



QUARTERLY STATEMENT
AS OF JUNE 30, 2002
OF THE CONDITION AND AFFAIRS OF THE
PRIMETIME MEDICAL INSURANCE COMPANY

NAIC Group Code 1204, 1204; NAIC Company Code 10694; Employer's ID Number 34-1809738
Organized under the Laws of Ohio; State of Domicile or Port of Entry Ohio
Country of Domicile
Incorporated 09/26/1995; Commenced Business 10/05/1995
Statutory Home Office 2600 SIXTH STREET SW, CANTON, OH 44710
Main Administrative Office 2600 SIXTH STREET SW, CANTON, OH 44710
Mail Address 2600 SIXTH STREET SW, CANTON, OH 44710
Primary Location of Books and Records 2600 SIXTH STREET SW, CANTON, OH 44710
Internet Website Address
Statutory Statement Contact CHRISTOPHER JOHN INDORF, cindorf@aultman.com
Policyowner Relations Contact

OFFICERS

- President RICK L HAINES
Secretary PAUL W WELCH MD
Treasurer ROBERT M MANN
Vice Chairman FRANK G PROVO
Executive Vice President EDWARD J ROTH
Vice President of Brokered Sales WILLIAM A HAMMERSTROM

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

- JOHN B HUMPHREY JR MD
FRANK G PROVO
THEODORE V BOYD
ALLEN J ROVNER MD
ROBERT M MANN
ROGER BAKER MD
PAUL W WELCH MD

State of Ohio
County of Stark ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the 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 manuals 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) Rick L. Haines, (Signature) Bradley R. Hecker, (Signature)
(Printed Name) President, (Printed Name) Assoc. Vice President, (Printed Name)

Subscribed and sworn to before me this day of , 2002
a. Is this an original filing? Yes [ ] No [X]
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

(Notary Public Signature)

**ASSETS**

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	9,916,620		9,916,620	9,538,530
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:				
4.1 Properties occupied by the company (less \$..... encumbrances) .....				
4.2 Properties held for the production of income (less \$..... encumbrances) .....				
4.3 Properties held for sale (less \$..... encumbrance) .....				
5. Cash (\$.....8,318,921 and short-term investments \$.....)	8,318,921		8,318,921	10,549,151
6. Other invested assets .....				
7. Receivable for securities .....				
8. Aggregate write-ins for invested assets .....				
9. Subtotals, cash and invested assets (Lines 1 to 8) .....	18,235,541		18,235,541	20,087,681
10. Agents' balances or uncollected premiums:				
10.1 Premiums and agents' balances in course of collection .....	651,472	121,869	529,603	439,655
10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums) .....				
10.3 Accrued retrospective premiums .....				
11. Funds held by or deposited with reinsured companies .....				
12. Bills receivable, taken for premiums .....				
13. Amounts billed and receivable under high deductible policies .....				
14. Reinsurance recoverables on loss and loss adjustment expense payments .....				
15. Federal and foreign income tax recoverable and interest thereon (including \$..... net deferred tax asset) .....				
16. Guaranty funds receivable or on deposit .....				
17. Electronic data processing equipment and software .....				
18. Interest, dividends and real estate income due and accrued .....	240,386		240,386	256,899
19. Net adjustments in assets and liabilities due to foreign exchange rates .....				
20. Receivable from parent, subsidiaries and affiliates .....	2,871,872		2,871,872	1,760,594
21. Amounts due from / to protected cells .....				
22. Equities and deposits in pools and associations .....				
23. Amounts receivable relating to uninsured accident and health plans .....				
24. Other assets nonadmitted .....				
25. Aggregate write-ins for other than invested assets .....	1,515,799		1,515,799	119,635
26. Total assets excluding protected cell assets (Lines 9 through 25) ...	23,515,070	121,869	23,393,200	22,664,464
27. Protected cell assets .....				
28. TOTALS (Lines 26 and 27) .....	23,515,070	121,869	23,393,200	22,664,464
<b>DETAILS OF WRITE-INS</b>				
0801 .....				
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) .....				
2501. REINSURANCE RECEIVABLE .....				119,635
2502. PREPAID EXPENSES .....	1,515,799		1,515,799	
2503 .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	1,515,799		1,515,799	119,635

