



HEALTH QUARTERLY STATEMENT

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

Mount Carmel Health Plan, Inc

NAIC Group Code 2838
(Current Period)

NAIC Company Code 95655
(Prior Period)

Employer's ID Number 311471229

Organized under the Laws of _____, State of Domicile or Port of Entry Ohio

Country of Domicile US

Licensed as business type:

Life Accident & Health Property/Casualty Hospital, Medical & Dental Service or Indemnity
Dental Service Corporation Vision Service Corporation Other
Health Maintenance Organization Is HMO Federally Qualified? Yes No

Incorporated August 6, 1996 Commenced Business April 1, 1997

Statutory Home Office 495 Cooper Road Suite 200, Westerville, Ohio 43081
(Street and Number. City or Town. State and Zip Code)

Main Administrative Office 495 Cooper Road Suite 200, Westerville, Ohio 43081
(Street and Number. City or Town. State and Zip Code) 614-898-8750
(Area Code) (Telephone Number)

Mail Address 495 Cooper Road Suite 200, Westerville, Ohio 43081
(Street and Number. City or Town. State and Zip Code)

Primary Location of Books and Records 495 Cooper Road Suite 200, Westerville, Ohio 43081
(Street and Number. City or Town. State and Zip Code) 614-898-8750
(Area Code) (Telephone Number)

Internet Website Address N/A

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(Street and Number. City or Town. State and Zip Code)
614-898-8750 614-898-8587
(Area Code)(Telephone Number)

OFFICERS

President Mark Richardson
Secretary Russell Gardner
Controller Veronica Szydłowski

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Joseph Calvaruso
Jeffrey Burnich
Barry Fagan, MD

Jaren Bombach, MD
Russell Gardner

Sister Barbara Hahl, CSC
Stephen Smith, MD

State of Ohio SS
County of US

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.

Mark Richardson
President

Russell Gardner
Secretary

Veronica Szydłowski
Controller

Subscribed and sworn to before me this
day of

NOTARY PUBLIC (Seal)

ASSETS

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds	1,837,688	0	1,837,688	1,819,598
2. Stocks:				
2.1 Preferred Stocks	0	0	0	0
2.2 Common Stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)	0	0	(a) 0	0
4.2 Properties held for the production of income (less \$ 0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ 0 encumbrances)	0	0	0	0
5. Cash (\$ 6,087,641) and short-term investments (\$ 156,002)	6,243,642	0	6,243,642	12,751,654
6. Other long-term invested assets	0	0	0	0
7. Receivable for securities	0	0	0	0
8. Aggregate write-ins for invested assets	0	0	0	0
9. Subtotal cash and invested assets (Lines 1 to 8)	8,081,331	0	8,081,331	14,571,252
10. Accident and health premiums due and unpaid	74,859	0	74,859	22,497
11. Health care receivables	98,874	80,466	18,408	50,363
12. Amounts recoverable from reinsurers	0	0	0	0
13. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
14. Investment income due and accrued	15,107	0	15,107	35,640
15. Amounts due from parent, subsidiaries and affiliates	14,661,510	0	14,661,510	10,551,368
16. Amounts receivable relating to uninsured accident and health plans	0	0	0	0
17. Furniture and equipment	130,768	0	130,768	155,978
18. Amounts due from agents	0	0	0	0
19. Federal and foreign income tax recoverable and interest thereon (including \$ 0 net deferred tax asset)	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Other nonadmitted assets	46,793	46,793	0	0
22. Aggregate write-ins for other than invested assets	290,505	0	290,505	678,525
23. Total assets (Lines 9 plus 10 through 22)	23,399,747	127,259	23,272,488	26,065,623
DETAILS OF WRITE-INS				
0801.	0	0	0	0
0802.	0	0	0	0
0803.	0	0	0	0
0898. Summary of remaining write-ins for Line 8 from overflow page	0	0	0	0
0899. Totals (Lines 0801 through 0803 plus Line 0898) (Line 8 above)	0	0	0	0
2201. Periodic Interim Payment Reserve	43,505	0	43,505	678,525
2202. Miscellaneous Receivables	247,000	0	247,000	0
2203.	0	0	0	0
2298. Summary of remaining write-ins for Line 22 from overflow page	0	0	0	0
2299. Totals (Lines 2201 through 2203 plus Line 2298) (Line 22 above)	290,505	0	290,505	678,525

