less unpaid expenses - current year				
23. Add unpaid expenses - previous year				
24. Total expenses paid (Line 21-22+23)		967		967

EXHIBIT 1 - ANALYSIS OF ASSETS

	Ledger Assets	Nonledger (include excess of MV over BV)	Asset not Admitted (include excess BV over MV)	Net Admitted Assets
1. Bonds				
2. Stocks				
a. Preferred stocks				
b. Common stocks				
3. Real estate, less encumbrances				
4. Mortgage loans on real estate				
5. Cash on hand and on deposit				
a. Cash in company's office				
b. Cash on deposit	51,877			51,877
6. Other invested assets				
7. Home protection contract fees receivable				
8. Service fees receivable				
9. Receivable from affiliates				
10. Federal income tax recoverable (Including net DTA)				
11. Electronic data processing equip				
12. Interest, dividends & real estate income due and accrued				
13. Reinsurance recoverable on loss payments				
14. Equip., furniture & supplies				XXXXXXXX
15. Deferred acquisition cost				XXXXXXXX
16. Other assets:				
a.				
b.				
c.				
17. Prepaid expenses:				
a.				XXXXXXXX
b.				XXXXXXXX
c.				XXXXXXXX
18. Totals	51,877			51,877

Line 18, Col. 4 to agree with Page 2, Col 1, Line 16.

EXHIBIT 2 - ANALYSIS OF NON-ADMITTED ASSETS

NONE

	End of Previous Year	End of Current Year	Change increase - decrease + Col. 2-3
19. Company's stock owned			
20. Deposits in suspended depositories, less estimated amount recoverable			
21. Equip., furniture and supplies			
22. Prepaid expenses:			
a.			
b.			
c.			
23. Other assets not admitted :			
a.			
b.			
c.			
24. Total change	XXXXXXXXXX	XXXXXXXXXX	

Line 24 to agree with Page 4, line 20.

(Name) HWC of Ohio

Note: In case the following schedules do not afford sufficient space companies may furnish them on separate forms, provided the same are upon paper of like size and arrangements and contain the information asked for herein and have the name of the Company printed or stamped at the top thereof

SPECIAL DEPOSIT SCHEDULE

NONE

Showing all deposits or investments NOT held for the protection of ALL the policyholders of the Company

1 Where Deposited	2 Description and Purpose of Deposit (Indicating literal form of registration of Securities)	3 Par Value	4 Statement Value	5 Market Value

SCHEDULE OF ALL OTHER DEPOSITS

Showing all deposits made with any Government, Province, State, District, County, Municipality, Corporation, firm or individual, except those shown in Schedule N, and those shown in "Special Deposit Schedule"

NONE

1 Where Deposited	2 Description and Purpose of Deposit (Indicating literal form of registration of Securities)	3 Par Value	4 Statement Value	5 Market Value

GENERAL INTERROGATORIES

(attach additional sheets where necessary)

1. Provide the number and type of stock authorized, outstanding and the par value.
   100 Common $1. PAR
2. Report any changes in the By-laws or Articles of Incorporation and attach to statement if not already filed with Department. Yes ( ) No (X) If yes explain.
3. Does the company have any material contingent liabilities that affect its financial condition? Yes ( ) No (X). If yes explain.
4. When was the last report of examination done and by whom. Date 10-7-98 State Ohio
5. Have there been any changes in contract fee rates on contracts issued during the year in Ohio? Yes ( ) No (X) If yes explain.
6. Explain the methods used for asset valuation. NA
7. Give information about relationships with parents, subsidiaries and affiliates (see Schedule Y).
   100% OWNED BY ATLAS-BUTLER, INC, INC
8. Have any of the company assets been pledged or hypothecated at any time during the year? Yes ( ) No (X). If yes explain.
9. Have any loans been made to officers or directors at any time during the year? Yes ( ) No (X). If yes explain.
10. Are all securities in actual possession of company (except for special and other deposits)? Yes ( ) No (X). If they differentiate explain.
11. What is the Company's maximum liability on any one contract $ NA
12. Has the Company been under any disciplinary action or regulatory restrictions by a regulatory agency at any time during the year? Yes ( ) No (X) If yes, provide a complete explanation.

