



IMAGING COVER SHEET

NAIC #: MEWA13

NAIC Group Code: 000

Company Name: TRI-STATE ELECTRICAL BENEFIT ASSOCIATION

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): _____

MEWA 13

FEIN Number 31-1130537

QUARTERLY STATEMENT

As of June 30, 2002

OF THE CONDITION AND AFFAIRS OF THE

Tri-State Electrical Benefit Association Health and Life Plan & Trust

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

INSURANCE DEPARTMENT OF THE STATE OF

PURSUANT TO THE LAWS THEREOF

Established 1-1-85 Commenced Business 1-1-87

Statutory Home Office 586 Kings Run Drive Cincinnati, OH 45232

Main Administrative Office Same

Same (513) 542-0400

Mail Address Same

Primary Location of Books and Records Same

Same Same

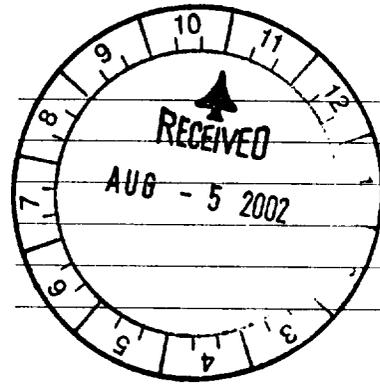
Quarterly Statement Contact Person and Phone Number (include extension) Gary Wilson (513) 542-0400

OFFICERS

Chairperson Kevin Bertke
Secretary
Treasurer
Vice-Presidents

TRUSTEES

Kevin Bertke (Chair)
Jeffrey Heitker
Kathy Wiethe
Jim Wessel
Renee Sorter-Plavsic
Gary Wilson



State of Ohio

County of Hamilton ss

Kevin Bertke Chairperson, Secretary, Treasurer

of the Tri-State Electrical Benefit Association 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 6-30-02 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 6-30-02, 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.

Handwritten signature of Kevin Bertke
Chairperson

Secretary

Treasurer

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

Subscribed and sworn to before me this 1st day of August, 2002
Notary Public Seal

MICHAEL D. BRAY
Notary Public
State of Ohio
My Commission Expires April 26, 2007

ANDREW, LITTNER LLC.

CERTIFIED PUBLIC ACCOUNTANTS

COMPILATION REPORT

Tri-State Electrical Benefit Association
Health and Life Plan and Trust
Cincinnati, Ohio

We have compiled the statements of assets and liabilities, surplus and special funds as of June 30, 2002 and December 31, 2001 and the related statement of underwriting and investment exhibit for the six month period and the year then ended included in the prescribed form in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. We have also compiled the supplementary information presented in the prescribed form.

Our compilation was limited to presenting in the form prescribed by the State of Ohio, Department of Insurance that is the representation of the Trust whose financial statements are presented. We have not audited or reviewed the financial statements and supplementary information referred to above and, accordingly, do not express an opinion or any other form of assurance on them.

The financial statements and supplementary information are presented in accordance with the requirements of the State of Ohio, Department of Insurance which differ from generally accepted accounting principles. Accordingly, the financial statements and supplementary information are not designed for those who are not informed about such differences.

Andrew, Littner LLC

Certified Public Accountants

July 30, 2002

ASSETS		1 Current Period	December 31, 2001
1.	Bonds.....		
2.	Stocks.....		
	2.1 Preferred Stocks.....		
	2.2 Common Stocks.....	503,243	504,859
3.	Mortgage loans on real estate.....		
4.	Real estate, less \$.....encumbrances.....		
5.	Collateral loans.....		
6.1	Cash on hand and on deposit.....	265,266	226,384
6.2	Short-term investments.....		
7.	Aggregate write-ins for invested assets.....		
7A.	Subtotals, cash and invested assets (Lines 1 to 7).....	768,509	731,243
8.	Premium due and unpaid.....	301,206	219,180
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.....		
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)	1,069,715	950,423
DETAILS OF WRITE-INS AGGREGATED AT LINE 7 FOR INVESTED ASSETS			
0701.....			
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).....		
DETAILS OF WRITE-INS AGGREGATED AT LINE 15 FOR OTHER THAN INVESTED ASSETS			
1501.....			
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 1, Column 4.

QUARTERLY STATEMENT OF JUNE 30, 2002 OF THE The Tri-State Electrical Benefit Association Health & Life Plan & Trust

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1

Line of business*	1 Premiums Written Direct Business	2 Premiums Written Reinsurance Assumed	3 Total Premiums Written (Cols. 1+2)	4 Unearned Premiums December 31 Previous Year	5 Unearned Premiums December 31 Current Year (Part 1A)	6 Reserve for Rate Credits and Retrospective Returns Based on Experience	7 Total Reserve for Unearned Premiums (Cols. 5+6)	8 Premiums Earned (Cols. 3+4-7)	9 Reinsurance Premiums Ceded
1. Hospital...)	1,585,006		1,585,006					1,585,006	
2. Medical...)									
3. Dental									
4. Other									
5. Totals	1,585,006		1,585,006					1,585,006	

PART 1A--UNEARNED PREMIUMS

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

* 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.

See accountants compilation report.

**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_____)	1,211,957	498,000	503,000	1,206,957
2. Medical_____)				
3. Dental_____	13,087			13,087
4. Other_____				
5. Totals	1,225,044	498,000	503,000	1,220,044

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.....)	247,550	280,450	498,000
2. Medical.....)			
3. Dental.....)			
4. Other.....)			
5. Totals.....)	247,550	280,450	498,000

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 as of Dec. 31 of Previous Year	5 On Claims Incurred During the Year		
1. Hospital.....)	458,966	752,991	44,034	453,966	503,000	503,000
2. Medical.....)						
3. Dental.....)						
4. Other.....)						
5. Totals.....)	458,966	752,991	44,034	453,966	503,000	503,000

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

See accountants compilation report.

GENERAL INTERROGATORIES

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.) Yes | | No |X|
 (b) If "yes", please give full and complete information relating thereto.

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? Yes | | No |X|
 (b) If "Yes", date of change: _____
 If not previously filed, furnish herewith a certified copy of the instrument as amended.
3. Have there been any substantial changes in the organizational chart, managers, officers or Trustees since year end? Yes | | No |X|
 If "yes", attach an explanation.
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? Yes | | No |X|
 (b) If "yes", attach an explanation.
5. (a) Have any of the MEWA's primary reinsurance contracts been canceled since the last filed statement? Yes | | No |X|
 (b) if "yes", give full and complete information thereto.

6. (a) What is the number of employer groups as of the current period? 26
 (b) What is the number of enrollees as of the current period? 739