



IMAGING COVER SHEET

NAIC #: MEWA11

NAIC Group Code: 000

Company Name: PRINTING INDUSTRY HEALTH CARE PLAN TRUST

Company Type: P&C Life HIC Frat Title MEWA HW MPA
 DOMESTIC FOREIGN

Form Type: STATEMENTS

Sub-form Type: QUARTERLY

Transaction # (if applicable): _____

Effective Date: _____

Additional Info: SECOND QUARTER, PERIOD ENDING JUNE 30, 2002

Date Scanned: _____

Scanned By (initials): _____

FEIN Number 31-6101974

QUARTERLY STATEMENT

RECEIVED

As of June 30, 2002

AUG 15 2002

OF THE CONDITION AND AFFAIRS OF THE

Printing Industry Health Care Plan Trust

O.F.R.S.

established under the Laws of the State of OHIO, made to the

INSURANCE DEPARTMENT OF THE STATE OF

PURSUANT TO THE LAWS THEREOF

Established May 16, 1956 Commenced Business May 16, 1956

Statutory Home Office 88 Dorchester Square Westerville, Ohio 43081

Main Administrative Office Same (614) 794-2300

Mail Address PO Box 819 Westerville, Ohio 43086

Primary Location of Books and Records 88 Dorchester Square Westerville, Ohio 43081 (614) 794-2300

Quarterly Statement Contact Person and Phone Number (include extension) Joe Harrison (614) 794-2300

OFFICERS

Chairperson William L. Stickney Secretary Vice-Presidents Treasurer

TRUSTEES

Steve Clark Dallas Evans James Hopkins Shera Skaggs William L. Stickney James Watkins

State of Ohio County of Franklin ss

Chairperson Dallas W. Evans, Trustee Secretary Treasurer

of the Printing Industry Health Care Plan Trust being duly sworn, each deposes and says that they are the above described officers of the trust carrying on the business of a MEWA, and that on the quarter ending June 30, 2002 all of the herein described assets were the absolute property of the MEWA, free and clear from any liens or claims thereon, except as herein stated, and that this quarterly 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 MEWA as of the quarter ending June 30, 2002, and of its income and deductions therefrom for the calendar period ended on that date, and have been completed in accordance with the quarterly statement instructions and accounting practices and procedures prescribed by the Ohio Department of Insurance, according to the best of their information, knowledge and belief, respectively.

Chairperson Dallas W. Evans Secretary Treasurer

- (a) Is this an original filing? Yes [X] No []
(b) If no, (i) state the amendment number (ii) date filed (iii) number of pages attached

Subscribed and sworn to before me this 14 day of August, 2002 Betty Jallil



BETTY JALLIL Notary Public, State of Ohio My Commission Expires 12/23/06

ASSETS		1	
		Current Period	December 31, 2001
1.	Bonds.....	387,194	539,251
2.	Stocks.....		
2.1	Preferred Stocks.....		
2.2	Common Stocks.....	549,723	1,179,332
3.	Mortgage loans on real estate.....		
4.	Real estate, less \$.....encumbrances.....		
5.	Collateral loans.....		
6.1	Cash on hand and on deposit.....	117,986	73,587
6.2	Short-term investments.....		
7.	Aggregate write-ins for invested assets.....	37,860	-0-
7A.	Subtotals, cash and invested assets (Lines 1 to 7).....	1,092,763	1,792,170
8.	Premium due and unpaid.....	17,353	21,604
9.	Funds held by or deposited with reinsurance companies.....		
10.	Reinsurance recoverables on loss and loss adjustment payments.....		
10.1	Reinsurance recoverable on unpaid losses.....		
11.	Federal income tax recoverable.....		
12.	Interest and other investment income due and accrued.....	7,583	11,631
13.	Receivable from parent, subsidiaries and affiliates.....		
14.	Electronic data processing equipment.....		
15.	Aggregate write-ins for other than invested assets.....		
16.	TOTALS (Lines 7A through 15)	1,117,699	1,825,405
DETAILS OF WRITE-INS AGGREGATED AT LINE 7 FOR INVESTED ASSETS			
0701	Receivables- PICT Trust.....	37,860	
0702		
0703		
0704		
0705		
0798	Summary of remaining write-ins for Line 7 from overflow page.....		
0799	Totals (Lines 0701 through 0705 plus 0798)(Page 2, Line 7)	37,860	
DETAILS OF WRITE-INS AGGREGATED AT LINE 15 FOR OTHER THAN INVESTED ASSETS			
1501	NONE.....		
1502		
1503		
1504		
1505		
1598	Summary of remaining write-ins for Line 15 from overflow page.....		
1599	Totals (Lines 1501 through 1505 plus 1598)(Page 2, Line 15)		

NOTE: The lines on this page to agree with Exhibit I, Column 4.