FOUR-YEAR HISTORICAL DATA

Show amounts in whole dollars; show ratios to one decimal place

	2001	2000	1999	1998
Balance Sheet Items (pg 2,3)				
Total Assets (pg 2, ln 16)	51877	52844	58222	53462
Total Liabilities (pg 3, ln 14	—	—	3429	829
Capital (pg 3, ln 15)	850	850	850	850
Total Surplus (pg 3, ln 19)	51877	52844	54794	51633
Income Statement Items (pg 4)				
Net Underwriting Gain (ln 7)	(961)	(1450)	(7339)	(86567)
Net Investment Gain (ln 10)				
Total Other Income (ln 13)				62105
Federal Income Tax Incurred (ln 15)				
Net Income (ln 16)	(961)	(1450)	(7339)	(24462)
Ratios (pg 4)				
Claims Incurred (ln 2) divided by (pg 4, ln 1) x 100	—	306	326.55	51.94
Claims Adjustment Expense Divided by (pg 4, ln 1) x 100				
Combined Ratio: (pg 4 lns 2+3) divided by (pg 4 ln 1) x 100	—	306	326.55	51.94
(pg 4 lns 4 + 5 - 13) divided by (pg 0 ln 1) x 100	—	—	131.63	169.93
Contracts				
Total contracts issued (number of)	—	—	59	136
Total claims paid (dollar amount)	—	306	6691	10426

STATEMENT AS OF Dec 31, 2001 OF THE HVC of Ohio

SCHEDULE A

NONE

SHOW REAL ESTATE, MORTGAGE LOANS AND OTHER INVESTED ASSETS OWNED BY THE COMPANY AS OF DECEMBER 31 OF THE CURRENT YEAR

DESCRIPTION (1)	DATE ACQUIRED (2)	ACTUAL COST OF INVESTMENT OR AMOUNT OF LOAN (3)	AMOUNT OF ENCUMBRANCES (4)	DEPRECIATION (5)	BOOK VALUE NET OF ENCUMBRANCES AND DEPRECIATION (6)	MARKET VALUE LESS DEPRECIATION (7)	AMOUNT OF PRINCIPAL UNPAID (8)	INCOME INTEREST EARNED (9)
SECTION A - INVESTMENT IN REAL ESTATE								
TOTAL STATEMENT VALUE TO PAGE 2, LINE 5								
TOTAL GROSS RENT & INTEREST EARNED TO PART 2, PG 5, COL 8								
SECTION B - INVESTMENT IN MORTGAGE LOANS								
TOTAL BALANCE ON LOANS TO PAGE 2, LINE 4								
TOTAL INTEREST EARNED TO PART 2, PG 5, LINE 3, COL 8								
SECTION C - OTHER INVESTED ASSETS								
TOTAL STATEMENT VALUE TO PAGE 2, LINE 6								
TOTAL INTEREST OR INCOME EARNED TO PART 2, PG 5, LINE 7, COL 8								

SCHEDULE D — PART 1

NONE

Showing all Long-Term **BONDS** Owned December 31 of Current Year

1	2	3	Interest		6	7	8	9	10	11	12	13	Interest		16	17	18	19	20	21
			4	5									14	15						
CUSIP Identification	Description		Rate of	How Paid	Maturity Date	Option Date	Option Call Price	Book-Adjusted Carrying Value	Par Value	Rate Used to Obtain Fair Value	Fair Value	Actual Cost	Amount Due and Accrued Dec. 31 of Current Year on Bonds not in default	Gross Amount Received During Year	Increase/ (Decrease) by Adjustment	Increase/ (Decrease) by Foreign Exchange Adjustment	Amount of Interest due and accrued Dec. 31, current year, on bonds in default as to principal or interest	NAIC Designation	Date Acquired	Effective Rate of Interest
6099999	TOTALS									XXX								XXX	XXX	XXX

SCHEDULE D — PART 2 — SECTION 1

None

Showing all **PREFERRED STOCKS** Owned December 31 of Current Year

1	2	3	4	5	6	7	8	9	Dividends		12	13	14	15
CUSIP Identification	Description	No. of Shares	Par Value Per Share	Rate Per Share	Book/ Adjusted Carrying Value	Rate Per Share Used to Obtain Fair Value	Fair Value	Actual Cost	10 Declared but Unpaid	11 Amount Received During Year	Increase/ (Decrease) by Adjustment	Increase/ (Decrease) by Foreign Exchange Adjustment	NAIC Designation	Date Acquired
6599999	TOTAL PREFERRED STOCKS					XXX							XXX	XXX

