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2002

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HEALTH QUARTERLY STATEMENT
AS OF March 31, 2002
OF THE CONDITION AND AFFAIRS OF THE
Community Health Plan of Ohio

NAIC Group Code	_____	NAIC Company Code	95193	Employer's ID Number	31-1187134
	(Current Period)	(Prior Period)			
Organized under the Laws of	Ohio	State of Domicile or Port of Entry	OH		
Country of Domicile	United States				
Licensed as business type:	Life, Accident & Health <input type="checkbox"/> Dental Service Corporation <input type="checkbox"/> Other <input type="checkbox"/>	Property/Casualty <input type="checkbox"/> Vision Service Corporation <input type="checkbox"/>		Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/> Health Maintenance Organization <input checked="" type="checkbox"/>	
		Is HMO Federally Qualified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Date Incorporated or Organized	06/30/1986	Date Commenced Business	11/27/1986		
Statutory Home Office	715 South Taft Ave.		Fremont, OH 43420		
	(Street and Number)		(City, or Town, State and Zip Code)		
Main Administrative Office	715 South Taft Ave.				
	(Street and Number)				
	Fremont, OH 43420		(419)334-6625-		
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Mail Address	715 South Taft Ave.		Fremont, OH 43420		
	(Street and Number or P.O. Box)		(City, or Town, State and Zip Code)		
Primary Location of Books and Records	715 South Taft Ave.				
	(Street and Number)				
	Fremont, OH 43420		(419)334-6625-		
	(City, or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Internet Website Address	_____				
Statutory Statement Contact	Therese Marie Johnson		(330)945-9333-		
	(Name)		(Area Code)(Telephone Number)(Extension)		
	ctheresejohnson@neo.rr.com		(330)945-9699-		
	(E-Mail Address)		(Fax Number)		
Policyowner Relations Contact	_____	(Street and Number)			
	(City, or Town, State and Zip Code)		(Area Code) (Telephone Number)(Extension)		

OFFICERS

President John A Gorman
Secretary Richard J Ruppel
Treasurer

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

State of Ohio
County of Sandusky ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals 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.

(Signature)
John A Gorman
(Printed Name)
President

(Signature)
Richard J Ruppel
(Printed Name)
Secretary

(Signature)

(Printed Name)
Treasurer

Subscribed and sworn to before me this
____ day of _____, 2002

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

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds	757,813		757,813	353,971
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):				(a)
4.1 Properties occupied by the company (less \$..... encumbrances)				
4.2 Properties held for the production of income (less \$..... encumbrances)				
4.3 Properties held for sale (less \$..... encumbrances)				
5. Cash (\$.....1,155,578) and short-term investments (\$.....)	1,155,578		1,155,578	3,165,557
6. Other long-term invested assets				
7. Receivable for securities				
8. Aggregate write-ins for invested assets				
9. Subtotal cash and invested assets (Lines 1 to 8)	1,913,391		1,913,391	3,519,528
10. Accident and health premiums due and unpaid	987,912		987,912	973,396
11. Health care receivables	4,514,764	3,151,388	1,363,376	4,255,321
12. Amounts recoverable from reinsurers	226,887		226,887	278,677
13. Net adjustment in assets and liabilities due to foreign exchange rates				
14. Investment income due and accrued	5,497		5,497	4,288
15. Amounts due from parent, subsidiaries and affiliates	1,500,000		1,500,000	800,000
16. Amounts receivable relating to uninsured accident and health plans				
17. Furniture and equipment				
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				
21. Other nonadmitted assets				
22. Aggregate write-ins for other than invested assets	421,462		421,462	
23. Total assets (Lines 9 plus 10 through 22)	9,569,913	3,151,388	6,418,525	9,831,210

