



**IMAGING COVER SHEET**

NAIC #: 11238

Company Name: PEOPLES HEALTH PLAN OF OHIO, INC.

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): \_\_\_\_\_

# **QUARTERLY STATEMENT**

**INCLUDING SUPPLEMENTS**

OF THE

**PEOPLES HEALTH PLAN OF OHIO, INC.**

OF

**CANTON, OHIO**

TO THE

**DEPARTMENT OF INSURANCE**

OF THE STATE OF

**OHIO**

FOR THE PERIOD ENDING  
MARCH 31, 2002

**RECEIVED**

**MAY 15 2002**

HEALTH

**OERS**

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**HEALTH QUARTERLY STATEMENT**FOR THE PERIOD ENDING MARCH 31, 2002  
OF THE CONDITION AND AFFAIRS OF THE**Peoples Health Plan of Ohio, Inc.**NAIC Group Code 0000 NAIC Company Code 11238 Employer's ID Number 52-2318418  
(Current Period) (Prior Period)Organized under the laws of State of Ohio, State of Domicile or Port of Entry OhioCountry of Domicile US

Licensed as business type:

Life Accident & Health  Property/Casualty  Health Service Corporation   
Dental Service Corporation  Vision Service Corporation  Other   
Health Maintenance Organization  Is HMO Federally Qualified? Yes  No Incorporated April 20, 2001 Commenced Business April 1, 2002Statutory Home Office 4580 Stephen Circle, NW, Suite 200, Canton, Ohio 44718  
(Street and Number, City or Town, State and Zip Code)Main Administrative Office 4580 Stephen Circle, NW, Suite 200, Canton, Ohio 44718  
(Street and Number, City or Town, State and Zip Code) 330-499-3100  
(Area Code) (Telephone Number)Mail Address 4580 Stephen Circle, NW, Suite 200, Canton, Ohio 44718  
(Street and Number, City or Town, State and Zip Code)Primary Location of Books and Records 4580 Stephen Circle, NW, Suite 200, Canton, Ohio 44718  
(Street and Number, City or Town, State and Zip Code) 330-499-3100  
(Area Code) (Telephone Number)

Internet Website Address \_\_\_\_\_

Statement Contact Diane C. Chiponis 330-499-3100  
dcchiponis@aol.com (Name) (Area Code) (Telephone Number) (Extension)  
(E-Mail Address) 330-244-1759  
(Fax Number)**OFFICERS**President ..... Harris H. Brooks  
Secretary ..... Pamela J. Tyranski  
Treasurer ..... Allen W. McNair**OTHER OFFICERS****DIRECTORS OR TRUSTEES**

Harris H. Brooks

Pamela J. Tyranski

Allen W. McNair

State of Ohio \_\_\_\_\_ SS  
County of Stark \_\_\_\_\_

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.

Harris H. Brooks Pamela J. TyranskiHarris H. Brooks  
PresidentPamela J. Tyranski  
SecretaryAllen W. McNair  
TreasurerSubscribed and sworn to before me this  
14 day of May, 2002Michelle M. Peters

NOTARY PUBLIC (Seal)

Michelle M. Peters, Notary Public  
In and for the State of Ohio  
My Commission Expires on February 26, 2007

## ASSETS

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds .....				
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 (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....				(a)
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ ..... ) and short-term investments (\$ ..... ) .....	544,186			544,186
6. Other long-term invested assets .....	259,646	259,646		
7. Receivable for securities .....				
8. Aggregate write-ins for invested assets .....	400,000			400,000
9. Subtotal cash and invested assets (Lines 1 to 8) .....	1,203,832	259,646		944,186
10. Accident and health premiums due and unpaid .....				
11. Health care receivables .....				
12. Amounts recoverable from reinsurers .....				
13. Net adjustments in assets and liabilities due to foreign exchange rates .....				815
14. Investment income due and accrued .....	815			815
15. Amounts due from parent, subsidiaries and affiliates .....	103,954	103,954		
16. Amounts receivable relating to uninsured accident and health plans .....				
17. Furniture and equipment .....	69,482	69,482		
18. Amounts due from agents .....				
19. Federal and foreign income tax recoverable and interest thereon (including \$ ..... net deferred tax asset) .....				
20. Electronic data processing equipment and software .....	132,286	132,286		
21. Other nonadmitted assets .....				
22. Aggregate write-ins for other than invested assets .....				
23. Total assets (Lines 9 plus 10 through 22) .....	1,510,369	565,368		945,001
DETAILS OF WRITE-INS				
0801. Contingency reserve .....	400,000			400,000
0802. .....				
0803. .....				
0898. Summary of remaining write-ins for Line 8 from overflow page .....				
0899. Totals (Lines 0801 through 0803 plus Line 0898) (Line 8 above) .....	400,000			400,000
2201. .....				
2202. .....				
2203. .....				
2298. Summary of remaining write-ins for Line 22 from overflow page .....				
2299. Totals (Lines 2201 through 2203 plus Line 2298) (Line 22 above) .....				