SCHEDULE D — PART 2 — SECTION 2

Showing all **COMMON STOCKS** Owned December 31 of Current Year

NONE

1 CUSIP Identification	2 Description	3 No. of Shares	4 Book/Adjusted Carrying Value	5 Rate Per Share Used to Obtain Fair Value	6 Fair Value	7 Actual Cost	Dividends 8 Declared but Unpaid	Dividends 9 Amount Received During Year	10 Increase/(Decrease) by Adjustment	11 Increase/(Decrease) by Foreign Exchange Adjustment	12 NAIC Designation(a)	13 Date Acquired
7099999	TOTAL COMMON STOCKS			XXXX								
7199999	TOTAL PREFERRED AND COMMON STOCKS			XXXX							XXXX	XXXX
											XXXX	XXXX

(a) For all common stocks bearing the NAIC designation "U", provide: the number of such issues _____, the total $ value (included in Column 6) of all such issues $_____

SCHEDULE D — PART 3

Showing All Long-Term Bonds and Stocks **ACQUIRED** During Current Year

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 No. of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends
7299999 TOTALS						XXX	

SCHEDULE D — PART 4

NONE

Showing all Long-Term Bonds and Stocks **SOLD, REDEEMED** or otherwise **DISPOSED OF** During Current Year

1 CUSIP Identification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Book/Adjusted Carrying Value at Disposal Date	10 Increase/(Decrease) by Adjustment	11 Increase/(Decrease) by Foreign Exchange Adjustment	12 Foreign Exchange Gain or (Loss) on Disposal	13 Realized Gain or (Loss) on Disposal	14 Total Gain/ (Loss) on Disposal	15 Interest on Bonds Received During Year	16 Dividends on Stocks Received During Year
7299999 TOTALS						XXX									

SCHEDULE D — PART 5 NONE

Showing all Long-Term Bonds and Stocks **ACQUIRED** During Current Year and Fully **DISPOSED OF** During Current Year

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Disposal Date	6 Name of Purchaser	7 Par Value (Bonds) or Number of Shares (Stocks)	8 Actual Cost	9 Consideration	10 Book/Adjusted Carrying Value at Disposal Date	11 Increase/ (Decrease) by Adjustment	12 Increase/ (Decrease) by Foreign Exchange Adjustment	13 Foreign Exchange Gain or (Loss) on Disposal	14 Realized Gain or (Loss) on Disposal	15 Total Gain or (Loss) on Disposal	16 Interest and Dividends Received During Year	17 Paid for Accrued Interest and Dividends
BONDS																
6099998	SUB-TOTALS — BONDS															
STOCKS																
7199999	SUB-TOTALS — STOCKS															
7299999	TOTALS															

ANNUAL STATEMENT FOR THE YEAR 2001 OF THE HWC of Ohio

SCHEDULE F — PART 1 NONE

Assumed Reinsurance as of December 31, Current Year (000 omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On 6 Paid Losses and Loss Adjustment Expenses	Reinsurance On 7 Known Case Losses and LAE	Reinsurance On 8 Total of Columns 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held by or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit
9999999 TOTALS													

SCHEDULE F — PART 3 NONE

Ceded Reinsurance as of December 31, Current Year [000 Omitted]

1	2	3	4	5	6	Reinsurance Recoverable On								15	Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14		16	17		
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15–(16+17)	Funds Held By Company Under Reinsurance Treaties
9999999 GRAND TOTALS																		

NOTE: Report the five largest provisional commission rates included in the cedant's reinsurance treaties.
The commission rate to be reported by contract with ceded premium in excess of $50,000:

	1 Name of Company	2 Commission Rate	3 Ceded Premium
1)			
2)			
3)			
4)			
5)			

SCHEDULE F — PART 4 NONE

Aging of Ceded Reinsurance as of December 31, Current Year (000 omitted)

1	2	3	4	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12	13
				5	Overdue					11		
					6	7	8	9	10			
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 to 29 Days	30 to 90 Days	91 to 120 Days	Over 120 Days	Total Overdue Cols. 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Percentage Overdue Col. 10 ÷ Col. 11	Percentage More Than 120 Days Overdue Col. 9 ÷ Col. 11
9999999	TOTALS											

SCHEDULE F — PART 5 NONE

Provision for Unauthorized Reinsurance as of December 31, Current Year [000 Omitted]

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	6 Funds Held By Company Under Reinsurance Treaties	7 Letters of Credit	8 Ceded Balances Payable	9 Miscellaneous Balances	10 Other Allowed Offset Items	11 Sum of Columns 6 thru 10 but not in excess of Column 5	12 Subtotal Cols. 5 minus Col. 11	13 Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	14 20% of Amount in Column 13	15 Smaller of Col. 11 or Col. 14	16 Smaller of Col. 11 or 20% of Amount in Dispute included in Col. 5	17 Total Provision for Unauthorized Reinsurance Smaller of Col. 5 or Cols. 12+15+16
9999999	TOTALS															

1. Amounts in dispute totalling $_____ are included in Column 5
2. Amounts in dispute totalling $_____ are excluded from Column 13
3. Column 5 excludes $_____ recoverables on ceded IBNR on contracts in force prior to July 1, 1984 and not subsequently renewed.