(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)	8,709,874	0	8,709,874	9,422,000
2. Accrued medical incentive pool and bonus payments	0	0	0	0
3. Unpaid claims adjustment expenses	78,989	0	78,989	78,989
4. Aggregate policy reserves	0	0	0	0
5. Aggregate claim reserves	0	0	0	0
6. Premiums received in advance	155,975	0	155,975	8,646,163
7. General expenses due or accrued	214,388	0	214,388	41,045
8. Federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses) (including \$ 0 net deferred tax liability)	0	0	0	0
9. Amounts withheld or retained for the account of others	0	0	0	0
10. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)	0	0	0	0
11. Amounts due to parent, subsidiaries and affiliates	0	0	0	0
12. Payable for securities	0	0	0	0
13. Funds held under reinsurance treaties with (\$ 0 authorized reinsurers and \$ 0 unauthorized reinsurers)	0	0	0	0
14. Reinsurance in unauthorized companies	0	0	0	0
15. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
16. Liability for amounts held under uninsured accident and health plans	0	0	0	0
17. Aggregate write-ins for other liabilities (including \$ 0 current)	0	0	0	0
18. Total liabilities (Lines 1 to 17)	9,159,227	0	9,159,227	18,188,197
19. Common capital stock	XXX	XXX	100	100
20. Preferred capital stock	XXX	XXX	0	0
21. Gross paid in and contributed surplus	XXX	XXX	42,547,434	37,547,434
22. Surplus notes	XXX	XXX	0	0
23. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
24. Unassigned funds (surplus)	XXX	XXX	(28,434,273)	(29,670,108)
25. Less treasury stock, at cost:				
25.1 0 shares common (value included in line 19 \$ 0)	XXX	XXX	0	0
25.2 0 shares preferred (value included in line 20 \$ 0)	XXX	XXX	0	0
26. Total capital and surplus (Lines 19 to 24 less 25)	XXX	XXX	14,113,261	7,877,426
27. Total Liabilities, capital and surplus (Line 18 and Line 26)	XXX	XXX	23,272,488	26,065,623
DETAILS OF WRITE-INS				
1701.	0	0	0	0
1702.	0	0	0	0
1703.	0	0	0	0
1798. Summary of remaining write-ins for Line 17 from overflow page	0	0	0	0
1799. Totals (Lines 1701 through 1703 plus Line 1798) (Line 17 above)	0	0	0	0
2301.	XXX	XXX	0	0
2302.	XXX	XXX	0	0
2303.	XXX	XXX	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399. Totals (Lines 2301 through 2303 plus Line 2398) (Line 23 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year
	1 Uncovered	2 Total	3 Total
	X X X	49,629	205,256
1. Member Months			
2. Net premium income	X X X	28,907,492	105,602,905
3. Change in unearned premium reserves and reserve for rate credits	X X X	0	0
4. Fee-for-service (net of \$ 0 medical expenses)	X X X	0	0
5. Risk revenue	X X X	0	0
6. Aggregate write-ins for other health care related revenues	X X X	0	0
7. Total revenues (Lines 2 to 6)	X X X	28,907,492	105,602,905
Medical and Hospital:			
8. Hospital/medical benefits	0	23,960,926	95,548,815
9. Other professional services	0	0	0
10. Outside referrals	0	0	0
11. Emergency room and out-of-area	0	0	0
12. Prescription drugs	0	0	0
13. Aggregate write-ins for other medical and hospital	0	2,349,067	10,675,053
14. Incentive pool and withhold adjustments	0	0	0
15. Subtotal (Lines 8 to 14)	0	26,309,993	106,223,868
Less:			
16. Net reinsurance recoveries	0	0	(55,283)
17. Total medical and hospital (Line 15 minus Line 16)	0	26,309,993	106,279,151
18. Claims adjustment expenses	0	0	0
19. General administrative expenses	0	1,374,603	6,407,125
20. Increase in reserves for accident and health contracts	0	0	0
21. Total underwriting deductions (Lines 17 through 20)	0	27,684,596	112,686,276
22. Net underwriting gain or (loss) (Lines 7 minus 21)	X X X	1,222,896	(7,083,371)
23. Net investment income earned	0	48,520	430,856
24. Net realized capital gains or (losses)	0	0	0
25. Net investment gains or (losses) (Line 23 plus Line 24)	0	48,520	430,856
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]	0	0	0
27. Aggregate write-ins for other income or expenses	0	0	0
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)	0	1,271,416	(6,652,515)
29. Federal and foreign income taxes incurred	X X X	0	0
30. Net income (loss) (Line 28 minus Line 29)	X X X	1,271,416	(6,652,515)
DETAILS OF WRITE-INS			
0601.	X X X	0	0
0602.	X X X	0	0
0603.	X X X	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X	0	0
0699. Totals (Lines 0601 through 0603 plus Line 0698) (Line 6 above)	X X X	0	0
1301. Pharmacy	0	2,349,067	10,675,053
1302.	0	0	0
1303.	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0
1399. Totals (Lines 1301 through 1303 plus Line 1398) (Line 13 above)	0	2,349,067	10,675,053
2701. Miscellaneous Income	0	0	0
2702.	0	0	0
2703.	0	0	0
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0	0
2799. Totals (Lines 2701 through 2703 plus Line 2798) (Line 27 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (continued)

