

**QUARTERLY STATEMENT**

**OF THE**

**Vantage Health Plan, Inc.**

**Vantage Health Plan, Inc.**

**of Sandusky**

**in the state of Ohio**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF Ohio**

**FOR THE QUARTER ENDED  
March 31, 2002**

**HEALTH**

**2002**



95671200220100101

HEALTH QUARTERLY STATEMENT

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

Vantage Health Plan, Inc.

NAIC Group Code

0000

(Current Period)

0000

(Prior Period)

NAIC Company Code

95671

Employer's ID Number

34-1817412

Organized under the Laws of

Ohio

, State of Domicile or Port of Entry

Ohio

Country of Domicile

US

Licensed as business type: Life, Accident & Health [ ]

Property/Casualty [ ]

Health Service Corporation [ ]

Dental Service Corporation [ ]

Vision Service Corporation [ ]

Other [ ]

Health Maintenance Organization [X]

Is HMO Federally Qualified? YES [ ] NO [ X ]

Date Incorporated or Organized:

December 5, 1995

Date Commenced Business:

January 1, 1996

Statutory Home Office:

4602 Timber Commons Drive

Sandusky, OH

44870

Main Administrative Office:

4602 Timber Commons Drive

Sandusky, OH

44870

419-621-9858

Mail Address:

2570 Technical Drive

Miamisburg, OH

45342

Primary Location of Books and Records:

2570 Technical Drive

Miamisburg, OH

45342

937-866-6660

Internet Website Address:

www.vantagehealthplan.com

Statement Contact:

Anne Wassum

937-866-6660

129

annewassum@acmginc.com

937-866-8083

(E-Mail Address)

(Fax Number)

Policyowner Relations Contact:

4602 Timber Commons Drive

Sandusky, OH

44870

419-621-9858

00000

OFFICERS

President:

William Schuchardt, MD

Secretary:

Samuel Christian, MD

Treasurer:

Richard Keller, MD

Actuary:

Vice-Presidents

Bryan Kuns, DO			

DIRECTORS OR TRUSTEES

William Schuchardt, MD	Richard Keller, MD	Brian Baxter, MD	Bryan Kuns, DO
Jacqueline Forestall	Shavinder Ahluwalia, MD	Daniel Moncher	James Preston, DO
Charles Duncan	Kim Knight, MD	Harold Bischoff	Dennis Sokol
Douglas Talkington	Kyung Kim, MD	James Wible	Lee Wieber
Glenn McLaughlin, MD	Benjamin Murcek, MD	Lawrence McCormack, MD	Patrick McGuinn, MD

State of OH  
County of Erie 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.

(Signature)	(Signature)	(Signature)
William Schuchardt, MD	Samuel Christian, MD	Richard Keller, MD
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer

Subscribed and sworn to before me this  
25th day of April, 2002

NOTARY PUBLIC (Seal)

ASSETS

	Current Period			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets
1. Bonds	2,270,318		2,270,318	1,949,341
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 (\$ 899,759 ) and short-term investments (\$ 432,232 )	1,331,991		1,331,991	1,798,207
6. Other long-term invested assets				
7. Receivable for securities				
8. Aggregate write-ins for invested assets	497		497	878
9. Subtotal cash and invested assets (Lines 1 to 8)	3,602,806		3,602,806	3,748,426
10. Accident and health premiums due and unpaid	6,665		6,665	24,535
11. Health care receivables				
12. Amounts recoverable from reinsurers	38,027		38,027	
13. Net adjustment in assets and liabilities due to foreign exchange rates				
14. Investment income due and accrued	50,434		50,434	38,082
15. Amounts due from parent, subsidiaries and affiliates	32,817		32,817	35,054
16. Amounts receivable relating to uninsured accident and health plans				
17. Furniture and equipment	936		936	1,049
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	351,540	314,160	37,380	25,854
23. Total assets (Lines 9 plus 10 through 22)	4,083,225	314,160	3,769,065	3,873,000