DETAILS OF WRITE-INS

0801				
0802				
0803				
0898. Summary of remaining write-ins for Line 8 from overflow page				
0899. TOTALS (Lines 0801 through 0803 plus 0898) (Line 8 above)				
2201. Other receivables	421,462		421,462	
2202				
2203				
2298. Summary of remaining write-ins for Line 22 from overflow page				
2299. TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above)	421,462		421,462	

(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)	1,525,848		1,525,848	3,369,944
2. Accrued medical incentive pool and bonus payments				
3. Unpaid claims adjustment expenses	59,877		59,877	266,500
4. Aggregate policy reserves				
5. Aggregate claim reserves				
6. Premiums received in advance	698,468		698,468	644,208
7. General expenses due or accrued	18,813		18,813	
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 account of others				
10. Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current)				
11. Amounts due to parent, subsidiaries and affiliates	667,742		667,742	421,253
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)	1,279,747		1,279,747	1,966,019
18. Total liabilities (Lines 1 to 17)	4,250,495		4,250,495	6,667,924
19. Common capital stock	XXX	XXX		
20. Preferred capital stock	XXX	XXX		
21. Gross paid in and contributed surplus	XXX	XXX	5,768,210	3,863,856
22. Surplus notes	XXX	XXX	53,039	53,039
23. Aggregate write-ins for other surplus funds	XXX	XXX		
24. Unassigned funds (surplus)	XXX	XXX	(3,653,219)	(753,609)
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 20 \$.....)	XXX	XXX		
26. Total capital and surplus (Lines 19 to 24, Less 25)	XXX	XXX	2,168,030	3,163,286
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	6,418,525	9,831,210
DETAILS OF WRITE-INS				
1701. Liability to Member Hospitals (Non-claim liability)	1,198,005		1,198,005	1,180,358
1702. Other current liabilities	81,742		81,742	785,661
1703				
1798. Summary of remaining write-ins for Line 17 from overflow page				
1799. TOTALS (Lines 1701 through 1703 plus 1798) (Line 17 above)	1,279,747		1,279,747	1,966,019
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 2398) (Line 23 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	11,071	182,481
1. Member Months	XXX	11,071	182,481
2. Net premium income	XXX	2,100,592	35,695,202
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$..... medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. TOTAL REVENUES (Lines 2 to 6)	XXX	2,100,592	35,695,202
Medical and Hospital:			
8. Hospital/medical benefits		1,585,235	16,624,962
9. Other professional services		9,187	2,562,004
10. Outside referrals			9,314,586
11. Emergency room and out-of-area			3,591,864
12. Prescription drugs		299,132	6,338,175
13. Aggregate write-ins for other medical and hospital		472,014	(4,548,754)
14. Incentive pool and withhold adjustments			
15. Subtotal (Lines 8 to 14)		2,365,568	33,882,837
LESS:			
16. Net reinsurance recoveries		173,799	1,958,603
17. Total medical and hospital (Lines 15 minus 16)		2,191,769	31,924,234
18. Claims adjustment expenses			
19. General administrative expenses		288,878	3,757,526
20. Increase in reserves for accident and health contracts			
21. Total underwriting deductions (Lines 17 through 20)		2,480,647	35,681,760
22. Net underwriting gain or (loss) (Lines 7 minus 21)	XXX	(380,055)	13,442
23. Net investment income earned		5,584	111,300
24. Net realized capital gains or (losses)			
25. Net investment gains or (losses) (Lines 23 plus 24)		5,584	111,300
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....), (amount charged off \$.....)]			
27. Aggregate write-ins for other income or expenses			
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		(374,471)	124,742
29. Federal and foreign income taxes incurred	XXX		
30. Net income (loss) (Lines 28 minus 29)	XXX	(374,471)	124,742
DETAILS OF WRITE-INS			
0601	XXX		
0602	XXX		
0603	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
1301. Medical Indemnity Credit			(4,548,754)
1302. Capitation Payments		472,014	
1303			
1398. Summary of remaining write-ins for Line 13 from overflow page			
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)		472,014	(4,548,754)
2701			
2702			
2703			
2798. Summary of remaining write-ins for Line 27 from overflow page			
2799. TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year to Date	2 Prior Year
CAPITAL & SURPLUS ACCOUNT			
31.	Capital and surplus prior reporting year	3,163,286	2,486,253
GAINS AND LOSSES TO CAPITAL & SURPLUS			
32.	Net income or (loss) from Line 30	(374,471)	124,742
33.	Change in valuation basis of aggregate policy and claim reserves		
34.	Net unrealized capital gains and losses		
35.	Change in net unrealized foreign exchange capital gain or (loss)		
36.	Change in net deferred income tax		
37.	Change in nonadmitted assets	(1,993,750)	(1,175,631)
38.	Change in unauthorized reinsurance		
39.	Change in treasury stock		
40.	Change in surplus notes		
41.	Cumulative effect of changes in accounting principles		
42.	Capital Changes:		
42.1	Paid in		
42.2	Transferred from surplus (Stock Dividend)		
42.3	Transferred to surplus		
43.	Surplus adjustments:		
43.1	Paid in	1,372,965	823,698
43.2	Transferred to capital (Stock Dividend)		
43.3	Transferred from capital		
44.	Dividends to stockholders		
45.	Aggregate write-ins for gains or (losses) in surplus		904,224
46.	Net change in capital and surplus (Lines 32 to 45)	(995,256)	677,033
47.	Capital and surplus end of reporting period (Line 31 plus 46)	2,168,030	3,163,286
DETAILS OF WRITE-INS			
4501.	Minimum Member Hospital Additional Funds		904,224
4502	.....	
4503	.....	
4598.	Summary of remaining write-ins for Line 45 from overflow page		
4599.	TOTALS (Lines 4501 through 4503 plus 4598) (Line 45 above)		904,224