SCHEDULE F — PART 6 NONE

Provision for Overdue Authorized Reinsurance as of December 31, Current Year

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Reinsurance Recoverable on Paid Losses and LAE More Than 90 Days Overdue (a)	5 Total Reinsurance Recoverable on Paid Losses and Paid LAE (b)	6 Amounts Received Prior 90 Days	7 Column 4 divided by [Col 5 + Col 6]	8 Amounts in Col 4 for companies reporting less than 20% in Column 7	9 Amounts in Dispute Excluded from Col 4 for companies reporting less than 20% in Col 7	10 20% of Amount in Column 9	11 Amount Reported in Col 8 × 20% + Column 10
9999999	TOTALS									

(a) From Schedule F Part 4 Columns 8 + 9, total authorized, less $_____ in dispute.

(b) From Schedule F Part 3 Columns 7 + 8, total authorized, less $_____ in dispute.

SCHEDULE F — PART 7 NONE

Provision for Overdue Reinsurance as of December 31, Current Year

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Reinsurance Recoverable All Items	5 Funds Held By Company Under Reinsurance Treaties	6 Letters of Credit	7 Ceded Balances Payable	8 Other Miscellaneous Balances	9 Other Allowed Offset Items	10 Sum of Columns 5 thru 9 but not in excess of Column 4	11 Column 4 minus Column 10	12 Greater of Column 11 or Schedule F--Part 4 Columns 8 & 9
9999999	TOTALS										

1. Total	
2. Line 1 × .20	
3. Schedule F—Part 6 Col. 11	
4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)	
5. Provision for Unauthorized Reinsurance (Schedule F—Part 5, Col. 17 × 1000)	
6. Provision for Reinsurance (sum Lines 4 + 5) (Enter this amount on Page 3, Line 15)	

SCHEDULE F — PART 8

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Item 9)	51887		51887
2. Agent's balances or uncollected premiums (Item 10)			
3. Funds held by or deposited with reinsured companies (Item 11)			
4. Reinsurance recoverables on loss and loss adjustment expense payments (Item 14)			
5. Other assets (Items 12 and 13 and 15 through 24)			
6. Net amount recoverable from reinsurers			
7. Totals (Item 25)	51887		51887
LIABILITIES (Page 3)			
8. Losses and loss adjustment expenses (Items 1 through 3)			
9. Taxes, expenses, and other obligations (Items 4 through 8)			
10. Unearned premiums (Item 9)			
11. Dividends declared and unpaid (Item 10.1 and 10.2)			
12. Funds held by company under reinsurance treaties (Item 12)			
13. Amounts withheld or retained by company for account of others (Item 13)			
14. Provision for reinsurance (Item 15)			
15. Other liabilities (Items 14 and 16 through 22)			
16. Total Liabilities (Item 23)	—		—
17. Surplus as regards policyholders (Item 32)	51887	XXXX	51887
18. Totals (Item 33)			

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [ ] No [ ]

If yes, give full explanation: _____

SCHEDULE Y

INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 — ORGANIZATIONAL CHART

SCHEDULE Y — (Continued) NONE

PART 2 — SUMMARY OF THE INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
9999999 CONTROL TOTALS									XXX			

REPORT 1 - RESERVE CALCULATION

		Ohio Business (1)	Non-Ohio Business (2)
1.	Contract fees collected – on contracts issued and renewed during 2001 and all other contracts still in force (unexpired) at the end of 2001	$ —	1.
2.	Less: Reinsurance ceded	- —	2.
3.	Net contract fees	—	3.
		x — .40	.40
4.	Sub-total reserve amount	—	4.
5.	Less: Claims paid during current year and prior years on those contract policies issued or renewed during the year and all other contracts in force (unexpired) at the end of 2001.	- —	5.
6.	Current year end statutory reserve **	$ —	6.