	1 Current Year to Date	2
		Prior Year
31. Capital and surplus prior reporting period	7,877,426	1,555,387
GAINS AND LOSSES TO CAPITAL AND SURPLUS		
32. Net income (loss) from Line 30	1,271,416	(6,652,515)
33. Change in valuation basis of aggregate policy and claims reserves	0	0
34. Net unrealized capital gains and losses	0	0
35. Change in net unrealized foreign exchange capital gain or (loss)	0	0
36. Change in net deferred income tax	0	0
37. Change in nonadmitted assets	(35,581)	38,635
38. Change in unauthorized reinsurance	0	0
39. Change in treasury stock	0	0
40. Change in surplus notes	0	0
41. Cumulative effect of changes in accounting principles	0	0
42. Capital Changes:		
42.1 Paid in	0	0
42.2 Transferred from surplus (Stock Dividend)	0	0
42.3 Transferred to surplus	0	0
43. Surplus adjustments:		
43.1 Paid in	5,000,000	12,935,919
43.2 Transferred to capital (Stock Dividend)	0	0
43.3 Tranferred from capital	0	0
44. Dividends to stockholders	0	0
45. Aggregate write-ins for gains or (losses) in surplus	0	0
46. Net change in capital and surplus (Lines 32 to 45)	6,235,835	6,322,039
47. Capital and surplus end of reporting period (Line 31 plus 46)	14,113,261	7,877,426
DETAILS OF WRITE-INS		
4501. Prior Period Expenses	0	0
4502.	0	0
4503.	0	0
4598. Summary of remaining write-ins for Line 45 from overflow page	0	0
4599. Totals (Lines 4501 through 4503 plus 4598) (Line 45 above)	0	0

CASH FLOW

	1 Current Year to Date	2 Prior Year
Cash from Operations		
1. Premiums and revenues collected net of reinsurance	28,855,130	105,580,408
2. Claims and claims adjustment expenses	26,309,993	106,236,356
3. General administrative expenses paid	1,165,618	6,361,480
4. Other underwriting income (expenses)	0	0
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	1,379,519	(7,017,428)
6. Net investment income	33,413	430,856
7. Other income (expenses)	0	(361,679)
8. Federal and foreign income taxes (paid) recovered	0	0
9. Net cash from operations (Lines 5 to 8)	1,412,932	(6,948,251)
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds	0	0
10.2 Stocks	0	0
10.3 Mortgage Loans	0	0
10.4 Real estate	0	0
10.5 Other invested assets	0	0
10.6 Net gains or (losses) on cash and short-term investments	0	0
10.7 Miscellaneous proceeds	0	0
10.8 Total investment proceeds (Lines 10.1 to 10.7)	0	0
11. Cost of investment acquired (long-term only):		
11.1 Bonds	18,090	0
11.2 Stocks	0	0
11.3 Mortgage Loans	0	0
11.4 Real estate	0	0
11.5 Other invested assets	0	0
11.6 Miscellaneous applications	0	0
11.7 Total investments acquired (Lines 11.1 to 11.6)	18,090	0
12. Net cash from investments (Line 10.8 minus Line 11.7)	(18,090)	0
Cash from Financing and Miscellaneous Sources		
13. Cash Provided:		
13.1 Surplus notes, capital and surplus paid in	5,000,000	12,935,919
13.2 Net transfers from affiliates	(4,110,142)	(7,149,083)
13.3 Borrowed funds received	0	0
13.4 Other cash provided	0	0
13.5 Total (Lines 13.1 to 13.4)	889,858	5,786,836
14. Cash applied:		
14.1 Dividends to stockholders paid	0	0
14.2 Net transfers to affiliates	0	0
14.3 Borrowed funds repaid	0	0
14.4 Other applications	8,792,710	1,936,262
14.5 Total (Lines 14.1 to 14.4)	8,792,710	1,936,262
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	(7,902,852)	3,850,574
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	(6,508,010)	(3,097,677)
17. Cash and short-term investments:		
17.1 Beginning of period	12,751,653	15,849,330
17.2 End of period (Line 16 plus Line 17.1)	6,243,643	12,751,653