CASH FLOW

		1 Current Year To Date	2 Prior Year
Cash from Operations			
1.	Premiums and revenues collected net of reinsurance	2,140,336	37,508,949
2.	Claims and claims adjustment expenses	3,984,075	35,628,874
3.	General administrative expenses paid	1,180,607	3,757,526
4.	Other underwriting income (expenses)		124,742
5.	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(3,024,346)	(1,752,709)
6.	Net investment income	4,375	148,160
7.	Other income (expenses)	(1,993,750)	
8.	Federal and foreign income taxes (paid) recovered		
9.	Net cash from operations (Lines 5 to 8)	(5,013,721)	(1,604,549)
Cash from Investments			
10.	Proceeds from investments sold, matured or repaid:		
10.1	Bonds		1,426,750
10.2	Stocks		
10.3	Mortgage loans		
10.4	Real estate		130,590
10.5	Other invested assets		
10.6	Net gains or (losses) on cash and short-term investments		
10.7	Miscellaneous proceeds		
10.8	TOTAL investment proceeds (Lines 10.1 to 10.7)		1,557,340
11.	Cost of investments acquired (long-term only):		
11.1	Bonds	403,842	50,000
11.2	Stocks		
11.3	Mortgage loans		
11.4	Real estate		
11.5	Other invested assets		
11.6	Miscellaneous applications		
11.7	TOTAL investments acquired (Lines 11.1 to 11.6)	403,842	50,000
12.	Net cash from investments (Line 10.8 minus Line 11.7)	(403,842)	1,507,340
Cash from Financing and Miscellaneous Sources			
13.	Cash provided:		
13.1	Surplus notes, capital and surplus paid in	672,965	823,698
13.2	Net transfers from affiliates		1,818,165
13.3	Borrowed funds received	264,136	
13.4	Other cash provided	2,891,945	2,208,030
13.5	TOTAL (Lines 13.1 to 13.4)	3,829,046	4,849,893
14.	Cash applied:		
14.1	Dividends to stockholders paid		
14.2	Net transfers to affiliates		
14.3	Borrowed funds repaid		
14.4	Other applications	421,462	3,440,160
14.5	TOTAL (Lines 14.1 to 14.4)	421,462	3,440,160
15.	Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	3,407,584	1,409,733
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS			
16.	Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	(2,009,979)	1,312,524
17.	Cash and short-term investments:		
17.1	Beginning of period	3,165,557	1,853,033
17.2	End of period (Line 16 plus Line 17.1)	1,155,578	3,165,557

