



NAIC #: 1206

NAIC Group Code: 95429

Company Name: GENESIS 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: _____

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QUARTERLY STATEMENT

OF THE

GENESIS HEALTH PLAN OF OHIO, INC.

of LORAIN

in the state of OHIO

TO THE

Insurance Department

OF THE

STATE OF OHIO

FOR THE QUARTER ENDED
March 31, 2002

HEALTH

2002

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 \$ 0 encumbrances)				(a)
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 537,006) and short-term investments (\$ 0)	537,006		537,006	692,682
6. Other long-term invested assets	336,183		336,183	336,183
7. Receivable for securities				
8. Aggregate write-ins for invested assets	437,315		437,315	487,315
9. Subtotal cash and invested assets (Lines 1 to 8)	1,310,504		1,310,504	1,516,180
10. Accident and health premiums due and unpaid				
11. Health care receivables	34,324		34,324	4,524
12. Amounts recoverable from reinsurers	4,175		4,175	8,939
13. Net adjustment in assets and liabilities due to foreign exchange rates				
14. Investment income due and accrued				
15. Amounts due from parent, subsidiaries and affiliates	1,200,000		1,200,000	1,200,000
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 \$ 0 net deferred tax asset)				
20. Electronic data processing equipment and software				
21. Other nonadmitted assets				
22. Aggregate write-ins for other than invested assets				
23. Total assets (Lines 9 plus 10 through 22)	2,549,003		2,549,003	2,729,643

DETAILS OF WRITE-INS				
0801. RESTRICTED CASH	437,315		437,315	437,315
0802. REFUNDABLE FINE				50,000
0803.				
0898. Summary of remaining write-ins for Line 8 from overflow page				
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above)	437,315		437,315	487,315
2201.				
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)				

(a) \$ 0 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 \$ 0 reinsurance ceded)	85,360		85,360	280,000
2. Accrued medical incentive pool and bonus payments				
3. Unpaid claims adjustment expenses				
4. Aggregate policy reserves				
5. Aggregate claim reserves	14,000		14,000	14,000
6. Premiums received in advance				
7. General expenses due or accrued				
8. Federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses) (including \$ 0 net deferred tax liability)				
9. Amounts withheld or retained for the account of others				
10. Borrowed money (including \$ 0 current) and interest thereon (\$ 0 (including \$ 0 current))	878,992		878,992	874,440
11. Amounts due to parent, subsidiaries and affiliates				
12. Payable for securities				
13. Funds held under reinsurance treaties with (\$ 0 authorized reinsurers and \$ 0 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 \$ 0 current)	978,352		978,352	1,168,440
18. Total liabilities (Lines 1 to 17)	XXX	XXX	4,051,006	4,051,006
19. Common capital stock	XXX	XXX		
20. Preferred capital stock	XXX	XXX		
21. Gross paid in and contributed surplus	XXX	XXX	3,816,664	3,816,664
22. Surplus notes	XXX	XXX		
23. Aggregate write-ins for other than special surplus funds	XXX	XXX		
24. Unassigned funds (surplus)	XXX	XXX	(6,297,019)	(6,306,467)
25. Less treasury stock, at cost:				
25.1 0 shares common (value included in Line 19 \$ 0)	XXX	XXX		
25.2 0 shares preferred (value included in Line 20 \$ 0)	XXX	XXX		
26. Total capital and surplus (Lines 19 to 24 less 25)	XXX	XXX	1,570,651	1,561,203
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	2,549,003	2,729,643