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital and 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	17,631	0	0	0	0	0	0	17,631	0	0
2. First Quarter	16,332	0	0	0	0	0	0	16,332	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	49,629	0	0	0	0	0	0	49,629	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,420	0	0	0	0	0	0	1,420	0	0
12. Premiums Collected	29,063,467	4,408,064	0	0	0	0	0	24,655,404	0	0
13. Premiums Earned	28,907,492	4,144,468	0	0	0	0	0	24,763,024	0	0
14. Amount Paid for Provision of Health Care Services	17,593,187	0	0	0	0	0	0	17,593,187	0	0
15. Amount Incurred for Provision of Health Care Services	26,303,061	0	0	0	0	0	0	26,303,061	0	0

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
Individually listed claims payable						
American Orthopaedics	66	16,998	2,765	737	1,446	22,012
0199999 Individually listed claims payable	66	16,998	2,765	737	1,446	22,012
0399999 Aggregate accounts not individually listed-covered	104	26,751	4,351	1,161	2,276	34,642
0499999 Subtotals	170	43,748	7,116	1,898	3,722	56,654
0599999 Unreported Claims and other claim reserves						8,653,220
0799999 Total claims payable						8,709,874

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 plus 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (Hospital and Medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental only	0	0	0	0	0	0
4. Vision only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan Premiums	0	0	0	0	0	0
6. Title XVIII - Medicare	6,990,892	20,031,227	1,100,505	7,609,369	8,091,397	9,422,000
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other	0	0	0	0	0	0
9. Subtotal	6,990,892	20,031,227	1,100,505	7,609,369	8,091,397	9,422,000
10. Medical incentive pools, accruals and disbursements	0	0	0	0	0	0
11. Totals	6,990,892	20,031,227	1,100,505	7,609,369	8,091,397	9,422,000

NOTES TO FINANCIAL STATEMENTS

1. Organization and Operation

a. Mount Carmel Health Plan, Inc. (the Plan) was incorporated on August 7, 1996 as a subsidiary of Mount Carmel Health System (the Corporation). The Plan is a for profit network model health maintenance organization (HMO) organized to provide healthcare services to enrolled subscribers for a fixed premium. The Plan is participating in a demonstration project sponsored by the Health Care Financing Administration (HCFA). The product being offered as part of this project is Medigold, which is a Medicare risk-based contract. Enrollment in the Plan began on April 1, 1997. As of December 31, 2001, all enrollees to date have been participants in the Medigold program.

b. The Plan has contracted with various health care providers, including hospitals, freestanding facilities and physician practices owned and/or operated by the Corporation or its subsidiaries as well as independent physicians, hospitals, multi-specialty group practices and ancillary providers. The Corporation owns and operates three acute care hospitals in Columbus: Mount Carmel Medical Center, Mount Carmel East Hospital, and St. Ann's Hospital. These Hospitals are major providers of service to subscribers of the Plan.

2. Significant Accounting Policies

a. Basis of Presentation

The accompanying financial statements of the Plan have been prepared in conformity with accounting practices prescribed or permitted by the Ohio Department of Insurance (the Department).

b. Cash and Cash Equivalents

Short-term investments with a maturity of three months or less at the time of purchase are reported as cash equivalents.

c. Property and Equipment

Property and equipment are carried at cost less accumulated depreciation. Depreciation is calculated using the straight-line method based on five years, or the estimated useful lives of the assets. Upon asset retirement or disposal, the cost and accumulated depreciation accounts are adjusted and the gain or loss reflected in operations.