(a) \$ ..... health care delivery assets included in Line 4.1, Column 3.

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded) .....				
2. Accrued medical incentive pool and bonus payments .....				
3. Unpaid claims adjustment expenses .....				
4. Aggregate policy reserves .....				
5. Aggregate claim reserves .....				
6. Premiums received in advance .....	24,079			24,079
7. General expenses due or accrued .....	1,050			1,050
8. Federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses) (including \$ net deferred tax liability) .....				
9. Amounts withheld or retained for the account of others .....				
10. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) .....				
11. Amounts due to parent, subsidiaries and affiliates .....				
12. Payable for securities .....				
13. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$ unauthorized reinsurers) .....				
14. Reinsurance in unauthorized companies .....				
15. Net adjustments in assets and liabilities due to foreign exchange rates .....				
16. Liability for amounts held under uninsured accident and health plans .....				
17. Aggregate write-ins for other liabilities (including \$ current) .....	25,129			25,129
18. Total liabilities (Lines 1 to 17) .....				
19. Common capital stock .....	XXX	XXX		6
20. Preferred capital stock .....	XXX	XXX		
21. Gross paid in and contributed surplus .....	XXX	XXX		1,294,994
22. Surplus notes .....	XXX	XXX		
23. Aggregate write-ins for other than special surplus funds .....	XXX	XXX		
24. Unassigned funds (surplus) .....	XXX	XXX		(375,128)
25. Less treasury stock, at cost:				
25.1 shares common (value included in line 19 \$ ) .....	XXX	XXX		
25.2 shares preferred (value included in line 19 \$ ) .....	XXX	XXX		
26. Total capital and surplus (Lines 19 to 25) .....	XXX	XXX		919,872
27. Total Liabilities, capital and surplus (Line 18 and Line 26) .....	XXX	XXX		945,001
<b>DETAILS OF WRITE-INS</b>				
1701. ....				
1702. ....				
1703. ....				
1798. Summary of remaining write-ins for Line 17 from overflow page .....				
1799. Totals (Lines 1701 through 1703 plus Line 1798) (Line 17 above) .....				
2301. ....	XXX	XXX		
2302. ....	XXX	XXX		
2303. ....	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page .....	XXX	XXX		
2399. Totals (Lines 2301 through 2303 plus Line 2398) (Line 23 above) .....	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year
	1 Uncovered	2 Total	3 Total
	X X X		
1. Member Months .....			
2. Net premium income .....	X X X		
3. Change in unearned premium reserves and reserve for rate credits .....	X X X		
4. Fee-for-service (net of \$ ..... 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. Total revenues (Lines 2 to 6) .....	X X X		
Medical and Hospital:			
8. Hospital/medical benefits .....			
9. Other professional services .....			
10. Outside referrals .....			
11. Emergency room and out-of-area .....			
12. Aggregate write-ins for other medical and hospital .....			
13. Incentive pool and withhold adjustments .....			
14. Subtotal (Lines 8 to 13) .....			
Less:			
15. Net reinsurance recoveries .....			
16. Total medical and hospital (Line 14 minus Line 15) .....			
17. Claims adjustment expenses .....	394		394
18. General administrative expenses .....			
19. Increase in reserves for accident and health contracts .....	394		394
20. Total underwriting deductions (Lines 16 through 19) .....	X X X	(394)	
21. Net underwriting gain or (loss) (Lines 7 minus 20) .....	(849)		(849)
22. Net investment income earned .....			
23. Net realized capital gains or (losses) .....			
24. Net investment gains or (losses) (Line 22 plus Line 23) .....	(849)		(849)
25. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			
26. Aggregate write-ins for other income or expenses .....			
27. Net income or (loss) before federal income taxes (Lines 21 plus 24 plus 25 plus 26) .....	(849)		(1,243)
28. Federal and foreign income taxes incurred .....	X X X		
29. Net income (loss) (Line 27 minus Line 28) .....	X X X		(1,243)
DETAILS OF WRITE-INS			
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 Line 0698) (Line 6 above) .....	X X X		
1201. ....			
1202. ....			
1203. ....			
1298. Summary of remaining write-ins for Line 12 from overflow page .....			
1299. Totals (Lines 1201 through 1203 plus Line 1298) (Line 12 above) .....			
2601. ....			
2602. ....			
2603. ....			
2698. Summary of remaining write-ins for Line 26 from overflow page .....			
2699. Totals (Lines 2601 through 2603 plus Line 2698) (Line 26 above) .....			