**LIABILITIES, SURPLUS AND OTHER FUNDS**

		1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year \$.....)	8,423,813	6,143,821
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses		
4.	Commissions payable, contingent commissions and other similar charges	37,611	37,611
5.	Other expenses (excluding taxes, licenses and fees)	746,817	261,134
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	370,347	
7.	Federal and foreign income taxes (including \$..... on realized capital gains (losses) (including \$..... net deferred tax liability)	249,694	
8.	Borrowed money \$..... and interest thereon \$.....		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$..... and including warranty reserves of \$.....)		
10.	Advance premium		
11.	Dividends declared and unpaid:		
11.1	Stockholders		
11.2	Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates	2,492,495	2,523,782
20.	Payable for securities		
21.	Liability for amounts held under uninsured accident and health plans		
22.	Capital notes \$..... and interest thereon \$.....		
23.	Aggregate write-ins for liabilities	3,336,717	6,360,172
24.	TOTAL liabilities excluding protected cell liabilities (Lines 1 through 23)	15,657,493	15,326,520
25.	Protected cell liabilities		
26.	TOTAL liabilities (Lines 24 and 25)	15,657,493	15,326,520
27.	Aggregate write-ins for special surplus funds		
28.	Common capital stock	1,000,000	1,000,000
29.	Preferred capital stock		
30.	Aggregate write-ins for other than special surplus funds		
31.	Surplus notes		
32.	Gross paid in and contributed surplus	6,369,696	6,369,696
33.	Unassigned funds (surplus)	366,011	(31,752)
34.	Less treasury stock, at cost:		
34.1	..... shares common (value included in Line 28 \$.....)		
34.2	..... shares preferred (value included in Line 29 \$.....)		
35.	Surplus as regards policyholders (Lines 27 to 33, less 34)	7,735,707	7,337,944
36.	TOTALS	23,393,200	22,664,464
<b>DETAILS OF WRITE-INS</b>			
2301.	Premiums Received in Advance	3,336,717	6,360,172
2302			
2303			
2398.	Summary of remaining write-ins for Line 23 from overflow page		
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	3,336,717	6,360,172
2701			
2702			
2703			
2798.	Summary of remaining write-ins for Line 27 from overflow page		
2799.	TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)		
3001			
3002			
3003			
3098.	Summary of remaining write-ins for Line 30 from overflow page		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)		

**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned			
1.1 Direct (written \$.....50,468,330)	50,468,330	29,848,540	85,575,580
1.2 Assumed (written \$.....)			
1.3 Ceded (written \$.....381,789)	381,789	318,235	
1.4 Net (written \$.....50,086,541)	50,086,541	29,530,304	85,575,580
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$.....)			
2.1 Direct	46,653,937	28,236,417	80,108,078
2.2 Assumed			
2.3 Ceded			
2.4 Net	46,653,937	28,236,417	80,108,078
3. Loss expenses incurred			
4. Other underwriting expenses incurred	3,155,242	1,986,851	5,508,066
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	49,809,179	30,223,268	85,616,144
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	277,362	(692,963)	(40,564)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	256,724	339,815	755,219
10. Net realized capital gains (losses)	181,148		(3,142)
11. Net investment gain (loss) (Lines 9 + 10)	437,872	339,815	752,077
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$..... amount charged off \$.....)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)	715,234	(353,148)	711,512
17. Dividends to policyholders			
18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)	715,234	(353,148)	711,512
19. Federal and foreign income taxes incurred	397,136	53,765	116,542
20. Net income (Line 18 minus Line 19) (to Line 22)	318,098	(406,913)	594,970
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	7,337,944	5,180,929	5,180,929
<b>GAINS AND (LOSSES) IN SURPLUS</b>			
22. Net income (from Line 20)	318,098	(406,913)	594,970
23. Net unrealized capital gains or losses			
24. Change in net unrealized foreign exchange capital gain (loss)			
25. Change in net deferred income tax			
26. Change in nonadmitted assets	79,665		(123,763)
27. Change in provision for reinsurance			
28. Change in surplus notes			
29. Surplus (contributed to) withdrawn from protected cells			
30. Cumulative effect of changes in accounting principles			
31. Capital changes:			
31.1 Paid in			
31.2 Transferred from surplus (Stock Dividend)			
31.3 Transferred to surplus			
32. Surplus adjustments:			
32.1 Paid in			700,000
32.2 Transferred to capital (Stock Dividend)			
32.3 Transferred from capital			
33. Net remittances from or (to) Home Office			
34. Dividends to stockholders			
35. Change in treasury stock			
36. Aggregate write-ins for gains and losses in surplus			985,808
37. Change in surplus as regards policyholders for the year (Lines 22 through 36)	397,763	(406,913)	2,157,015
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	7,735,707	4,774,016	7,337,944
<b>DETAILS OF WRITE-INS</b>			
0501			
0502			
0503			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401.			
1402			
1403			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
3601. AUDIT ADJUSTMENT			985,808
3602			
3603			
3698. Summary of remaining write-ins for Line 36 from overflow page			
3699. TOTALS (Lines 3601 through 3603 plus 3698) (Line 36 above)			985,808

