



IMAGING COVER SHEET

NAIC #:	11238
Company Name:	PEOPLES HEALTH PLAN OF OHIO, INC.
Company Type:	<input type="checkbox"/> P&C <input type="checkbox"/> Life <input checked="" type="checkbox"/> HIC <input type="checkbox"/> Frat <input type="checkbox"/> Title <input type="checkbox"/> MEWA <input type="checkbox"/> HW <input type="checkbox"/> MPA <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> 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

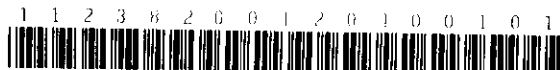
OHIO

FOR THE PERIOD ENDING
MARCH 31, 2002

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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 (Current Period) NAIC Company Code 11238 (Prior Period) Employer's ID Number 52-2318418

Organized under the laws of State Of Ohio, State of Domicile or Port of Entry Ohio

Country 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, 2002

Statutory 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 330-499-3100
(Street and Number, City or Town, State and Zip Code) (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
(Name) (Area Code) (Telephone Number) (Extension)
dcchiponis@aol.com 330-244-1759
(E-Mail Address) (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. Tyranski Allen W. McNair
President Secretary Treasurer

Subscribed and sworn to before me this
14 day of May, 2002

Michelle Peters
NOTARY PUBLIC (Seal)

Michelle M. Peters, Notary Public
In and for the State of Ohio
My Commission Expires on February 28, 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				
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)				
18. Total liabilities (Lines 1 to 17)	25,129		25,129	
19. Common capital stock	X X X	X X X	6	
20. Preferred capital stock	X X X	X X X		
21. Gross paid in and contributed surplus	X X X	X X X	1,294,994	
22. Surplus notes	X X X	X X X		
23. Aggregate write-ins for other than special surplus funds	X X X	X X X		
24. Unassigned funds (surplus)	X X X	X X X	(375,128)	
25. Less treasury stock, at cost:				
25.1 shares common (value included in line 19 \$)	X X X	X X X		
25.2 shares preferred (value included in line 19 \$)	X X X	X X X		
26. Total capital and surplus (Lines 19 to 25)	X X X	X X X	919,872	
27. Total Liabilities, capital and surplus (Line 18 and Line 26)	X X X	X X X	945,001	
DETAILS OF WRITE-INS				
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.	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 Line 2398) (Line 23 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X		
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			
18. General administrative expenses	394	394	
19. Increase in reserves for accident and health contracts			
20. Total underwriting deductions (Lines 16 through 19)	394	394	
21. Net underwriting gain or (loss) (Lines 7 minus 20)	X X X	(394)	
22. Net investment income earned	(849)	(849)	
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 Transferred 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	2
	Current Year to Date	Prior Year
Cash from Operations		
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	
Cash from Investments		
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)	
Cash from Financing and Miscellaneous Sources		
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	
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
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
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year							X X X			
2. First Quarter							X X X			
3. Second Quarter							X X X			
4. Third Quarter							X X X			
5. Current Year							X X X			
6. Current Year Member Months							X X X			
Total Member Ambulatory Encounters for Period:										
7. Physician							X X X			
8. Non-Physician							X X X			
9. Total							X X X			
10. Hospital Patient Days Incurred							X X X			
11. Number of Inpatient Admissions							X X X			
12. Premiums Collected	24,079								24,079	
13. Premiums Earned										
14. Amount Paid for Provision of Health Care Services										
15. Amount Incurred for Provision of Health Care Services										

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Claims Payable (Reported and Unreported)
NONE

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Schedule B - Pt. 1 Mortgage Loans Acquired
NONE

NOTES TO FINANCIAL STATEMENTS

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

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 PHA 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 ☒

8.2 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 ☐ No ☒
- 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 ☒ No ☐
- 10.2 If yes, give full and complete information thereto: ... 102 Certificate of Deposit
in amount of \$259,646, purchased to collateralize capital leases.
11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ N/A
12. Amount of real estate and mortgages held in short-term investments: \$ N/A
- 13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes ☐ No ☒
- 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? Yes ☒ No ☐
- 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
<u>Key Bank, N.A.</u>	<u>CALTON, OH 44718</u>

- 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
<u>N/A</u>		

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Schedule A. Verification Between Years
NONE

Schedule B. Verification Between Years
NONE

Schedule BA. Verification Between Years
NONE

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Schedule D. Part 1B
NONE

Page 14

Schedule DA. Part 1
NONE

Schedule DA. Part 2
NONE

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

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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	2	Direct Business Only Year-to-Date			
			3	4	5	6
	Guaranty Fund (Yes or No)	Is Insurer Licensed ? (Yes or No)	Premiums	Medicare Title XVIII	Medicaid Title XIX	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	CN No	No				
57. Aggregate Other Alien	OT X X X	X X X				
58. Total (Direct Business)	X X X	(a)				
DETAILS OF WRITE-INS						
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)						