** Show line 6 (sum of Col. (1) + Col. (2)) on Page 3, line 2, current year.
If line 6 is negative enter 0 (zero) on page 3, line 2, current year.

REPORT 2 - SURPLUS REQUIREMENT CALCULATION

Calculated company required surplus is based on contracts issued or renew ed representing Ohio and Non-Ohio business in the previous calendar year.

If company is commencing business for the first tim e, surplus is based on the proj ected number of contracts to be issued representing Ohio and Non-Ohio business.

Surplus	Number of Contracts
$ 50,000 minimum	1,000
70,000	1,500
90,000	2,000
110,000	2,500
130,000	3,000
150,000	3,500
170,000	4,000
210,000	5,000
410,000	10,000
610,000	15,000

		Ohio Business (1)	Non-Ohio Business (2)
1.	Total contracts issued or renewed (2000)	1. —	
2.	Less 1,000 contracts	2. - — 1,000	Xxxxxxxxxxxxxxxx x
3.	Additional contracts	3. —	
4.	Divided by 500	4. / — 500	/ 500
5.	Surplus factor (round up; no decimal)	5. —	
6.	Multiply by $20,000	6. x — $20,000	x $20,000
7.	Additional surplus required	7. —	$

SURPLUS REQUIREMENT CALCULATION (cont'd)

8.	Plus $50,000 minimum	8.	+	$50,000
9.	Total minimum surplus required - Ohio Business (lines 7 + 8, Col. (1))	9.	$	—
10.	Total surplus required - Non-Ohio business (line 7, Col. 2)	10.	$	—
11.	Total (lines 9 + 10)	11.	$	50,000
12.	Enter amount from page 3, line 19	12.	$	51,877
13.	Difference (line 12 - line 11)	13.	$	(1877)

SCHEDULE N - CASH

1 Depository - Give full name and location. Give interest rate and maturity date for certificate of deposits.	2 Amount of interest received during year	3 Amount of interest accrued Dec. 31 (current)	4 Balance
OPEN DEPOSITORIES			
1. Firstar, NA Cincinnati Ohio Now Interest	-0-	-0-	-0-
2.			
3.			
4.			
5.			
6.			
7.			
8.			
SUB-TOTAL			
SUSPENDED DEPOSITORIES			
9.			
10.			
SUB-TOTAL			
GRAND TOTAL - ALL DEPOSITORIES	-0-	-0-	-0-

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

Jan	52633	Apr	52,608	Jul	52426	Oct	52326
Feb	52608	May	52,279	Aug	52,326	Nov	52326
Mar	52608	Jun	52,426	Sep	52,326	Dec	51877

CONTRACT FEES WRITTEN
Allocated by States and Territories

NONE

	1 STATES		2 Number of Contracts Written	3 Direct Fees Written	4 Direct Claims Paid	5 Number of Contracts In Force
1	Alabama	AL				
2	Alaska	AK				
3	Arizona	AZ				
4	Arkansas	AR				
5	California	CA				
6	Colorado	CO				
7	Connecticut	CT				
8	Delaware	DE				
9	Wash D.C.	DC				
10	Florida	FL				
11	Georgia	GA				
12	Hawaii	HI				
13	Idaho	ID				
14	Illinois	IL				
15	Indiana	IN				
16	Iowa	IA				
17	Kansas	KS				
18	Kentucky	KY				
19	Louisiana	LA				
20	Maine	ME				
21	Maryland	MD				
22	Massachusetts	MA				
23	Michigan	MI				
24	Minnesota	MN				
25	Mississippi	MS				
26	Missouri	MO				
27	Montana	MT				
28	Nebraska	NE				
29	Nevada	NV				
30	New Hampshire	NH				
31	New Jersey	NJ				
32	New Mexico	NM				
33	New York	NY				
34	North Carolina	NC				
35	North Dakota	ND				
36	Ohio	OH				
37	Oklahoma	OK				
38	Oregon	OR				
39	Pennsylvania	PA				
40	Rhode Island	RI				
41	South Carolina	SC				
42	South Dakota	SD				
43	Tennessee	TN				
44	Texas	TX				
45	Utah	UT				
46	Vermont	VT				
47	Virginia	VA				
48	Washington	WA				
49	West Virginia	WV				
50	Wisconsin	WI				
51	Wyoming	WY				
52						
53						
54						
55	Totals		NONE			

Col 3 - Gross premiums, agree with Part 2A, Col 1

Col 4 agree with Part 3, Col 1