DETAILS OF WRITE-INS				
1701.				
1702.				
1703.				
1798. Summary of write-ins for Line 17 from overflow page				
1799. Totals (Lines 1701 through 1703 plus 1798) (Line 17 above)	XXX	XXX		
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of 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	2	3
	Uncovered	Total	Total
1. Member Months			
2. Net premium income	XXX	4,667	7,061,115
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$ 0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		330,700
7. Total revenues (Lines 2 to 6)	XXX	4,667	7,391,815
Medical and Hospital:			
8. Hospital/medical benefits			1,551,065
9. Other professional services			4,210,417
10. Outside referrals			22,251
11. Emergency room and out of-area			
12. Prescription drugs			1,128,210
13. Aggregate write-ins for other medical and hospital			
14. Incentive pool and withhold adjustments			
15. Subtotal (Lines 8 to 14)			6,911,943
Less:			
16. Net reinsurance recoveries		4,649	21,679
17. Total medical and hospital (Lines 15 minus 16)		(4,649)	6,890,264
18. Claims adjustment expenses			
19. General administrative expenses		945	2,538,029
20. Increase in reserves for accident and health contracts			
21. Total underwriting deductions (Lines 17 through 20)		(3,704)	9,428,293
22. Net underwriting gain or (loss) (Lines 7 minus 21)	XXX	8,371	(2,036,478)
23. Net investment income earned		1,077	91,883
24. Net realized capital gains or (losses)			
25. Net investment gains or (losses) (Lines 23 plus 24)		1,077	91,883
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]			
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)		9,448	(1,944,595)
29. Federal and foreign income taxes incurred	XXX		
30. Net income (loss) (Lines 28 minus 29)	XXX	9,448	(1,944,595)

DETAILS OF WRITE-INS			
0601. PROCEEDS ON SALE OF MEDICAID BUSINESS	XXX		330,700
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		330,700
1301.			
1302.			
1303.			
1398. Summary of remaining write-ins for Line 13 from overflow page			
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)			
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 period	1,561,203	1,657,528
GAINS AND LOSSES TO CAPITAL & SURPLUS		
32. Net income or (loss) from Line 30	9,448	(1,944,595)
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		56,606
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		1,500,000
42.2 Transferred from surplus (Stock Dividend)		
42.3 Transferred to surplus		
43. Surplus adjustments:		
43.1 Paid in		
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		291,664
46. Net change in capital & surplus (Lines 32 to 45)	9,448	(96,325)
47. Capital and surplus end of reporting period (Line 31 plus 46)	1,570,651	1,561,203

DETAILS OF WRITE-INS		
4501. FORGIVENESS OF DEBT TO PARENT COMPANY		291,664
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)		291,664

CASH FLOW

	1 Current Year To Date	2 Prior Year
Cash from Operations		
1. Premiums and revenues collected net of reinsurance	(20,369)	7,315,193
2. Claims and claims adjustment expenses	189,991	8,195,076
3. General administrative expenses paid	945	2,480,889
4. Other underwriting income (expenses)		330,700
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(211,305)	(3,030,072)
6. Net investment income	1,077	96,813
7. Other income (expenses)	4,552	(1,055,338)
8. Federal and foreign income taxes (paid) recovered		
9. Net cash from operations (Lines 5 to 8)	(205,676)	(3,988,597)
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		
10.8 Total investment proceeds (Lines 10.1 to 10.7)		
11. Cost of investments acquired (long-term only):		
11.1 Bonds		
11.2 Stocks		
11.3 Mortgage loans		
11.4 Real estate		
11.5 Other invested assets		
11.6 Miscellaneous applications		18,435
11.7 Total investments acquired (Lines 11.1 to 11.6)		18,435
12. Net cash from investments (Line 10.8 minus Line 11.7)		(18,435)
Cash from Financing and Miscellaneous Sources		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in		1,500,000
13.2 Net transfers from affiliates		
13.3 Borrowed funds received		
13.4 Other cash provided	50,000	298,269
13.5 Total (Lines 13.1 to 13.4)	50,000	1,798,269
14. Cash applied:		
14.1 Dividends to stockholders paid		
14.2 Net transfers to affiliates		
14.3 Borrowed funds repaid		
14.4 Other applications		
14.5 Total (Lines 14.1 to 14.4)		
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	50,000	1,798,269
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	(155,676)	(2,208,763)
17. Cash and short-term investments:		
17.1 Beginning of period	692,682	2,901,445
17.2 End of period (Line 16 plus Line 17.1)	537,006	692,682

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & 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										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
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										
13. Premiums Earned										
14. Amount Paid for Provision of Health Care Services	194,640									
15. Amount Incurred for Provision of Health Care Services					50,968					144,572

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
0299995 Aggregate accounts not individually listed - uncovered						
0499995 Subtotals						
0799999 Total claims payable						
						85,360

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		Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	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	Claims Incurred During the Year	
1. Comprehensive (Hospital & Medical)			50,068	22,194	140,000
2. Medicare Supplement					72,262
3. Dental only					
4. Vision only					
5. Federal Employees Health Benefits Plan Premiums					
6. Title XVIII - Medicare					63,155
7. Title XIX - Medicaid			144,372		207,758
8. Other					
9. Subtotal			194,640		280,000
10. Medical Incentive pools, accruals and disbursements					280,000
11. Totals				85,360	280,000

NOTES TO FINANCIAL STATEMENTS

- None -

GENERAL INTERROGATORIES

(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 [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 chart since the prior quarter end?