LIABILITIES, SURPLUS AND SPECIAL FUNDS	1 Current Period	2 December 31, 2001
1. Claims unpaid (Part 2A, Col. 4, Line 5)	759,000	759,000
2. Unpaid claims adjustment expenses (Part 3, Line 22b, Col. 2)	67,000	67,000
3. Unearned premiums (Part 1, Line 5, Col. 8)	45,724	103,423
4. Unearned investment income (Part 4, Line 9, Col. 4)		
5. (a) Taxes, licenses and fees due or accrued (excluding Federal income taxes)		
(b) Federal income taxes (Including \$ _____ net deferred tax liabilities)		
(c) Stop loss, excess, or reinsurance premium due and unpaid		
(d) Other expenses due or accrued		
6. Premium deposits made by applicants rejected or not as yet accepted as members or subscribers		
7. Borrowed money \$..... and interest thereon \$		
8. Amounts withheld or retained for account of others		
9. Stop loss, excess, or reinsurance received but not yet due		
10. Provision for unauthorized reinsurance		
11. Aggregate write-ins for other liabilities	-0-	5,209
12. Total liabilities (Lines 1 to 11)	871,724	934,632
SURPLUS AND SPECIAL FUNDS		
13. Surplus	245,975	890,773
14. Aggregate write-ins for surplus and special funds		
15. Total (Line 13 plus Line 14; Page 4, Line 21)	245,975	890,773
16. TOTALS (Lines 12 plus 15)	1,117,699	1,825,405
DETAILS OF WRITE-INS AGGREGATED AT LINE 11 FOR OTHER LIABILITIES		
1101. Accounts Payable	-0-	5,209
1102.		
1103.		
1104.		
1105.		
1198. Summary of remaining write-ins for Line 11 from overflow page		
1199. Totals (Lines 1101 through 1105 plus 1198)(Page 3, Line 11)	-0-	5,209
DETAILS OF WRITE-INS AGGREGATED AT LINE 14 FOR SURPLUS AND SPECIAL FUNDS		
1401.		
NONE		
1402.		
1403.		
1404.		
1405.		
1498. Summary of remaining write-ins for Line 14 from overflow page		
1499. Totals (Lines 1401 through 1405 plus 1498)(Page 3, Line 14)		

UNDERWRITING AND INVESTMENT EXHIBIT	1 Current Year To Date	2 Prior Year Ended December 31
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 5, Col. 9).....	2,163,940	4,184,360
2. Claims incurred (Part 2, Line 5, Col. 5).....	2,331,788	4,260,185
3. Expenses incurred (Part 3, Line 21, Col. 2, 3, 4):		
(a) Claim adjustment	120,752	230,413
(b) Administrative	32,178	58,513
(c) Soliciting	5,073	25,874
4. Individual stop loss, excess, or reinsurance expense (Net of incurred Recoveries)	116,333	311,603
5. Aggregate stop loss, excess, or reinsurance expense (Net of incurred Recoveries)	24,200	24,200
5A Aggregate write-ins for underwriting deductions		
6. Total underwriting deductions (Lines 2 through 5).....	2,630,324	4,910,788
7. Net underwriting gain or (loss)(Line 1 minus Line 6).....	(466,384)	(726,428)
INVESTMENT INCOME		
8. Net investment income earned (Part 4, Line 14, Col. 8).....	17,171	44,658
9. Net realized capital gains or (losses) (Part 4A, Line 10, Col. 6).....	35,791	204,264
10. Net investment gain or (loss) (Line 8 plus Line 9).....	52,962	248,922
OTHER INCOME		
11. Aggregate write-ins for other income		
12. Net gain or (loss) before federal income taxes (Lines 7 + 10 +11).....	(413,422)	(477,506)
13. Federal income taxes incurred.....		
14. Net gain or (loss) (to Line 16) (Line 12 minus Line 13).....	(413,422)	(477,506)
SURPLUS AND SPECIAL FUNDS		
15. Surplus and special funds December 31, previous year (Page 4, Line 21, Col. 2).....	890,773	1,835,523
GAINS AND (LOSSES)		
16. Net gain or (loss) (from Line 14).....	(413,422)	(477,506)
17. Net unrealized capital gains or (losses) (Part 4A, Line 11, Col. 6).....	(231,376)	(467,244)
18. Change in non-admitted assets (Exhibit 2, Line 9, Col. 3).....		
19. Aggregate write-ins for changes to surplus and special funds		
20. Change in surplus and special funds for the year (Lines 16 through 19).....	(644,798)	(944,750)
21. Surplus and special funds December 31, current year (Line 15 plus Line 20).....	245,975	890,773
DETAILS OF WRITE-INS AGGREGATED AT LINE 11 FOR OTHER INCOME		
1101		
1102 NONE		
1103		
1104		
1198 Summary of remaining write-ins for Line 11 from overflow page		
1199 Totals (Lines 1101 through 1105 plus 1198) (Page 4, Line 11).....		
DETAILS OF WRITE-INS AGGREGATED AT LINE 19 FOR CHANGES TO RESERVES AND SPECIAL FUNDS		
1901		
1902 NONE		
1903		
1904		
1998 Summary of remaining write-ins for Line 19 from overflow page		
1999 Totals (Line 1901 through 1905 plus 1998) (Page 4, Line 19).....		