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

CAPITAL AND SURPLUS ACCOUNT	1	2
	Year to Date	Prior Year
30. Capital and surplus prior reporting period .....		
GAINS AND LOSSES TO CAPITAL AND SURPLUS		
31. Net income (loss) from Line 29 .....	(1,243)	
32. Change in valuation basis of aggregate policy and claims reserves .....		
33. Net unrealized capital gains and losses .....		
34. Change in net unrealized foreign exchange capital gain or (loss) .....		
35. Change in net deferred income tax .....		
36. Change in nonadmitted assets .....	(373,885)	
37. Change in unauthorized reinsurance .....		
38. Change in treasury stock .....		
39. Change in surplus notes .....		
40. Cumulative effect of changes in accounting principles .....		
41. Capital Changes:		
41.1 Paid in .....	1,295,000	
41.2 Transferred from surplus (Stock Dividend) .....		
41.3 Transferred to surplus .....		
42. Surplus adjustments:		
42.1 Paid in .....		
42.2 Transferred to capital (Stock Dividend) .....		
42.3 Tranferred from capital .....		
43. Dividends to stockholders .....		
44. Aggregate write-ins for gains or (losses) in surplus .....		
45. Net change in capital and surplus (Lines 31 to 44) .....	919,872	
46. Capital and surplus end of reporting period (Line 30 plus 45) .....	919,872	
DETAILS OF WRITE-INS		
4401. ....		
4402. ....		
4403. ....		
4498. Summary of remaining write-ins for Line 44 from overflow page .....		
4499. Totals (Lines 4401 through 4403 plus 4498) (Line 44 above) .....		

## STATEMENT AS OF MARCH 31, 2002 OF THE Peoples Health Plan of Ohio, Inc.

**CASH FLOW**

		1 Current Year to Date	2 Prior Year
<b>Cash from Operations</b>			
1. Premiums and revenues collected net of reinsurance .....		24,079	
2. Claims and claims adjustment expenses .....			
3. General administrative expenses paid .....		394	
4. Other underwriting income (expenses) .....			
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) .....		23,685	
6. Net investment income .....		(849)	
7. Other income (expenses) .....			
8. Federal and foreign income taxes (paid) recovered .....			
9. Net cash from operations (Lines 5 to 8) .....		22,836	
<b>Cash from Investments</b>			
10. Proceeds from investments sold, matured or repaid:			
10.1 Bonds .....			
10.2 Stocks .....			
10.3 Mortgage Loans .....			
10.4 Real estate .....			
10.5 Other invested assets .....			
10.6 Net gains or (losses) on cash and short-term investments .....			
10.7 Miscellaneous proceeds .....		(815)	
10.8 Total investment proceeds (Lines 10.1 to 10.7) .....		(815)	
11. Cost of investment acquired (long-term only):			
11.1 Bonds .....			
11.2 Stocks .....			
11.3 Mortgage Loans .....			
11.4 Real estate .....			
11.5 Other invested assets .....		659,646	
11.6 Miscellaneous applications .....			
11.7 Total investments acquired (Lines 11.1 to 11.6) .....		659,646	
12. Net cash from investments (Line 10.8 minus Line 11.7) .....		(660,461)	
<b>Cash from Financing and Miscellaneous Sources</b>			
13. Cash Provided:			
13.1 Surplus notes, capital and surplus paid in .....		1,295,000	
13.2 Net transfers from affiliates .....			
13.3 Borrowed funds received .....		1,050	
13.4 Other cash provided .....			
13.5 Total (Lines 13.1 to 13.4) .....		1,296,050	
14. Cash applied:			
14.1 Dividends to stockholders paid .....			
14.2 Net transfers to affiliates .....		103,954	
14.3 Borrowed funds repaid .....			
14.4 Other applications .....		10,285	
14.5 Total (Lines 14.1 to 14.4) .....		114,239	
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5) .....		1,181,811	
<b>RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS</b>			
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15) .....		544,186	
17. Cash and short-term investments:			
17.1 Beginning of period .....			
17.2 End of period (Line 16 plus Line 17.1) .....		544,186	