**CASH FLOW**

		1 Current Year to Date	2 Prior Year Ended December 31
<b>Cash from Operations</b>			
1.	Premiums collected net of reinsurance .....	50,316,928	85,659,277
2.	Loss and loss adjustment expenses paid (net of salvage and subrogation) .....	44,773,945	80,783,657
3.	Underwriting expenses paid .....	2,671,830	5,645,618
4.	Other underwriting income (expenses) .....		
5.	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) .....	2,871,153	(769,999)
6.	Net investment income .....	421,359	706,724
7.	Other income (expenses): .....		
7.1	Agents' balances charged off .....		
7.2	Net funds held under reinsurance treaties .....		
7.3	Net amount withheld or retained for account of others .....		
7.4	Aggregate write-ins for miscellaneous items .....		
7.5	TOTAL other income (Lines 7.1 to 7.4) .....		
8.	Dividends to policyholders on direct business, less \$..... dividends on reinsurance assumed or ceded (net) .....		
9.	Federal and foreign income taxes (paid) recovered .....	222,905	743,682
10.	Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9) .....	3,515,417	680,407
<b>Cash from Investments</b>			
11.	Proceeds from investments sold, matured or repaid:		
11.1	Bonds .....	4,047,803	1,312,656
11.2	Stocks .....		
11.3	Mortgage loans .....		
11.4	Real estate .....		
11.5	Other invested assets .....		
11.6	Net gains or (losses) on cash and short-term investments .....		
11.7	Miscellaneous proceeds .....		
11.8	Total investment proceeds (Lines 11.1 to 11.7) .....	4,047,803	1,312,656
12.	Cost of investments acquired (long-term only):		
12.1	Bonds .....	4,231,266	3,473,376
12.2	Stocks .....		
12.3	Mortgage loans .....		
12.4	Real estate .....		
12.5	Other invested assets .....		
12.6	Miscellaneous applications .....		
12.7	TOTAL investments acquired (Lines 12.1 to 12.6) .....	4,231,266	3,473,376
13.	Net Cash from investments (Line 11.8 minus Line 12.7) .....	(183,463)	(2,160,720)
<b>Cash from Financing and Miscellaneous Sources</b>			
14.	Cash provided:		
14.1	Surplus notes, capital and surplus paid in .....		700,000
14.2	Capital notes \$..... less amounts repaid \$..... .....		
14.3	Net transfers from affiliates .....		954,032
14.4	Borrowed funds received .....		
14.5	Other cash provided .....		2,182,758
14.6	TOTAL (Lines 14.1 to 14.5) .....		3,836,790
15.	Cash applied:		
15.1	Dividends to stockholders paid .....		
15.2	Net transfers to affiliates .....	1,142,564	
15.3	Borrowed funds repaid .....		
15.4	Other applications .....	4,419,620	
15.5	TOTAL (Lines 15.1 to 15.4) .....	5,562,184	
16.	Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5) .....	(5,562,184)	3,836,790
<b>RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS</b>			
17.	Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16) .....	(2,230,230)	2,356,477
18.	Cash and short-term investments:		
18.1	Beginning of year .....	10,549,151	8,192,674
18.2	End of year (Line 17 plus Line 18.1) .....	8,318,921	10,549,151
<b>DETAILS OF WRITE-INS</b>			
07.401.	.....		
07.402	.....		
07.403	.....		
07.498.	Summary of remaining write-ins for Line 7.4 from overflow page .....		
07.499.	TOTALS (Lines 07.401 through 07.403 plus 07.498) (Line 07.4 above) .....		