d. Accrued Medical Claims

Claims are charged to income based upon the date services are rendered and represent the estimated remaining ultimate net cost of unpaid claims, both reported and unreported, during the year. The Plan does not discount claim reserves. The reserves for unpaid claims are estimated using an actuarially determined cost model. Those estimates are subject to the effects of trends in claim severity and frequency. Although considerable variability is inherent in such estimates, management believes that the reserves for claims are adequate. The estimates are reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

e. Premiums

Subscriber premiums are included in income in the period earned. The unearned portion of premiums are recorded as unearned premiums and subsequently credited to income as earned during the coverage period.

f. Minimum Net Worth Requirements

Under the laws of the State of Ohio, the Plan is required at all times to maintain total admitted assets equal to at least one hundred and ten percent of its liabilities. The required minimum net worth is \$1,500,000 by January 1, 2001. The Plan has satisfied the minimum net worth requirements for 2001 and 2000.

g. Administrative Service Only Contracts

None.

h. Change in Accounting Estimates

None.

i. Long-Term Investments

Investments are reported at cost adjusted for amortization of premiums or discounts. Amortization is calculated using the straight-line method. Realized gains and losses, determined on the specific identification basis, are included in income. The fixed maturity bonds at December 31, 2001 have maturities at amortized cost of \$1,399,142.85 due after years five through ten years.

3. Related Parties

a. The Plan leases the services of certain employees and its office space from the Corporation. Expenses related to services provided by the Corporation were \$4,701,416.50 and \$5,880,116 in 2001 and 2000, respectively. At December 31, 2001 and 2000, the Corporation owes the Plan \$10,551,368 and \$1,402,285 due to minimum net worth contributions.

NOTES TO FINANCIAL STATEMENTS

4. Income Taxes

a. No provision or benefit for federal income taxes is reflected in the accompanying financial statement due to the Plan's net operating loss. At December 31, 2000, Mount Carmel Health Plan, Inc. has net operating loss carryforwards of approximately \$8.4 million for financial reporting and federal income tax purposes which will begin to expire in the year 2001.

5. Retirement Plans, Deferred Compensation and Other Post-retirement Benefit Plans

None.

6. Dividend Restrictions

None.

7. Commitments and Contingencies

The Plan sustained operating losses of \$6,652,515 and \$4,474,220 for the years ended December 31, 2001 and 2000, respectively. The Plan maintained sufficient net worth to be in compliance with Ohio's minimum net worth requirements through contributions from Mount Carmel Health System in 2001. The Mount Carmel Health System Board of Trustees had resolved to financially support the Plan to the point of break-even.

8. Uncollectible Reinsurance

None.

9. Commutation of Reinsurance

None.

10. Events Subsequent

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 ()

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 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. 12/31/2001

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.

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).

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 (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: \$ 0

12. Amount of real estate and mortgages held in short-term investments: \$ 0

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	\$ 0	\$ 0
13.22 Preferred Stock	\$ 0	\$ 0
13.23 Common Stock	\$ 0	\$ 0
13.24 Short-Term Investments	\$ 0	\$ 0
13.25 Mortgages, Loans or Real Estate	\$ 0	\$ 0
13.26 All Other	\$ 0	\$ 0
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	\$ 0	\$ 0
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$ 0	\$ 0
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above	\$ 0	\$ 0

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 ()

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
Ohio Department of Insurance	2100 Stella Court, Columbus, Ohio 43215
.....
.....

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 brokers/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
.....
.....
.....

GENERAL INTERROGATORIES - Line 15.1 (continued)

¹ Name of Custodian(s)	² Custodian Address
--------------------------------------	-----------------------------------

GENERAL INTERROGATORIES - Line 15.2 (continued)

¹ Name(s)	² Location(s)	³ Complete Explanation(s)
-------------------------	-----------------------------	---

Agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook

15.2 Agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook

GENERAL INTERROGATORIES - Line 15.4 (continued)

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

GENERAL INTERROGATORIES - Line 15.5 (continued)

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	0	0	0	0
2. Increase (decrease) by adjustment	0	0	0	0
3. Cost of acquired	0	0	0	0
4. Cost of additions to and permanent improvement	0	0	0	0
5. Total profit (loss) on sales	0	0	0	0
6. Increase (decrease) by foreign exchange adjust	0	0	0	0
7. Amount received on sales	0	0	0	0
8. Book/adjusted carrying value at end of current	0	0	0	0
9. Total valuation allowance	0	0	0	0
10. Subtotal (Line 8 plus Line 9)	0	0	0	0
11. Total nonadmitted amounts	0	0	0	0
12. Statement value, current period (Page 2, real estate lines, current period)	0	0	0	0