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVII Medicaid	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Premiums Collected										
13. Premiums Earned										
14. Amount Paid for Provision of Health Care Services										
15. Amount Incurred for Provision of Health Care Services										

STATEMENT AS OF MARCH 31, 2002 OF THE Peoples Health Plan of Ohio, Inc.

**Page 08**  
Claims Payable (Reported and Unreported)  
**NONE**

**Page 09**  
Schedule B - Pt. 1 Mortgage Loans Acquired  
**NONE**

## NOTES TO FINANCIAL STATEMENTS

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### 1. Organization

Peoples Health Plan of Ohio, Inc. ("Peoples Health") was formed on April 20, 2001 under the laws of the State of Ohio. Its principal place of business is Canton, Ohio. Peoples Health is a subsidiary of Peoples Health Associates, Inc. (PHA), a privately held Delaware corporation.

On February 12, 2002, a Certificate of Authority was granted to Peoples Health, authorizing the company to transact the business of basic and supplemental health care services as a health insuring corporation in the State of Ohio.

Peoples Health offers its managed care services to Medical Assistance members under a contract with the State of Ohio Department of Jobs and Family Services, Bureau of Managed Care (ODJFS). Operations under the ODJFS contract commenced April 1, 2002 in Cuyahoga County.

Prior to April 1, 2002, all Peoples Health start-up and pre-operational costs and expenses, as well as costs incurred in the pursuit of licensure, were assumed by PHA.

### 2. Significant Accounting Policies

#### *Basis of presentation*

Peoples Health, domiciled in the State of Ohio, prepares its statutory financial statements in accordance with accounting practices prescribed or permitted by the State of Ohio. Prescribed statutory accounting practices include state regulations, laws and general administrative rules, as well as various pronouncements of the National Association of Insurance Commissioners. Permitted statutory accounting practices encompass all accounting practices not so prescribed.

Statutory practices vary from generally accepted accounting practices in that certain assets designated as "non-admitted assets" are charged directly to net worth; under generally accepted accounting principles, such assets are carried on the balance sheet with the appropriate valuation allowances.

#### *Cash and Cash Equivalents*

Peoples Health considers all highly liquid debt instruments with an original maturity of three months or less to be cash equivalents.

#### *Certificate of Deposit*

In January 2002, Peoples Health purchased a certificate of deposit in the amount of \$259,646. The investment collateralized obligations under capital leases for furniture and equipment. In April 2002, the certificate was released and a portion of its proceeds was utilized to pay the leases in full.

#### *Premium Revenue*

Premiums are recognized as revenue during the period in which Peoples Health is obligated to provide services to members. Premiums received for future months' services are recorded as *premiums received in advance*.

#### *Regulatory Compliance Requirements*

Peoples Health is required to maintain a deposit of \$400,000 under the regulations of the State of Ohio Department of Insurance. To satisfy the requirement, Peoples Health deposited \$400,000 in a certificate of deposit with the Superintendent of Insurance in February 2002. According to Agreement No. ODIBA 575, the investment shall be under the control of the Superintendent and Peoples Health shall not transfer, pledge, hypothecate, assign or deliver to any person, the investment without prior written approval of the Superintendent.

Peoples Health is also required to maintain a net worth amount of not less than \$1,700,000.

## **NOTES TO FINANCIAL STATEMENTS**

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At March 31, 2002, Peoples Health was in compliance with the minimum deposit requirement. As of May 3, 2002, Peoples Health is in compliance with both the minimum deposit requirement and the statutory net worth requirement.