## Notes to Financial Statement

**N O N E**

# GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the 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: Yes[ ] No[X] N/A[ ]
- 2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
- 2.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[X] N/A[ ]
- 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. Yes[ ] No[X]
- 4. Have there been any substantial changes in the organizational chart since the prior quarter end?  
If yes attach an organizational chart. Yes[ ] No[X]
- 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?  
If yes, attach an explanation. Yes[ ] No[X] N/A[ ]
- 7.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
- 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 changes in the reporting entity's own preferred or common stock? Yes[ ] No[X]  
 9.2 If yes, explain:
- 10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]  
 10.2 If yes, give full and complete information relating thereto:
11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$  
 12. Amount of real estate and mortgages held in short-term investments: \$
- 13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[ ] No[X]  
 13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds .....		
13.22 Preferred Stock .....		
13.23 Common Stock .....		
13.24 Short-Term Investments .....		
13.25 Mortgages, Loans or Real Estate .....		
13.26 All Other .....		
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26) .....		
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above .....		
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above .....		

- 14.1 Does the reporting entity have any hedging transactions reported in 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] N/A[ ]  
 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[ ] No[X]  
 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
.....	.....

- 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 broker/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 (continued)

### PART 2

#### PROPERTY & CASUALTY INTERROGAOTRIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes[ ] No[X] N/A[ ]  
 If yes, attach an explanation.
2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes[ ] No[X]  
 If yes, attach an explanation.
- 3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes[ ] No[X]  
 3.2 If yes, giv full and complete information thereto
- 4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation liabilities tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves"), discounted at a rate of interest greater than zero? Yes[ ] No[X]  
 4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL
04.2999 Total .....			.....	.....	.....	.....	.....	.....	.....	.....

**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 .....				
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 .....	<b>NONE</b>			
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 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 interest on mortgages owned, beginning of period .....				
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 .....	<b>NONE</b>			
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 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 invested assets owned, beginning of period .....				
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 .....	<b>NONE</b>			
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	2	3	4	5	6	7	8
	Statement Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Statement Value End of First Quarter	Statement Value End of Second Quarter	Statement Value End of Third Quarter	Statement Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 .....	9,905,187			11,433	9,905,187	9,916,620		9,538,530
2. Class 2 .....								
3. Class 3 .....								
4. Class 4 .....								
5. Class 5 .....								
6. Class 6 .....								
7. TOTAL Bonds .....	9,905,187			11,433	9,905,187	9,916,620		9,538,530
<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 .....	9,905,187			11,433	9,905,187	9,916,620		9,538,530

**12 Schedule DA Part 1 ..... NONE**

**12 Schedule DA Part 2 Verification ..... NONE**

**13 Schedule DB Part F Section 1 ..... NONE**

**14 Schedule DB Part F Section 2 ..... NONE**

## SCHEDULE F - CEDED REINSURANCE

**Showing all new reinsurers - Current Year to Date**

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Location	5 Is Insurer Authorized? (Yes or No)
<b>Affiliates</b>				
62413 ...	36-0947200 ...	Continental Assur Co .....	Chicago, Ill. ....	.. Yes[X] No[ ] .

# SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

## Current Year to Date--Allocated by States and Territories

States, Etc.	1	Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2	3	4	5	6	7
			Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
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. District of 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	No	50,468,330	29,848,540	46,653,937	28,236,417	8,423,713	6,793,606
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	OT	X X X						
58. TOTALS	(a)		50,468,330	29,848,540	46,653,937	28,236,417	8,423,713	6,793,606
<b>DETAILS OF WRITE-INS</b>								
5701		X X X						
5702		X X X						
5703		X X X						
5798. Summary of remaining write-ins for Line 57 from overflow page		X X X						
5799. TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)		X X X						

(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

All insurer members of a Holding Company Group that has acquired and/or disposed of any domestic insurer (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

## PART 1 - ORGANIZATIONAL CHART

AULTMAN HEALTH FOUNDATION-TAX EXEMPT FOUNDATION (34-1445390)  
(PARENT)

1. AULTCARE CORPORATION--MANAGED CARE (34-1488123)
  - 1A. AULTCARE HMO (34-1758734)
2. AULTMAN AMBULATORY SERVICES--HOME HEALTH, OUTPATIENT SURGERY (34-1388891)
3. AULTMAN HOSPITAL--HOSPITAL (34-0714538)
4. MCKINLEY LIFE INSURANCE COMPANY--HEALTH INSURANCE (34-1624818)
  - 4A. MCKINLEY LIFE INSURANCE AGENCY LTD--AGENCY (34-1795772)
5. NORTH CENTRAL MEDICAL RESOURCES--DURABLE MEDICAL EQUIPMENT (34-1610344)
6. PRIMETIME MEDICAL INSURANCE COMPANY--HEALTH INSURANCE (34-1809738)
7. OHIO PHYSICIAN SUPPORT SERVICES--MSO (34-1819356)