DETAILS OF WRITE-INS				
0801. Investment in Vantage Occupational Health Plan	497		497	878
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)	497		497	878
2201. Miscellaneous Receivable	29,880		29,880	13,854
2202. Note Receivable - OHP Inc.	7,500		7,500	12,000
2203. Note Receivable - ACMG Inc.	295,343	295,343		
2298. Summary of remaining write-ins for Line 22 from overflow page	18,817	18,817		
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above)	351,540	314,160	37,380	25,854

(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)	1,373,581	48,356	1,421,937	1,315,605
2. Accrued medical incentive pool and bonus payments				
3. Unpaid claims adjustment expenses	38,605		38,605	38,605
4. Aggregate policy reserves				
5. Aggregate claim reserves				
6. Premiums received in advance	310,563		310,563	437,135
7. General expenses due or accrued	35,147		35,147	60,184
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				
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)	66,646		66,646	45,963
18. Total liabilities (Lines 1 to 17)	1,824,542	48,356	1,872,898	1,897,492
19. Common capital stock	X X X	X X X	3,160,290	3,160,290
20. Preferred capital stock	X X X	X X X		
21. Gross paid in and contributed surplus	X X X	X X X		
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	(1,086,508)	(1,007,167)
25. Less treasury stock, at cost:				
25.1 0 shares common (value included in Line 19 \$ 0 )	X X X	X X X	177,615	177,615
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	1,896,167	1,975,508
27. Total liabilities, capital and surplus (Lines 18 and 26)	X X X	X X X	3,769,065	3,873,000

DETAILS OF WRITE-INS				
1701. PPO Claims Payable	26,548		26,548	5,976
1702. PPO Retention	8,598		8,598	8,487
1703. Premium Deficiency Reserve	31,500		31,500	31,500
1798. Summary of write-ins for Line 17 from overflow page				
1799. Totals (Lines 1701 through 1703 plus 1798) (Line 17 above)	66,646		66,646	45,963
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	16,589	52,348
2. Net premium income	X X X	3,107,068	8,798,493
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		
6. Aggregate write-ins for other health care related revenues	X X X		
7. Total revenues (Lines 2 to 6)	X X X	3,107,068	8,798,493
Medical and Hospital:			
8. Hospital/medical benefits	104,886	1,341,756	3,841,220
9. Other professional services	25,581	856,213	1,950,821
10. Outside referrals			
11. Emergency room and out-of-area	5,493	99,937	271,621
12. Prescription drugs		445,246	1,154,301
13. Aggregate write-ins for other medical and hospital	18,659	198,280	707,396
14. Incentive pool and withhold adjustments		(135,164)	(398,188)
15. Subtotal (Lines 8 to 14)	154,619	2,806,268	7,527,171
Less:			
16. Net reinsurance recoveries		38,026	31,599
17. Total medical and hospital (Lines 15 minus 16)	154,619	2,768,242	7,495,572
18. Claims adjustment expenses			22,605
19. General administrative expenses		506,768	1,510,304
20. Increase in reserves for accident and health contracts			31,500
21. Total underwriting deductions (Lines 17 through 20)	154,619	3,275,010	9,059,981
22. Net underwriting gain or (loss) (Lines 7 minus 21)	X X X	(167,942)	(261,488)
23. Net investment income earned		46,125	182,683
24. Net realized capital gains or (losses)			
25. Net investment gains or (losses) (Lines 23 plus 24)		46,125	182,683
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		37,702	146,497
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		(84,115)	67,692
29. Federal and foreign income taxes incurred	X X X		
30. Net income (loss) (Lines 28 minus 29)	X X X	(84,115)	67,692