Should additional capital contributions be required by Peoples Health in order to meet regulatory compliance requirements after May 3, 2002, its parent, PHA, has represented that PHA and/or its investors will provide the necessary funding.

### **3. Reinsurance Agreements**

Under the terms of the current reinsurance agreement, Peoples Health will generally be reimbursed for 90% of approved inpatient, outpatient and out-of-area hospital services after satisfying a \$75,000 deductible prescribed by ODJFS. The coverage is subject to limitations on average per diem rates and aggregate liability.

### **4. Related Party Transactions**

Peoples Health has a cost-sharing agreement with both PHA and Peoples Health Care Services, Inc. (PHS), also a subsidiary of PHA, to provide certain administrative and support services to augment its operations. The net amount due from affiliates at March 31, 2002 is \$103,954.

For year to date March 31, 2002, Peoples Health received capital infusions from PIIA totaling \$1,295,000.

### **5. Subsequent Events**

Peoples Health commenced operations on April 1, 2002.

On May 3, 2002, Peoples Health received capital infusions totaling \$600,000 from PHA to meet statutory net worth requirements. Peoples Health is not obligated to repay the funds infused.

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(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 implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes  No

1.2 If yes, explain: .....

2.1 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

2.2 If yes, has the report been filed with the domiciliary state? Yes  No

3.1 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

3.2 If yes, date of change: If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes  No

If yes, attach an organizational chart.

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

5.2 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

6. 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  N/A

If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. N/A

7.2 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. N/A

7.3 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). N/A

7.4 By what department or departments? .....

8.1 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? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement) Yes  No

If yes, give full information .....

## (CONTINUED)

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

## INVESTMENT

9.1	Has there been any change in the reporting entity's own preferred or common stock?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
9.2	If yes, explain.....		
10.1	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
10.2	If yes, give full and complete information thereto: <u>1/02. Certificate of Deposit in amount of \$259,646, purchased to collateralize capital leases.</u>		
11.	Amount of real estate and mortgages held in other invested assets in Schedule BA:	\$ <u>N/A</u>	
12.	Amount of real estate and mortgages held in short-term investments:	\$ <u>N/A</u>	
13.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
13.2	If yes, please complete the following:		
		1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21	Bonds.....	\$ _____	\$ _____
13.22	Preferred Stock.....	\$ _____	\$ _____
13.23	Common Stock.....	\$ _____	\$ _____
13.24	Short-Term Investments.....	\$ _____	\$ _____
13.25	Mortgages, Loans or Real Estate.....	\$ _____	\$ _____
13.26	All Other.....	\$ _____	\$ _____
13.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26).....	\$ _____	\$ _____
13.28	Total Investment in Parent included in Lines 13.21 to 13.26 above.....	\$ _____	\$ _____
13.29	Receivable from Parent not included in Lines 13.21 to 13.26 above.....	\$ _____	\$ _____

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes  No

14.2 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.

15. 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?

15.1 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
Key Bank, N.A.	CALIFON, OH 44718

15.2 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)

15.3 Have there been any changes, including name changes, in the custodian(s) identified in 15.1 during the current year? Yes  No

