



IMAGING COVER SHEET

| | |
|--------------------------------|---|
| NAIC #: | 1206 |
| NAIC Group Code: | 95429 |
| Company Name: | GENESIS 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

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

RECEIVED

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HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2002
OF THE CONDITION AND AFFAIRS OF THE

GENESIS HEALTH PLAN OF OHIO, INC.

NAIC Group Code 1206 1206 NAIC Company Code 95429 Employer's ID Number 34-1819975
(Current Period) (Prior Period)
Organized under the Laws of THE STATE OF OHIO, State of Domicile or Port of Entry OH
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 ☐
Date Incorporated or Organized: December 22, 1995 Date Commenced Business: January 1, 1996
Statutory Home Office: 2200 JEFFERSON AVE., 6TH FLOOR TOLEDO, OH 43624-1120
Main Administrative Office: 2200 JEFFERSON AVE., 6TH FLOOR TOLEDO, OH 43624-1120 419-241-6501
Mail Address: 2200 JEFFERSON AVE., 6TH FLOOR TOLEDO, OH 43624-1120
Primary Location of Books and Records: 2200 JEFFERSON AVE., 6TH FLOOR TOLEDO, OH 43624-1120 419-241-6501
Internet Website Address: N/A
Statement Contact: GEORGE JOHNSON 419-251-6223 00000
gmjohnson@health-partners.org 419-241-5441
(E-Mail Address) (Fax Number)
Policyowner Relations Contact: 2200 JEFFERSON AVE., 6TH FLOOR TOLEDO, OH 43624-1120 419-241-6501 00000

OFFICERS

PRESIDENT & CEO: THOMAS E. BEATY, JR.
Secretary: _____
INTERIM CFO: RONALD WURTZ
Actuary: _____

Vice-Presidents

| | | |
|------------------------|-----------------------|----------------------|
| <u>MARK TUCKER MD.</u> | <u>JOANNE VOLOVAR</u> | <u>MARK LANCIANO</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

DIRECTORS OR TRUSTEES

| | | | |
|-----------------------------|-------------------------------|------------------------|---------------------|
| <u>RICHARD HANLEY</u> | <u>THOMAS KELLY</u> | <u>CHUCK GALLAGHER</u> | <u>TED JENKINS</u> |
| <u>STEVEN MICKUS</u> | <u>FATHER MICHAEL BILLIAN</u> | <u>JEFF COPELAND</u> | <u>TIM GLADIEUX</u> |
| <u>THOMAS E. BEATY, JR.</u> | <u>ROOSEVELT GANT</u> | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

State of OHIO
County of LORAIN ss

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.

Thomas E. Beaty, Jr.
(Signature)

THOMAS E. BEATY, JR.
(Printed Name)
PRESIDENT & CEO

(Signature)

(Printed Name)
Secretary

Ronald Wurtz
(Signature)

RONALD WURTZ
(Printed Name)
INTERIM CFO

Subscribed and sworn to before me this

20TH day of MAY, 2002

Desiree Shivanian

NOTARY PUBLIC (Seal)

DESIREE SHIVANIAN
Notary Public, Lucas County, Ohio
My Commission Expires July 6, 2004

ASSETS

| | Current Period | | | Prior Year |
|--|----------------|--------------------|---------------------|---------------------|
| | 1 | 2 | 3 | 4 |
| | Assets | Nonadmitted Assets | Net Admitted Assets | 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) | | | | |
| 11. Amounts due to parent, subsidiaries and affiliates | 878,992 | | 878,992 | 874,440 |
| 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) | | | | |
| 18. Total liabilities (Lines 1 to 17) | 978,352 | | 978,352 | 1,168,440 |
| 19. Common capital stock | X X X | X X X | 4,051,006 | 4,051,006 |
| 20. Preferred capital stock | X X X | X X X | | |
| 21. Gross paid in and contributed surplus | X X X | X X X | 3,816,664 | 3,816,664 |
| 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 | (6,297,019) | (6,306,467) |
| 25. Less treasury stock, at cost: | | | | |
| 25.1 0 shares common (value included in Line 19 \$ 0) | X X X | X X X | | |
| 25.2 0 shares preferred (value included in Line 20 \$ 0) | X X X | X X X | | |
| 26. Total capital and surplus (Lines 19 to 24 less 25) | X X X | X X X | 1,570,651 | 1,561,203 |
| 27. Total liabilities, capital and surplus (Lines 18 and 26) | X X X | X X X | 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) | | | | |
| 2301. | X X X | X X X | | |
| 2302. | X X X | X X X | | |
| 2303. | X X X | X X X | | |
| 2398. Summary of write-ins for Line 23 from overflow page | X X X | X X X | | |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above) | X X X | X X X | | |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year to Date | | Prior Year |
|---|----------------------|---------|-------------|
| | 1 | 2 | 3 |
| | Uncovered | Total | Total |
| 1. Member Months | X X X | | 58,645 |
| 2. Net premium income | X X X | 4,667 | 7,061,115 |
| 3. Change in unearned premium reserves and reserve for rate credits | X X X | | |
| 4. Fee-for-service (net of \$ 0 medical expenses) | X X X | | |
| 5. Risk revenue | X X X | | 330,700 |
| 6. Aggregate write-ins for other health care related revenues | X X X | | |
| 7. Total revenues (Lines 2 to 6) | X X X | 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 | | | |
| 11. Emergency room and out-of-area | | | 22,251 |
| 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) | X X X | 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 | X X X | | |
| 30. Net income (loss) (Lines 28 minus 29) | X X X | 9,448 | (1,944,595) |