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 int	0	0	0	0
2. Amount loaned during period:	0	0	0	0
2.1 Actual cost at time of acquisitions	0	0	0	0
2.2 Additional investment made after acquisit	0	0	0	0
3. Accrual of discount and mortgage interest prior	0	0	0	0
4. Increase (decrease) by adjustment	0	0	0	0
5. Total profit (loss) on sale	0	0	0	0
6. Amounts paid on account or in full during the	0	0	0	0
7. Amortization of premium	0	0	0	0
8. Increase (decrease) by foreign exchange adjust	0	0	0	0
9. Book value/recorded investment excluding accrued int on mortgages owned at end of current period	0	0	0	0
10. Total valuation allowance	0	0	0	0
11. Subtotal (Line 9 plus Line 10)	0	0	0	0
12. Total nonadmitted amounts	0	0	0	0
13. Statement value of mortgages owned at end of current period	0	0	0	0

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 inve	0	0	0	0
2. Cost of acquisitions during period:	0	0	0	0
2.1 Actual cost at time of acquisitions	0	0	0	0
2.2 Additional investment made after acquisit	0	0	0	0
3. Accrual of discount	0	0	0	0
4. Increase (decrease) by adjustment	0	0	0	0
5. Total profit (loss) on sale	0	0	0	0
6. Amounts paid on account or in full during the	0	0	0	0
7. Amortization of premium	0	0	0	0
8. Increase (decrease) by foreign exchange adjustment	0	0	0	0
9. Book/adjusted carrying value of long-term invested assets at end of current period	0	0	0	0
10. Total valuation allowance	0	0	0	0
11. Subtotal (Line 9 plus Line 10)	0	0	0	0
12. Total nonadmitted amounts	0	0	0	0
13. Statement value of long term invested assets at end of current period	0	0	0	0

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	1,819,598	0	0	18,090	1,837,688	0	0	1,819,598
2. Class 2	0	0	0	0	0	0	0	0
3. Class 3	0	0	0	0	0	0	0	0
4. Class 4	0	0	0	0	0	0	0	0
5. Class 5	0	0	0	0	0	0	0	0
6. Class 6	0	0	0	0	0	0	0	0
7. Total Bonds	1,819,598	0	0	18,090	1,837,688	0	0	1,819,598
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	1,819,598	0	0	18,090	1,837,688	0	0	1,819,598

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
80999999 Totals	156,002	X X X	156,002	609	0

SCHEDULE DA - PART 2 - VERIFICATION

Short-Term Investments Owned

	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	125,393	0	0	343,314
2. Cost of short-term investments acquired	30,609	0	0	0
3. Increase (decrease) by adjustment	0	0	0	0
4. Increase (decrease) by foreign exchange adjustment	0	0	0	0
5. Total profit (loss) on disposal of short-term investments	0	0	0	0
6. Consideration received on disposal of short-term investments	0	0	0	217,921
7. Book / adjusted carrying value, current period	156,002	0	0	125,393
8. Total valuation allowance	0	0	0	0
9. Subtotal (Line 7 plus Line 8)	156,002	0	0	125,393
10. Total nonadmitted amounts	0	0	0	0
11. Statement value (Line 9 minus Line 10)	156,002	0	0	125,393
12. Income collected during period	609	0	0	2,215
13. Income earned during period	609	0	0	2,215

SCHEDULE DB - PART F - SECTION 1

Summary of Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	Derivative Instruments Open			Cash Instrument(s) Held			
					6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description
9999999	TOTALS	NONE	0	0	0	0	0	0	0	0	0