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

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

15.5 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
N/A		

**Page 12**

Schedule A. Verification Between Years  
**NONE**

Schedule B. Verification Between Years  
**NONE**

Schedule BA. Verification Between Years  
**NONE**

**Page 13**

Schedule D. Part 1B  
**NONE**

**Page 14**

Schedule DA. Part 1  
**NONE**

Schedule DA. Part 2  
**NONE**

**Page 15**

Sch. DB. Pt. F. Sn. 1. Summary Replicated (Syn.) Assets  
**NONE**

**Page 16**

Sch. DB. Pt. F. Sn. 2. Reconciliation Replicated (Syn.) Assets  
**NONE**

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

States, Etc.	1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed ? (Yes or No)	Direct Business Only Year-to-Date			
			3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums
1. Alabama	AL	No	No			
2. Alaska	AK	No	No			
3. Arizona	AZ	No	No			
4. Arkansas	AR	No	No			
5. California	CA	No	No			
6. Colorado	CO	No	No			
7. Connecticut	CT	No	No			
8. Delaware	DE	No	No			
9. District of Columbia	DC	No	No			
10. Florida	FL	No	No			
11. Georgia	GA	No	No			
12. Hawaii	HI	No	No			
13. Idaho	ID	No	No			
14. Illinois	IL	No	No			
15. Indiana	IN	No	No			
16. Iowa	IA	No	No			
17. Kansas	KS	No	No			
18. Kentucky	KY	No	No			
19. Louisiana	LA	No	No			
20. Maine	ME	No	No			
21. Maryland	MD	No	No			
22. Massachusetts	MA	No	No			
23. Michigan	MI	No	No			
24. Minnesota	MN	No	No			
25. Mississippi	MS	No	No			
26. Missouri	MO	No	No			
27. Montana	MT	No	No			
28. Nebraska	NE	No	No			
29. Nevada						
30. New Hampshire						
31. New Jersey						
32. New Mexico						
33. New York						
34. North Carolina						
35. North Dakota						
36. Ohio						
37. Oklahoma						
38. Oregon						
39. Pennsylvania						
40. Rhode Island	RI	No	No			
41. South Carolina	SC	No	No			
42. South Dakota	SD	No	No			
43. Tennessee	TN	No	No			
44. Texas	TX	No	No			
45. Utah	UT	No	No			
46. Vermont	VT	No	No			
47. Virginia	VA	No	No			
48. Washington	WA	No	No			
49. West Virginia	WV	No	No			
50. Wisconsin	WI	No	No			
51. Wyoming	WY	No	No			
52. American Samoa	AS	No	No			
53. Guam	GU	No	No			
54. Puerto Rico	PR	No	No			
55. U.S. Virgin Islands	VI	No	No			
56. Canada	CH	No	No			
57. Aggregate Other Alien	OT	X X X X X X	X X X (a)			
58. Total (Direct Business)						
<b>DETAILS OF WRITE-INS</b>						
5701.						
5702.						
5703.						
5798. Summary of remaining write-ins for Line 57 from overflow page						
5799. Total (Lines 5701 through 5703 plus Line 5798) (Line 57 above)						

(a) Insert the number of yes responses except for Canada and Other Alien.

**NONE**

STATEMENT AS OF MARCH 31, 2002 OF THE Peoples Health Plan of Ohio, Inc.

**Page 18**  
Schedule S - Ceded Reinsurance  
**NONE**

STATEMENT AS OF MARCH 31, 2002 OF THE Peoples Health Plan of Ohio, Inc.

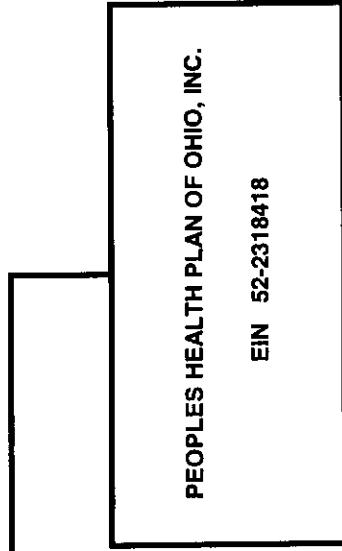
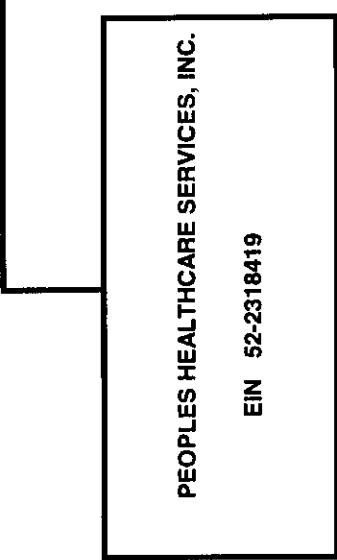
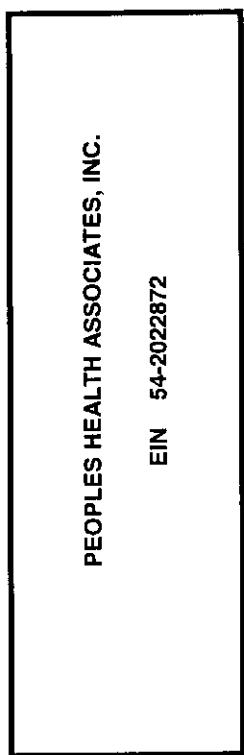
## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