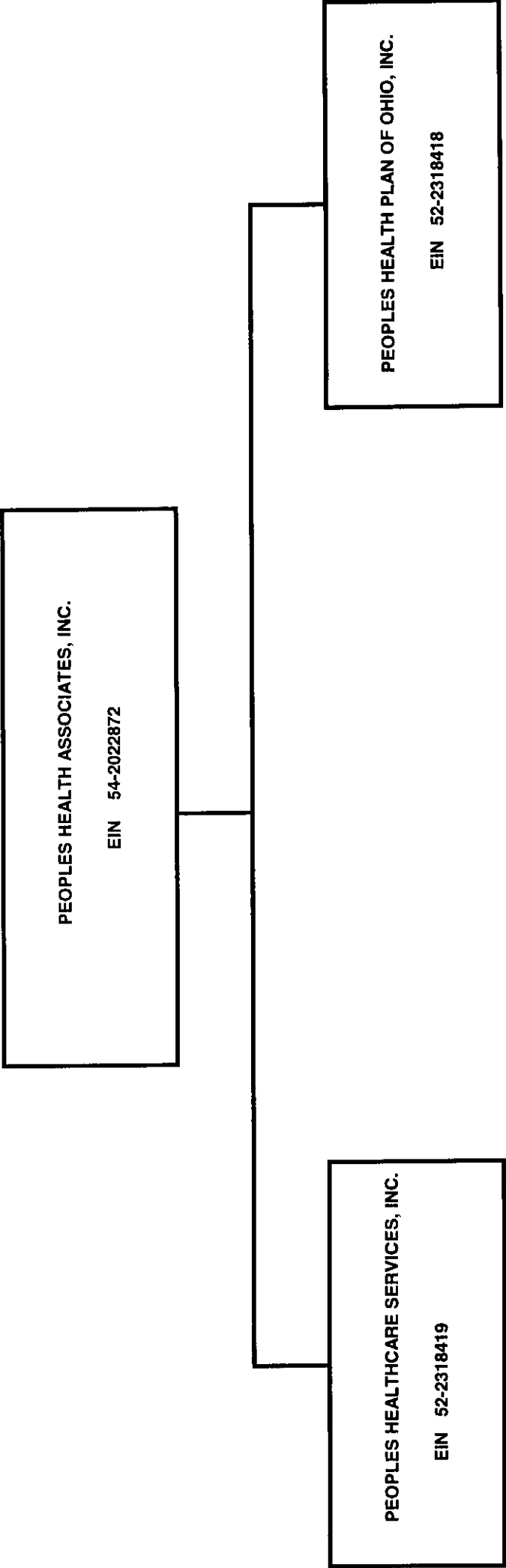
(a) Insert the number of yes responses except for Canada and Other Alien.

**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

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

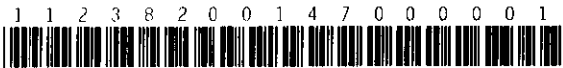


SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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:



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

1 Number of Units and Description	Location		4 Name of Vendor	5 Date Acquired	6 Actual Cost	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Increase (Decrease) by Adjustment	10 Increase (Decrease) by Foreign Exchange Adjustment
	2 City	3 State							
Fixed or Variable Interest Rate Investments that have the underlying characteristics of Other Fixed Income Instruments									
Certificate of Deposit	Canton	Ohio	Key Bank, N.A.	02/11/2002	400,000				
Subtotal - Fixed or Variable Interest Rate Investments that have the underlying characteristics of Other Fixed Income Instruments	Canton	Ohio	Key Bank, N.A.	01/24/2002	259,646	259,646	400,000		
9999999 TOTALS					659,646	259,646	400,000		

SCHEDULE BA - PART 2

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

1 Number of Units and Description	Location		4 Name of Purchaser or Nature of Disposition	5 Date Acquired	6 Book/Adjusted Carrying Value Less Encumbrances Prior Year	7 Increase (Decrease) by Adjustment	8 Increase (Decrease) by Foreign Exchange Adjustment	9 Book/Adjusted Carrying Value less Encumbrances at Disposition	10 Consideration Received	11 Foreign Exchange Profit (Loss) on Sale	12 Realized Profit (Loss) on Sale	13 Total Profit (Loss) on Sale
	2 City	3 State										

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	Book Balance at End of Each Month During Current Quarter			8
Depository					5	6	7	
Name	Location and Supplemental Information							
Open Depositories								
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	TOTAL - Open Depositories				847,790	519,104		544,186
0399999	TOTAL Cash on Deposit				847,790	519,104		544,186
0599999	TOTALS				847,790	519,104		544,186