**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				
2. Allied lines				
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical malpractice - occurrence				
11.2 Medical malpractice - claims made				
12. Earthquake				
13. Group accident and health	50,468,330	46,653,937	92.442	
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability - occurrence				
17.2 Other liability - claims made				
18.1 Products liability - occurrence				
18.2 Products liability - claims made				
19.1 19.2 Private passenger auto liability				
19.3 19.4 Commercial auto liability				
21. Auto physical damage				
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X	X X X
31. Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X	X X X
32. Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X	X X X
33. Aggregate write-ins for other lines of business				
34. TOTALS	50,468,330	46,653,937	92.442	
<b>DETAILS OF WRITE-INS</b>				
3301				
3302				
3303				
3398. Summary of remaining write-ins for Line 33 from overflow page				
3399. TOTALS (Lines 3301 through 3303 plus 3398) (Line 33 above)				

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire			
2. Allied lines			
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril			
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1 Medical malpractice - occurrence			
11.2 Medical malpractice - claims made			
12. Earthquake			
13. Group accident and health	26,146,020	50,468,330	29,848,540
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability - occurrence			
17.2 Other liability - claims made			
18.1 Products liability - occurrence			
18.2 Products liability - claims made			
19.1 19.2 Private passenger auto liability			
19.3 19.4 Commercial auto liability			
21. Auto physical damage			
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X
31. Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X
32. Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X
33. Aggregate write-ins for other lines of business			
34. TOTALS	26,146,020	50,468,330	29,848,540
<b>DETAILS OF WRITE-INS</b>			
3301			
3302			
3303			
3398. Summary of remaining write-ins for Line 33 from overflow page			
3399. TOTALS (Lines 3301 through 3303 plus 3398) (Line 33 above)			

## PART 3 (000 omitted)

### LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2) (a)	2002 Loss and LAE Payments on Claims Reported as of Prior Year-End	2002 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2002 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9) (b)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12) (c)
1. 1999 + Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2000 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Subtotals 2000 + Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2001 .....	.....	6,144	6,144	5,068	.....	5,068	.....	.....	.....	.....	5,068	(6,144)	(1,076)
5. Subtotals 2001 + Prior .....	.....	6,144	6,144	5,068	.....	5,068	.....	.....	.....	.....	5,068	(6,144)	(1,076)
6. 2002 .....	X X X	X X X	X X X	X X X	1,076	1,076	X X X	8,424	.....	8,424	X X X	X X X	X X X
7. Totals .....	.....	6,144	6,144	5,068	1,076	6,144	.....	8,424	.....	8,424	5,068	(6,144)	(1,076)
8. Prior Year-End's Surplus As Regards Policyholders .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	(100.000)	(17.511)
9. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Col. 13, Line 7 Line 8

(a) Should Equal Prior Year-End Annual Statement: Page 3, Col. 1, Lines 1 + 3  
 (b) Should Equal Q.S. Page 3, Col. 1, Lines 1 and 3.  
 (c) Should Also Equal Cols. 6 + 10 less Col. 3 for Lines A through E only.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

**RESPONSES**

- |  |    |
|--|----|
| 1. Will the SVO Compliance Certification be filed with this statement?                                       | No |
| 2. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? | No |
| 3. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement?            | No |

Explanations:

Bar Codes:





<b>E01</b>	<b>Schedule A Part 2</b> .....	<b>NONE</b>
<b>E01</b>	<b>Schedule A Part 3</b> .....	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 1</b> .....	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 2</b> .....	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 1</b> .....	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 2</b> .....	<b>NONE</b>
<b>E04</b>	<b>Schedule D Part 3</b> .....	<b>NONE</b>
<b>E05</b>	<b>Schedule D Part 4</b> .....	<b>NONE</b>
<b>E06</b>	<b>Schedule DB Part A Section 1</b> .....	<b>NONE</b>
<b>E06</b>	<b>Schedule DB Part B Section 1</b> .....	<b>NONE</b>
<b>E07</b>	<b>Schedule DB Part C Section 1</b> .....	<b>NONE</b>
<b>E07</b>	<b>Schedule DB Part D Section 1</b> .....	<b>NONE</b>