| DETAILS OF WRITE-INS | | | |
|---|-------|--|---------|
| 0601. PROCEEDS ON SALE OF MEDICAID BUSINESS | X X X | | 330,700 |
| 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 0698) (Line 6 above) | X X X | | 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 | 2 |
|--|--------------|-------------|
| | Current Year | Prior Year |
| | to Date | |
| 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 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|--|----------------|------------------------------------|----------------|---------------------------------|-------------------------|-------------------------|---|----------------------------------|--------------------------------|-----------------|
| | | 2 Individual | 3 Group | | | | | | | |
| 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 | | 50,068 | | | | | | 144,572 | |
| 15. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

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 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year |
|---|---|--|--|--|---|---|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (Hospital & Medical) | 50,068 | | 22,194 | | 72,262 | 140,000 |
| 2. Medicare Supplement | | | | | | |
| 3. Dental only | | | | | | |
| 4. Vision only | | | | | | |
| 5. Federal Employees Health Benefits Plan Premiums | | | | | | |
| 6. Title XVIII - Medicare | | | | | | |
| 7. Title XIX - Medicaid | 144,572 | | 63,155 | | 207,736 | 140,000 |
| 8. Other | | | | | | |
| 9. Subtotal | 194,640 | | 85,360 | | 280,000 | 280,000 |
| 10. Medical incentive pools, accruals and disbursements | | | | | | |
| 11. Totals | 194,640 | | 85,360 | | 280,000 | 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 | 2 |
|--|-----------------------------------|------------------------------------|
| | Prior Year-End Statement Value | 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 | 2 |
|----------------------|-------------------|
| Name of Custodian(s) | 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 | 2 | 3 |
|---------|-------------|-------------------------|
| Name(s) | Location(s) | 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 | 2 | 3 | 4 |
|---------------|---------------|----------------|--------|
| Old Custodian | New Custodian | Date of Change | 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:

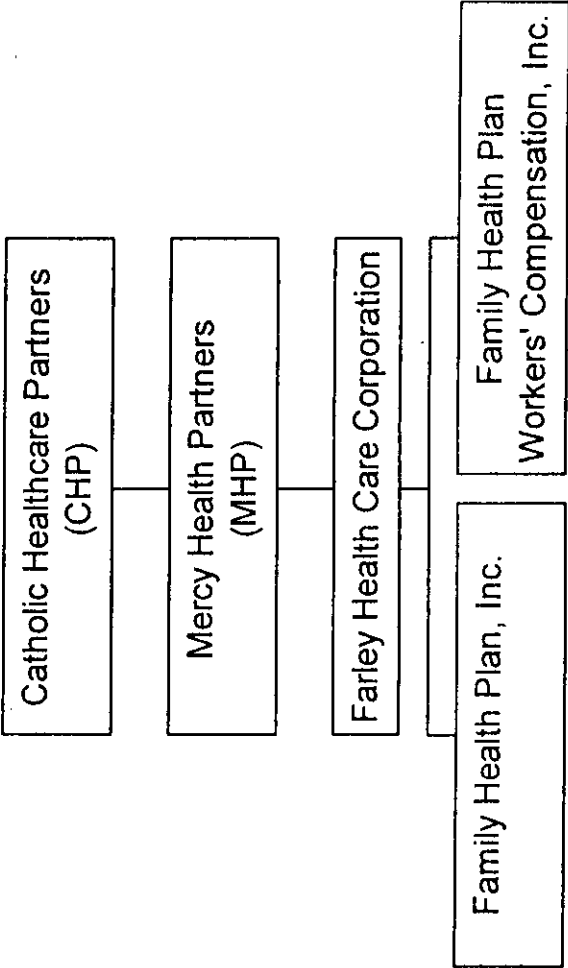
| 1 | 2 | 3 |
|---------------------------------|---------|---------|
| Central Registration Depository | Name(s) | Address |
| | | |
| | | |
| | | |
| | | |

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 |