DETAILS OF WRITE-INS			
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
1301. Other	18,659	198,280	707,396
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)	18,659	198,280	707,396
2701. PPO Revenue		6,976	27,887
2702. BWC Revenue		17,762	84,620
2703. Interest on Note Receivable		8,345	34,102
2798. Summary of remaining write-ins for Line 27 from overflow page		4,619	(112)
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		37,702	146,497

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2
	Current Year to Date	Prior Year
CAPITAL & SURPLUS ACCOUNT		
31. Capital and surplus prior reporting period	1,975,508	1,819,205
GAINS AND LOSSES TO CAPITAL & SURPLUS		
32. Net income or (loss) from Line 30	(84,115)	67,692
33. Change in valuation basis of aggregate policy and claim reserves		
34. Net unrealized capital gains and losses		931
35. Change in net unrealized foreign exchange capital gain or (loss)		
36. Change in net deferred income tax		
37. Change in nonadmitted assets	4,774	80,968
38. Change in unauthorized reinsurance		
39. Change in treasury stock		(2,478)
40. Change in surplus notes		
41. Cumulative effect of changes in accounting principles		
42. Capital Changes:		
42.1 Paid in		9,190
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		
46. Net change in capital & surplus (Lines 32 to 45)	(79,341)	156,303
47. Capital and surplus end of reporting period (Line 31 plus 46)	1,896,167	1,975,508

DETAILS OF WRITE-INS		
4501.		
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)		

CASH FLOW

Cash from Operations	1 Current Year To Date	2 Prior Year
1. Premiums and revenues collected net of reinsurance	2,998,366	9,041,506
2. Claims and claims adjustment expenses	2,699,937	6,912,192
3. General administrative expenses paid	531,805	1,576,754
4. Other underwriting income (expenses)		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(233,376)	552,560
6. Net investment income	37,701	176,418
7. Other income (expenses)	54,364	168,555
8. Federal and foreign income taxes (paid) recovered		
9. Net cash from operations (Lines 5 to 8)	(141,311)	897,533
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds		350,000
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)		350,000
11. Cost of investments acquired (long-term only):		
11.1 Bonds	324,905	1,176,383
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)	324,905	1,176,383
12. Net cash from investments (Line 10.8 minus Line 11.7)	(324,905)	(826,383)
Cash from Financing and Miscellaneous Sources		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in		9,190
13.2 Net transfers from affiliates		
13.3 Borrowed funds received		
13.4 Other cash provided		
13.5 Total (Lines 13.1 to 13.4)		9,190
14. Cash applied:		
14.1 Dividends to stockholders paid		
14.2 Net transfers to affiliates		
14.3 Borrowed funds repaid		
14.4 Other applications		2,478
14.5 Total (Lines 14.1 to 14.4)		2,478
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)		6,712
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	(466,216)	77,862
17. Cash and short-term investments:		
17.1 Beginning of period	1,798,207	1,720,345
17.2 End of period (Line 16 plus Line 17.1)	1,331,991	1,798,207

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	4,981		4,981							
2. First Quarter	5,588		5,588							
3. Second Quarter										
4. Third Quarter										
5. Current Year	5,588		5,588							
6. Current Year Member Months	16,589		16,589							
Total Member Ambulatory Encounters for Period:										
7. Physician	4,697		4,697							
8. Non-Physician	13,600		13,600							
9. Total	18,297		18,297							
10. Hospital Patient Days Incurred	355		355							
11. Number of Inpatient Admissions	101		101							
12. Premiums Collected	2,998,366		2,998,366							
13. Premiums Earned	3,107,068		3,107,068							
14. Amount Paid for Provision of Health Care Services	2,699,937		2,699,937							
15. Amount Incurred for Provision of Health Care Services	2,768,242		2,768,242							