Yes [] No [X]

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 [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?

Yes [] No [] N/A [X]

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.

12/31/2000

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? 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 change 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 on Schedule DB? Yes [] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [X]

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 [X] 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

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:

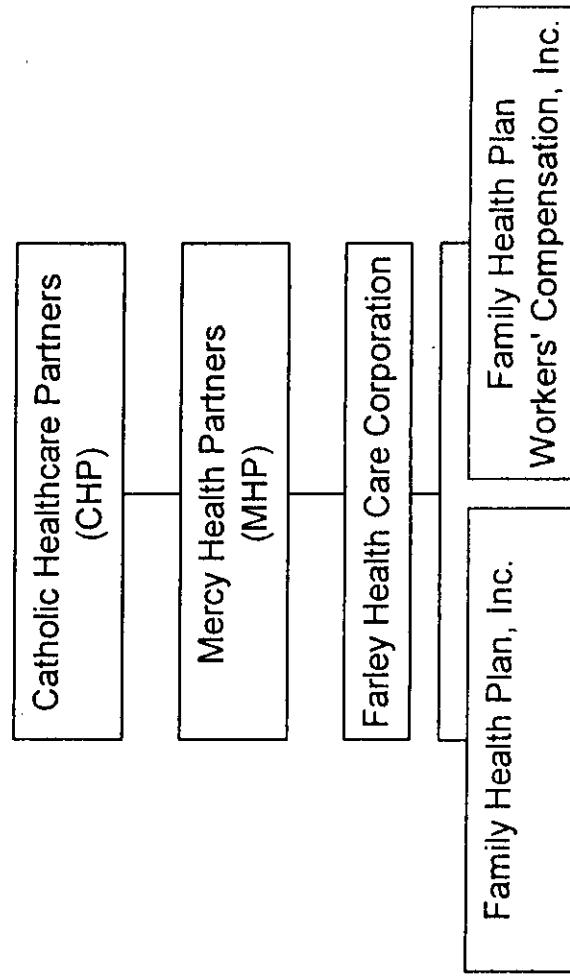
1 Central Registration Depository	2 Name(s)	3 Address

Statement as of March 31, 2002 of the Genesis Health Plan of Ohio, Inc.

13	SCHEDULE A - VERIFICATION BETWEEN YEARS	NONE
13	SCHEDULE B - VERIFICATION BETWEEN YEARS	NONE
13	SCHEDULE BA - VERIFICATION BETWEEN YEARS	NONE
14	SCHEDULE D - PART 1B	NONE
15	SCHEDULE DA - PART 1	NONE
15	SCHEDULE DA - PART 2	NONE
16	SCHEDULE DB - PART F - SECTION 1	NONE
17	SCHEDULE DB - PART F - SECTION 2	NONE
18	SCHEDULE S	NONE
19	SCHEDULE T	NONE

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Farley Health Care Corporation
Organizational Chart



Statement as of March 31, 2002 of the Genesis Health Plan of Ohio, Inc.

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
E04	SCHEDULE D - PART 3	NONE
E05	SCHEDULE D - PART 4	NONE
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 KEY BANK	TOLEDO, OH	VAR	1,077	688,556	519,245	537,006	
0199998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	XXX						XXX
0199999 Total - Open Depositories	XXX	1,077		688,556	519,245	537,006	XXX
Suspended Depositories							
0299998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	XXX						XXX
0299999 Total Suspended Depositories	XXX						XXX
0399999 Total Cash on Deposit	XXX	1,077		688,556	519,245	537,006	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX				XXX
0599999 Total	XXX	1,077		688,556	519,245	537,006	XXX