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

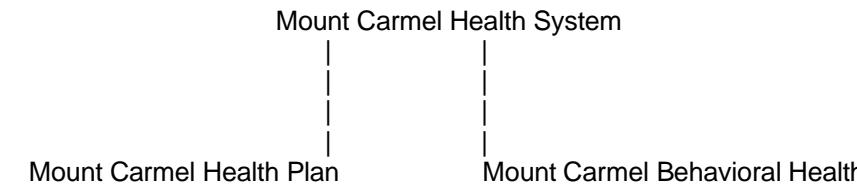
Allocated by States and Territories

States, Etc.	1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed ? (Yes or No)	Direct Business Only Year-to-Date			
			3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums
1. Alabama	AL	NO	0	0	0	0
2. Alaska	AK	NO	0	0	0	0
3. Arizona	AZ	NO	0	0	0	0
4. Arkansas	AR	NO	0	0	0	0
5. California	CA	NO	0	0	0	0
6. Colorado	CO	NO	0	0	0	0
7. Connecticut	CT	NO	0	0	0	0
8. Delaware	DE	NO	0	0	0	0
9. District of Columbia	DC	NO	0	0	0	0
10. Florida	FL	NO	0	0	0	0
11. Georgia	GA	NO	0	0	0	0
12. Hawaii	HI	NO	0	0	0	0
13. Idaho	ID	NO	0	0	0	0
14. Illinois	IL	NO	0	0	0	0
15. Indiana	IN	NO	0	0	0	0
16. Iowa	IA	NO	0	0	0	0
17. Kansas	KS	NO	0	0	0	0
18. Kentucky	KY	NO	0	0	0	0
19. Louisiana	LA	NO	0	0	0	0
20. Maine	ME	NO	0	0	0	0
21. Maryland	MD	NO	0	0	0	0
22. Massachusetts	MA	NO	0	0	0	0
23. Michigan	MI	NO	0	0	0	0
24. Minnesota	MN	NO	0	0	0	0
25. Mississippi	MS	NO	0	0	0	0
26. Missouri	MO	NO	0	0	0	0
27. Montana	MT	NO	0	0	0	0
28. Nebraska	NE	NO	0	0	0	0
29. Nevada	NV	NO	0	0	0	0
30. New Hampshire	NH	NO	0	0	0	0
31. New Jersey	NJ	NO	0	0	0	0
32. New Mexico	NM	NO	0	0	0	0
33. New York	NY	NO	0	0	0	0
34. North Carolina	NC	NO	0	0	0	0
35. North Dakota	ND	NO	0	0	0	0
36. Ohio	OH	YES	4,144,468	24,763,024	0	0
37. Oklahoma	OK	NO	0	0	0	0
38. Oregon	OR	NO	0	0	0	0
39. Pennsylvania	PA	NO	0	0	0	0
40. Rhode Island	RI	NO	0	0	0	0
41. South Carolina	SC	NO	0	0	0	0
42. South Dakota	SD	NO	0	0	0	0
43. Tennessee	TN	NO	0	0	0	0
44. Texas	TX	NO	0	0	0	0
45. Utah	UT	NO	0	0	0	0
46. Vermont	VT	NO	0	0	0	0
47. Virginia	VA	NO	0	0	0	0
48. Washington	WA	NO	0	0	0	0
49. West Virginia	WV	NO	0	0	0	0
50. Wisconsin	WI	NO	0	0	0	0
51. Wyoming	WY	NO	0	0	0	0
52. American Samoa	AS	NO	0	0	0	0
53. Guam	GU	NO	0	0	0	0
54. Puerto Rico	PR	NO	0	0	0	0
55. U.S. Virgin Islands	VI	NO	0	0	0	0
56. Canada	CN	NO	0	0	0	0
57. Aggregate Other Alien	OT	X X X X X X	X X X (a) 1	4,144,468	24,763,024	0
58. Total (Direct Business)						
DETAILS OF WRITE-INS						
5701.			0	0	0	0
5702.			0	0	0	0
5703.			0	0	0	0
5798. Summary of remaining write-ins for Line 57 from overflow page			0	0	0	0
5799. Total (Lines 5701 through 5703 plus Line 5798) (Line 57 above)			0	0	0	0

(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**

PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

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

Yes

EXPLANATION:

.....

BARCODE:

Document Identifier 470:

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 6 7 First Month Second Month Third Month
				5 First Month	6 Second Month	7 Third Month	
Name	Location and Supplemental Information						
Open Depositories							
National City Bank	Columbus, Ohio	0.000	0	0	4,129,408	5,062,553	6,087,341 ..
0199999 TOTAL - Open Depositories			0	0	4,129,408	5,062,553	6,087,341 ..
0399999 TOTAL Cash on Deposit			0	0	4,129,408	5,062,553	6,087,341 ..
0599999 TOTALS			0	0	4,129,408	5,062,553	6,087,341 ..