Statement as of March 31, 2002 of the **Vantage Health Plan, Inc.**

### CLAIMS PAYABLE (Reported and Unreported)

#### Aging Analysis of Unpaid Claims

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
Line of Business	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	Claims Incurred in Prior Years (Columns 1 + 3)	
1. Comprehensive (Hospital & Medical)	1,053,242	1,646,695	101,095	1,320,842	1,154,337	1,315,605
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other						
9. Subtotal	1,053,242	1,646,695	101,095	1,320,842	1,154,337	1,315,605
10. Medical Incentive pools, accruals and disbursements						
11. Totals	1,053,242	1,646,695	101,095	1,320,842	1,154,337	1,315,605

---

NOTES TO FINANCIAL STATEMENTS

---

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 Domicilie, 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 [ X ] N/A [ ☐ ]

If yes, attach an explanation.
- 7.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

09/30/2000
- 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.

09/30/2000
- 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).

05/07/2001
- 7.4

By what department or departments? Office of Financial Regulation Services-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 [X] No [ ]
- 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	\$878	\$497
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)	\$878	\$497
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
Robert W. Baird & Co., Incorporated	2525 West End Ave Suite 1000 Nashville, TN 37203
Merrill Lynch	4406 Timber Commons Dr. Suite 100 Sandusky, OH 44870

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

SCHEDULE A - VERIFICATION

	1	2	3	4
	First Quarter Current Year	Second Quarter Current Year	Third Quarter Current Year	Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	NONE			
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)				

SCHEDULE B - VERIFICATION

	1	2	3	4
	First Quarter Current Year	Second Quarter Current Year	Third Quarter Current Year	Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period	NONE			
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	2	3	4
	First Quarter Current Year	Second Quarter Current Year	Third Quarter Current Year	Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, beginning of period	NONE			
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
<b>BONDS</b>								
1. Class 1	1,511,175			(108,807)	1,402,368			1,511,175
2. Class 2	525,784	324,905		102,230	952,919			525,784
3. Class 3	197,665			(46)	197,619			197,665
4. Class 4	149,487			157	149,644			149,487
5. Class 5								
6. Class 6								
7. Total Bonds	2,384,111	324,905		(6,466)	2,702,550			2,384,111
<b>PREFERRED STOCK</b>								
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	2,384,111	324,905		(6,466)	2,702,550			2,384,111

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Amount of Interest Received Current Quarter	Paid for Accrued Interest
8099999Totals	432,232	X X X	438,065	8,050	7,482

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	1	2	3	4
	First Quarter Current Year	Second Quarter Current Year	Third Quarter Current Year	Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period .....	434,770			704,601
2. Cost of short-term investments acquired .....				1,825,038
3. Increase (decrease) by adjustment .....	(2,538)			15,131
4. Increase (decrease) by foreign exchange adjustment .....				
5. Total profit (loss) on disposal of short-term investments .....				
6. Consideration received on disposal of short-term investments .....				2,110,000
7. Book/adjusted carrying value, current period .....	432,232			434,770
8. Total valuation allowance .....				
9. Subtotal (Lines 7 plus 8) .....	432,232			434,770
10. Total nonadmitted amounts .....				
11. Statement value (Lines 9 minus 10) .....	432,232			434,770
12. Income collected during period .....	8,050			26,276
13. Income earned during period .....	7,248			53,488



**SCHEDULE DB - PART F - SECTION 1**

## Summary of Replicated (Synthetic) Assets Open

[illegible]

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory										
2. Add:   Opened or Acquired Transactions										
3. Add:   Increases in Replicated Asset Statement Value	X X X		X X X		X X X		X X X		X X X	
4. Less:   Closed or Disposed of Transactions										
5. Less:   Positions Disposed of for Failing Effectiveness Criteria										
6. Less:   Decreases in Replicated (Synthetic) Asset Statement Value	X X X		X X X		X X X		X X X		X X X	
7. Ending Inventory										

NONE

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

1	2	3	4	5
NAIC Company Code	Federal ID Number	Name of Reinsurer	Location	Is Insurer Authorized? (Yes or No)
		Life and Annuity - Affiliates		
		Life and Annuity - Non-Affiliates		
		Accident and Health - Affiliates		
		Accident and Health - Non-Affiliates		
		NONE		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