All Insurer members of a Holding Company Group that has acquired and/or disposed of any domestic insurer(s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

### **PART 1 - ORGANIZATIONAL CHART**

STATEMENT AS OF March 31, 2002 OF THE PEOPLES HEALTH PLAN OF OHIO

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP.**  
**PART I – ORGANIZATIONAL CHART**



**SCHEDULE Y (Continued)**

**PART 2 — SUMMARY OF INSURER'S AND HIC'S TRANSACTIONS WITH ANY AFEI U.S.**

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

1.1 The SVO Compliance Certification is a required filing for all companies. Will the SVO Compliance Certification be filed with this Department with this statement?

Yes ( ) No (X)

1.2 If no, please explain:

Peoples Health Plan of Ohio, Inc. did not invest in securities for which compliance certification is required.

If response is no and the form is "None", affix bar code (Document Identifier 470) here:



STATEMENT AS OF MARCH 31, 2002 OF THE Peoples Health Plan of Ohio, Inc.

**Page E01**

Sch. A. Pt. 2. Real Estate Acquired  
**NONE**

Sch. A. Pt. 3. Real Estate Sold  
**NONE**

**Page E02**

Schedule B. Part 1. Mortgage Loans Acquired  
**NONE**

Schedule B. Part 2. Mortgage Loans Sold  
**NONE**

**SCHEDULE BA - PART 1**

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

Number of Units and Description	Location		Name of Vendor	Date Acquired	Actual Cost	Amount of Encumbrances	Book Adjusted Carrying Value Less Encumbrances	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	10
	2 City	3 State								
<b>Fixed or Variable Interest Rate Investments that have the underlying characteristics of Other Fixed Income Instruments</b>										
Certificate of Deposit - Canton	Ohio		Key Bank, N.A.	02/11/2002	400,000		259,546	259,546	259,546	400,000
Certificate of Deposit - Canton	Ohio		Key Bank, N.A.	01/24/2002	559,546		559,546	559,546	559,546	400,000
Subtotal - Fixed or Variable Interest Rate Investments that have the underlying characteristics of Other Fixed Income Instruments										
99999999 TOTALS					659,546		259,546	259,546	259,546	400,000

**SCHEDULE BA - PART 2**

Showing Other Long-Term Invested Assets SOLD, transferred or paid in full during the Current Quarter

Number of Units and Description	Location		Name of Purchaser	Nature of Disposition	Date Acquired	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Increase (Decrease) by Adjustment	Book/Adjusted Carrying Value less Encumbrances at Disposition	Consideration Received	11	12	13
	2 City	3 State										
<b>Number of Units and Description</b>												
1	2	3										

STATEMENT AS OF MARCH 31, 2002 OF THE Peoples Health Plan of Ohio, Inc.

**Page E04**

Schedule D. Part 3. Long Term Bonds and Stocks Acquired  
**NONE**

**Page E05**

Schedule D. Part 4. Long Term Bonds and Stocks Disposed Of  
**NONE**

**Page E06**

Schedule DB. Part A. Section 1  
**NONE**

Schedule DB. Part B. Section 1  
**NONE**

**Page E07**

Schedule DB. Part C. Section 1  
**NONE**

Schedule DB. Part D. Section 1  
**NONE**

STATEMENT AS OF MARCH 31, 2002 OF THE Peoples Health Plan of Ohio, Inc.

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository		2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			8 * 
Name	Location and Supplemental Information				5 First Month	6 Second Month	7 Third Month	
<b>Open Depositories</b>								
National City Bank	Canton, Ohio - Checking				50	40		
Key Bank	Canton, Ohio - Checking				500	500	470	
Key Bank	Canton, Ohio - Depository				347,290	18,554	43,688	
Key Bank	Canton, Ohio - Depository				500,000	500,000	499,988	
0199999	<b>TOTAL - Open Depositories</b>				847,790	519,104	544,186	
0399999	<b>TOTAL Cash on Deposit</b>				847,790	519,104	544,186	
0599999	<b>TOTALS</b>				847,790	519,104	544,186	