**UNDERWRITING AND INVESTMENT EXHIBIT
PART I**

	1	2	3	4	5	6	7	8	9
	Premiums Written Direct Business	Premiums Written Reinsurance Assumed	Total Premiums Written (Cols. 1+2)	Unearned Premiums December 31 Previous Year	Unearned Premiums December 31 Current Year (Part 1-A)	Reserve for Rate Credits and Retrospective Returns Based on Experience	Total Reserve for Unearned Premiums (Cols. 5+6)	Premiums Earned (Cols. 3+4+7)	Reinsurance Premiums Ceded
1 Hospital									
2 Medical									
3 Dental									
4 Other									
5 Totals	2,106,241		2,106,241	103,423	45,724		45,724	2,163,940	

PART 1A—UNEARNED PREMIUMS

	1	2
Premium Mode	Premiums in Force December 31 Current Year	Amount of Premiums or Fees Unearned
1 Quarterly premiums		
2 Monthly premiums	382,592	45,724
3 Advanced premiums	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
4 Totals	382,592	45,724

* If you are unable to break out hospital and medical premiums, please put the combined total and a notation that the amount applies to both lines of business.

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 2-CLAIMS PAID AND INCURRED**

1 Line of Business	2 Claims Paid	3 Claims Unpaid Current Year (Col. 4, Part 2A)	4 Claims Unpaid Previous Year	5 Claims Incurred (Cols. 2+3+4)
1. Hospital _____				
2. Medical _____				
3. Dental _____				
4. Other _____				
5. Totals	2,338,788	759,000	766,000	2,331,788

PART 2 A-CLAIMS UNPAID

1 Line of Business	2 Reported Claims in Process of Adjustment	3 Estimated Incurred But Unreported	4 Total Claims Unpaid
1. Hospital			
2. Medical			
3. Dental			
4. Other			
5. Totals.....	242,000	517,000	759,000

PART 2B-ANALYSIS OF CLAIMS UNPAID-PREVIOUS YEAR

1 Line of Business	Claims Paid Year to Date		Claims Unpaid as of Current Period		6 Total Claims Incurred to date on Claims Incurred in Prior Years (Columns 2 + 4)	7 Reported Liability on Unpaid Claims as of December 31 Previous Year
	2 On Claims Incurred Prior to January 1 of Current Year	3 On Claims Incurred During the Year	4 On Claims Unpaid Dec. 31 of Previous Year	5 On Claims Incurred During the Year		
1. Hospital						
2. Medical						
3. Dental						
4. Other						
5. Totals.....	695,062	1,636,726	63,938	695,062	759,000	759,000

* Part 2B, Column 4 and column 5 must equal Part 2A Total of column 4

UNDERWRITING AND INVESTMENT EXHIBIT
PART I-INTEREST, DIVIDENDS AND REAL ESTATE INCOME

1	2 Schedule	3 Collected During Year Less Paid For Accrual on Purchases	4 Received in Advance		5 Due and Accrued ¹		8 Landed Dividend Year of Col. 3 + 4 (Col. 5 - 6)
			Current Year	Previous Year	Current Year	Previous Year	
1 Government Bonds	D*	14,897			6,057	6,391	14,563
1.1 Other Bonds (non-affiliated)	D*	5,558			848	3,678	2,728
2 Bonds of affiliates	D*						
2.1 Preferred stocks (non-affiliated)	D						
2.1.1 Preferred stocks of affiliates	D						
2.2 Common stocks (non-affiliated)	D	4,560			1,195	1,130	4,625
2.2.1 Common stocks of affiliates	D						
3 Mortgage loans	D†						
4 Real estate	A2						
5 Collateral loans	C						
6.1 Cash on hand and on deposit	F	2,496			-0-	432	2,064
6.2 Short-term investments	F						
7 Loans of options and futures	D***						
8 Agreements with no fair investment measure		27,511			8,100	11,631	23,980
9 TOTALS							
10 Total investment expenses incurred (Part 3, Line 21, Col. 5)						6,809	
11 Depreciation on real estate							
12 Aggregate write-ins for other deductions							
13 Total Deductions							6,809
14 Net Investment Income Landed (Line 8 minus Line 13) (Page 1, Line 8)							17,171