				Direct Business Only Year-to-Date			
		1	2	3	4	5	6
State, Etc.		Guaranty Fund (Yes or No)	Is Insurer Licensed (Yes or No)	Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums
1.	Alabama	AL	NO				
2.	Alaska	AK	NO				
3.	Arizona	AZ	NO				
4.	Arkansas	AR	NO				
5.	California	CA	NO				
6.	Colorado	CO	NO				
7.	Connecticut	CT	NO				
8.	Delaware	DE	NO				
9.	Dist. Columbia	DC	NO				
10.	Florida	FL	NO				
11.	Georgia	GA	NO				
12.	Hawaii	HI	NO				
13.	Idaho	ID	NO				
14.	Illinois	IL	NO				
15.	Indiana	IN	NO				
16.	Iowa	IA	NO				
17.	Kansas	KS	NO				
18.	Kentucky	KY	NO				
19.	Louisiana	LA	NO				
20.	Maine	ME	NO				
21.	Maryland	MD	NO				
22.	Massachusetts	MA	NO				
23.	Michigan	MI	NO				
24.	Minnesota	MN	NO				
25.	Mississippi	MS	NO				
26.	Missouri	MO	NO				
27.	Montana	MT	NO				
28.	Nebraska	NE	NO				
29.	Nevada	NV	NO				
30.	New Hampshire	NH	NO				
31.	New Jersey	NJ	NO				
32.	New Mexico	NM	NO				
33.	New York	NY	NO				
34.	North Carolina	NC	NO				
35.	North Dakota	ND	NO				
36.	Ohio	OH	YES	3,107,068			
37.	Oklahoma	OK	NO				
38.	Oregon	OR	NO				
39.	Pennsylvania	PA	NO				
40.	Rhode Island	RI	NO				
41.	South Carolina	SC	NO				
42.	South Dakota	SD	NO				
43.	Tennessee	TN	NO				
44.	Texas	TX	NO				
45.	Utah	UT	NO				
46.	Vermont	VT	NO				
47.	Virginia	VA	NO				
48.	Washington	WA	NO				
49.	West Virginia	WV	NO				
50.	Wisconsin	WI	NO				
51.	Wyoming	WY	NO				
52.	American Samoa	AS	NO				
53.	Guam	GU	NO				
54.	Puerto Rico	PR	NO				
55.	U.S. Virgin Islands	VI	NO				
56.	Canada	CN	NO				
57.	Aggregate Other Alien	X X X	X X X				
58.	Total (Direct Business)	X X X	(a) 1	3,107,068			

DETAILS OF WRITE-INS				
5701.				
5702.				
5703.				
5798. Summary of remaining write-ins for Line 57 from overflow page				
5799. Totals (Lines 5701 through 5703 plus 5798) (Line 57 above)				

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

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

**NONE**

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplement 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:

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW PAGE FOR WRITE-INS

Page 2 - Continuation  
ASSETS

	Current Period			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets
REMAINING WRITE-INS AGGREGATED AT LINE 08 FOR INVESTED ASSETS				
0804. ....				
0805. ....				
0806. ....				
0807. ....				
0808. ....				
0809. ....				
0810. ....				
0811. ....				
0812. ....				
0813. ....				
0814. ....				
0815. ....				
0816. ....				
0817. ....				
0818. ....				
0819. ....				
0820. ....				
0821. ....				
0822. ....				
0823. ....				
0824. ....				
0825. ....				
0897. Totals (Lines 0804 through 0825) (Page 2, Line 0898)				
REMAINING WRITE-INS AGGREGATED AT LINE 22 FOR OTHER THAN INVESTED ASSETS				
2204. Prepaid Insurance and Expense	18,817	18,817		
2205. ....				
2206. ....				
2207. ....				
2208. ....				
2209. ....				
2210. ....				
2211. ....				
2212. ....				
2213. ....				
2214. ....				
2215. ....				
2216. ....				
2217. ....				
2218. ....				
2219. ....				
2220. ....				
2221. ....				
2222. ....				
2223. ....				
2224. ....				
2225. ....				
2297. Totals (Lines 2204 through 2225) (Page 2, Line 2298)	18,817	18,817		