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
Total Members at end of:										
1. Prior Year	12,865	65	11,676					1,124		
2. First Quarter	3,809		3,809							
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	11,071		11,071							
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Premiums Collected	2,140,336		2,140,336							
13. Premiums Earned	2,100,592		2,100,592							
14. Amount Paid for Provision of Health Care Services	3,984,075		3,341,061				287,301	355,713		
15. Amount Incurred for Provision of Health Care Services	2,191,769		2,191,769							

CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Payable .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	1,371,318	.....	.....	.....	154,530	1,525,848
0499999 Subtotals	1,371,318	.....	.....	.....	154,530	1,525,848
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Payable .....	.....	.....	.....	.....	.....	1,525,848
0899999 Accrued Medical Incentive Pool .....	.....	.....	.....	.....	.....	.....

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec.31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (Hospital & Medical)	3,078,950	262,111	282,248	1,093,318	3,361,198	2,274,993
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan Premiums	287,301				287,301	287,301
6. Title XVIII - Medicare	355,713		150,282		505,995	807,650
7. Title XIX - Medicaid						
8. Other						
9. Subtotal	3,721,964	262,111	432,530	1,093,318	4,154,494	3,369,944
10. Medical incentive pools, accruals and disbursements						
11. TOTALS	3,721,964	262,111	432,530	1,093,318	4,154,494	3,369,944

Notes to Financial Statement

GENERAL INTERROGATORIES

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

PART 1 - COMMON INTERROGATORIES**GENERAL**

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes [] No [X]

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 [X]

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

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 [X]

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 since the prior quarter end?
If yes attach an organizational chart. Yes [] No [X]

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

5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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?
If yes, attach an explanation. Yes [] No [X] N/A []

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2001

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. 09/30/2001

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). 03/01/2002

7.4 By what department or departments?
Ohio Department of Insurance

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 [X]

8.2 If yes, give full information

GENERAL INTERROGATORIES (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 changes in the reporting entity's own preferred or common stock?

Yes[] No[X]

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[X]

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

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

12. Amount of real estate and mortgages held in short-term investments: \$

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]

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 in Schedule DB?

Yes[] No[X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

Yes[] No[X]

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[X]

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
.....

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[X]

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
.....

SCHEDULE A - VERIFICATION

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

N O N E**SCHEDULE B - VERIFICATION**

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

SCHEDULE BA - VERIFICATION**Other Invested Assets Included in Schedule BA**

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

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1	353,971	401,875		1,967	757,813			353,971
2. Class 2								
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. TOTAL Bonds	353,971	401,875		1,967	757,813			353,971
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. TOTAL Preferred Stock								
15. TOTAL Bonds & Preferred Stock	353,971	401,875		1,967	757,813			353,971

15 Schedule DA Part 1.....NONE

15 Schedule DA Part 2 Verification **NONE**

16 Schedule DB Part F Section 1.....NONE

17 Schedule DB Part F Section 2.....NONE

SCHEDULE S - CEDED REINSURANCE**Showing all new reinsurers-Current Year to Date**

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Location	5 Is Insurer Authorized? (Yes or No)
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Life and annuity - affiliates

90611	41-1366075	Allianz Life Ins Co Of North Amer	Allianz Life Ins. Co.	Yes[X] No[]
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**Allocated by States and Territories**