* Includes \$ accrual of discount less \$ amortization of premium. † Includes \$ accrual of discount less \$ amortization of premium. ‡ Includes \$ for corporation's occupancy of its own buildings.
 § Admitted items only. State laws of exclusions for corporations occupying of its own buildings.

DETAILS OF WRITE-INS AGGREGATED AT LINE 8 FOR INVESTMENT INCOME

1	2	3	4	5	6	7	8
0801							
0802							
0803							
0804							
0805							
0806							
0807							
0808							
0809							
0810							
0811							
0812							
0813							
0814							
0815							
0816							
0817							
0818							
0819							
0820							
0821							
0822							
0823							
0824							
0825							
0826							
0827							
0828							
0829							
0830							
0831							
0832							
0833							
0834							
0835							
0836							
0837							
0838							
0839							
0840							
0841							
0842							
0843							
0844							
0845							
0846							
0847							
0848							
0849							
0850							
0851							
0852							
0853							
0854							
0855							
0856							
0857							
0858							
0859							
0860							
0861							
0862							
0863							
0864							
0865							
0866							
0867							
0868							
0869							
0870							
0871							
0872							
0873							
0874							
0875							
0876							
0877							
0878							
0879							
0880							
0881							
0882							
0883							
0884							
0885							
0886							
0887							
0888							
0889							
0890							
0891							
0892							
0893							
0894							
0895							
0896							
0897							
0898							
0899							
0900							
0901							
0902							
0903							
0904							
0905							
0906							
0907							
0908							
0909							
0910							
0911							
0912							
0913							
0914							
0915							
0916							
0917							
0918							
0919							
0920							
0921							
0922							
0923							
0924							
0925							
0926							
0927							
0928							
0929							
0930							
0931							
0932							
0933							
0934							
0935							
0936							
0937							
0938							
0939							
0940							
0941							
0942							
0943							
0944							
0945							
0946							
0947							
0948							
0949							
0950							
0951							
0952							
0953							
0954							
0955							
0956							
0957							
0958							
0959							
0960							
0961							
0962							
0963							
0964							
0965							
0966							
0967							
0968							
0969							
0970							
0971							
0972							
0973							
0974							
0975							
0976							
0977							
0978							
0979							
0980							
0981							
0982							
0983							
0984							
0985							
0986							
0987							
0988							
0989							
0990							
0991							
0992							
0993							
0994							
0995							
0996							
0997							
0998							
0999							
1000							

DETAILS OF WRITE-INS AGGREGATED AT LINE 12 FOR INVESTMENT INCOME

1

GENERAL INTERROGATORIES

- | | |
|--|--|
| <p>1. (a) Where any of the stocks, bonds or other assets of the MEWA loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)</p> <p>(b) If "yes", please give full and complete information relating thereto.</p> <p>.....</p> <p>.....</p> | <p>Yes [] No [X]</p> |
| <p>2. (a) Have any changes been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the MEWA?</p> <p>(b) If "Yes", date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.</p> | <p>Yes [] No [X]</p> <p>.....</p> |
| <p>3. Have there been any substantial changes in the organizational chart, managers, officers or Trustees since year end? If "yes", attach an explanation.</p> | <p>Yes [] No [X]</p> |
| <p>4. (a) If the MEWA 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 since the last filed statement?</p> <p>(b) If "yes", attach an explanation.</p> | <p>Yes [] No [X]</p> |
| <p>5. (a) Have any of the MEWA's primary reinsurance contracts been canceled since the last filed statement?</p> <p>(b) if "yes", give full and complete information thereto.</p> <p>.....</p> <p>.....</p> | <p>Yes [] No [X]</p> |
| <p>6. (a) What is the number of employer groups as of the current period?</p> <p>(b) What is the number of enrollees as of the current period?</p> | <p style="text-align: center;">77</p> <hr style="width: 100px; margin: 0 auto;"/> <p style="text-align: center;">698</p> <hr style="width: 100px; margin: 0 auto;"/> |

OVERFLOW PAGE FOR WRITE-INS