OVERFLOW PAGE FOR WRITE-INS

Page 4 - Continuation  
STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year
	1	2	3
	Uncovered	Total	Total
REMAINING WRITE-INS AGGREGATED AT LINE 06 FOR OTHER HEALTH CARE RELATED REVENUES			
0604.	XXX		
0605.	XXX		
0606.	XXX		
0607.	XXX		
0608.	XXX		
0609.	XXX		
0610.	XXX		
0611.	XXX		
0612.	XXX		
0613.	XXX		
0614.	XXX		
0615.	XXX		
0616.	XXX		
0617.	XXX		
0618.	XXX		
0619.	XXX		
0620.	XXX		
0621.	XXX		
0622.	XXX		
0623.	XXX		
0624.	XXX		
0625.	XXX		
0697. Totals (Lines 0604 through 0625) (Page 4, Line 0698)	XXX		
REMAINING WRITE-INS AGGREGATED AT LINE 13 FOR OTHER MEDICAL AND HOSPITAL			
1304.			
1305.			
1306.			
1307.			
1308.			
1309.			
1310.			
1311.			
1312.			
1313.			
1314.			
1315.			
1316.			
1317.			
1318.			
1319.			
1320.			
1321.			
1322.			
1323.			
1324.			
1325.			
1397. Totals (Lines 1304 through 1325) (Page 4, Line 1398)			
REMAINING WRITE-INS AGGREGATED AT LINE 27 FOR OTHER INCOME OR EXPENSES			
2704. Loss on Investment in Vantage Occupational Health Plan		(381)	(112)
2705. Miscellaneous Income		5,000	
2706.			
2707.			
2708.			
2709.			
2710.			
2711.			
2712.			
2713.			
2714.			
2715.			
2716.			
2717.			
2718.			
2719.			
2720.			
2721.			
2722.			
2723.			
2724.			
2725.			
2797. Totals (Lines 2704 through 2725) (Page 4, Line 2798)		4,619	(112)

## SCHEDULE A - PART 2

Showing all Real Estate ACQUIRED During the Current Quarter

[illegible]

## SCHEDULE A - PART 3

Showing all Real Estate SOLD during the Quarter, including Payments during the Final Year on "Sales under Contract"

[illegible]

## SCHEDULE B - PART 1

Showing all Mortgage Loans ACQUIRED during the Current Quarter

[illegible]

## SCHEDULE B - PART 2

Showing all Mortgage Loans SOLD, transferred or paid in full during the Current Quarter

[illegible]

Statement as of March 31, 2002 of the **Vantage Health Plan, Inc.**

**SCHEDULE BA - PART 1**

Showing Other Long-Term Invested Assets ACQUIRED during the Current Quarter

[illegible]

## SCHEDULE BA - PART 2

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

[illegible]

Statement as of March 31, 2002 of the **Vantage Health Plan, Inc.**

## SCHEDULE D - PART 3

Showing all Long-term Bonds and Stock Acquired by the Company During the Current Quarter

[illegible]

7299999	Totals	
(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues		0

E  
0  
4



**SCHEDULE DB - PART A - SECTION 1**

Showing all Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

[illegible]

## SCHEDULE DB - PART B - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

[illegible]

**SCHEDULE DB - PART C - SECTION 1**

Showing all Collar, Swap and Fowards Open at Current Statement Date

[illegible]

## SCHEDULE DB - PART D - SECTION 1

Showing all Futures Contracts and Insurance Futures Contracts at Current Statement Date

[illegible]