	State, 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	NV	No	No			
30.	New Hampshire	NH	No	No			
31.	New Jersey	NJ	No	No			
32.	New Mexico	NM	No	No			
33.	New York	NY	No	No			
34.	North Carolina	NC	No	No			
35.	North Dakota	ND	No	No			
36.	Ohio	OH	No	Yes	2,100,592		
37.	Oklahoma	OK	No	No			
38.	Oregon	OR	No	No			
39.	Pennsylvania	PA	No	No			
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	XXX	XXX			
58.	TOTAL (Direct Business)		XXX	(a) 1	2,100,592		

DETAILS OF WRITE-INS

5701	XXX	XXX					
5702	XXX	XXX					
5703	XXX	XXX					
5798. Summary of remaining write-ins for Line 57 from overflow page	XXX	XXX					
5799. TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)	XXX	XXX					

(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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

No

1. Will the SVO Compliance Certification be filed with this statement?

Explanation:

Bar Code:



E01 Schedule A Part 2.....NONE

E01 Schedule A Part 3.....NONE

E02 Schedule B Part 1.....NONE

E02 Schedule B Part 2.....NONE

E03 Schedule BA Part 1.....NONE

E03 Schedule BA Part 2.....NONE

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation (a)
Bonds - U.S. Governments								
3133MKFD4	Federal Home Loan Bank Bonds	02/01/2002	National City Bank	X X X	401,875	400,000		1Z
0399999 Subtotal - Bonds - U.S. Governments					401,875	400,000		
6099997 Subtotal - Bonds - Part 3					401,875	400,000		
6099998 Summary Item for Bonds Bought and Sold This Quarter								
6099999 Subtotal - Bonds					401,875	400,000		
6599998 Summary Item for Preferred Stock Bought and Sold This Quarter								
7099998 Summary Item for Common Stock Bought and Sold This Quarter						X X X		
7199999 Subtotal - Preferred and Common Stock						X X X		
7299999 Total - Bonds, Preferred and Common Stock					401,875	X X X		

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

SCHEDULE D - PART 4
Showing All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of
by the Company During the Current Quarter

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	10 Increase (Decrease) by Foreign Exchange Adjustment	11 Increase (Decrease) by Foreign Exchange Adjustment	12 Foreign Exchange Gain (Loss) on Disposal	13 Realized Gain (Loss) on Disposal	14 Total Gain (Loss) On Disposal	15 Interest on Bonds Received During Year	16 Dividends on Stocks Received During Year	17 NAIC Design- ation (a)	
6099998	Summary Item for Bonds Bought and Sold This Quarter															X X X	X X X
6599998	Summary Item for Preferred Stock Bought and Sold This Quarter														X X X	X X X	
7099998	Summary Item for Common Stock Bought and Sold This Quarter				X X X										X X X	X X X	
7199999	Subtotal - Preferred and Common Stock				X X X										X X X	X X X	
7299999	Total - Bonds, Preferred and Common Stock				X X X											X X X	

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

E06 Schedule DB Part A Section 1.....NONE

E06 Schedule DB Part B Section 1.....NONE

E07 Schedule DB Part C Section 1.....NONE

E07 Schedule DB Part D Section 1.....NONE

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 *
						5 First Month	6 Second Month	7 Third Month	
open depositories									
National City Bank	Columbus, Ohio		1.500	2,232		1,052,969	1,238,168	1,040,687	
First Merit	Akron, Ohio					352,922	422,036	64,891	
Certificate of Deposit	Fifth Third Bank		4.210	232		50,000	50,000	50,000	
0199998 Deposits in	depositories which do not exceed the allowable limit in any one depository (See Instructions) - open depositories		XXX						
0199999 Totals - Open Depositories			XXX	2,464		1,455,891	1,710,204	1,155,578	
0299998 Deposits in	depositories which do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories		XXX						
0299999 Totals - Suspended Depositories			XXX						
0399999 Total Cash On Deposit			XXX	2,464		1,455,891	1,710,204	1,155,578	
0499999 Cash in Company's Office			XXX	XXX					
0599999 Total Cash			XXX	2,464		1,455,891	1,710,204	1,155,578	

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