## SCHEDULE E - PART 1 - CASH

### Month End Depository Balances

1		2	3	4	Book Balance at End of Each Month During Current Quarter			8
Depository		Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	5	6	7	*
					First Month	Second Month	Third Month	
<b>open depositories</b>								
FIRST MERIT BANK .....	AKRON, OHIO .....	3.630	283		90,024	113,990	114,102	
UNITED BANK .....	CANTON, OHIO .....		37,721		9,694,101	7,888,984	8,204,818	
FIRST MERIT BANK .....	AKRON, OHIO .....							
UNITED BANK .....	CANTON, OHIO .....							
FIRST MERIT BANK .....	AKRON, OHIO .....							
UNITED BANK .....	CANTON, OHIO .....							
0199998 Deposits in ..... depositories which do not exceed the allowable limit in any one depository (See Instructions) - open depositories .....		X X X						
0199999 Totals - Open Depositories .....		X X X	38,004		9,784,125	8,002,974	8,318,921	
0299998 Deposits in ..... depositories which do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories .....		X X X						
0299999 Totals - Suspended Depositories .....		X X X						
0399999 Total Cash On Deposit .....		X X X	38,004		9,784,125	8,002,974	8,318,921	
0499999 Cash in Company's Office .....		X X X	X X X	X X X				
0599999 Total Cash .....		X X X	38,004		9,784,125	8,002,974	8,318,921	

**AT Sup. A To T Physicians ..... NONE**

**AT Sup. A To T Hospitals ..... NONE**

**AT Sup. A To T Otr Health Care Professional ..... NONE**

**AT Sup. A To T Other Health Care Facilities ..... NONE**

**AT Sup. A To T Medical Malpractice. .... NONE**

**OVERFLOW PAGE FOR WRITE-INS**

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# Trusted Surplus Statement

## AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS OR ATTORNEYS

\_\_\_\_\_ being duly sworn, says that he/she is the \_\_\_\_\_ of the \_\_\_\_\_ PRIMETIME MEDICAL INSURANCE COMPANY a corporation organized under the laws of \_\_\_\_\_ entered to transact business in the United States through the State of \_\_\_\_\_, that this trusted surplus statement together with its related schedules appended hereto is a true statement of the trusted surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 2002

## AFFIDAVIT OF TRUSTEE - SCHEDULE B

\_\_\_\_\_ being sworn, say that it is the Trustee of the \_\_\_\_\_ a corporation organized under the laws of \_\_\_\_\_ entered to transact business in the United States through the State of \_\_\_\_\_, located at \_\_\_\_\_. That the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 2002

## AFFIDAVIT OF TRUSTEE - SCHEDULE C

\_\_\_\_\_ being sworn, say that it is the Trustee of the \_\_\_\_\_ a corporation organized under the laws of \_\_\_\_\_ entered to transact business in the United States through the State of \_\_\_\_\_, located at \_\_\_\_\_. That the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 2002

## AFFIDAVIT OF TRUSTEE - SCHEDULE D

\_\_\_\_\_ being sworn, say that it is the Trustee of the \_\_\_\_\_ a corporation organized under the laws of \_\_\_\_\_ entered to transact business in the United States through the State of \_\_\_\_\_, located at \_\_\_\_\_. That the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 2000

**TRUSTEED SURPLUS STATEMENT (continued)****ASSETS****SCHEDULE A - DEPOSITS WITH STATE OFFICERS (EXCLUDING SPECIAL DEPOSITS)**

2		3	4	5
Description		Admitted Asset Value	Par Value	Fair Value
01.98	Accrued Investment Income .....		X X X .....	X X X .....
01.99	Totals .....			

**SCHEDULE B - DEPOSITS WITH UNITED STATES TRUSTEE**

Line Number	Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
2.01	Cash .....			
2.02	Bonds .....			
2.03	Preferred Stock .....			
2.04	Common Stock .....			
2.05	Mortgage Loans on Real Estate .....			
2.06	Real Estate .....			
2.07	Short-Term Investments .....			
2.08	Other Invested Assets .....			
2.09	Miscellaneous Assets not included in any of the above categories .....			
2.98	Accrued Investment Income .....		X X X .....	X X X .....
2.99	TOTALS .....			

**SCHEDULE C - DEPOSITS WITH UNITED STATES TRUSTEE**

Line Number	Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
3.01	Cash .....			
3.02	Bonds .....			
3.03	Preferred Stock .....			
3.04	Common Stock .....			
3.05	Mortgage Loans on Real Estate .....			
3.06	Real Estate .....			
3.07	Short-Term Investments .....			
3.08	Other Invested Assets .....			
3.09	Miscellaneous Assets not included in any of the above categories .....			
3.98	Accrued Investment Income .....		X X X .....	X X X .....
3.99	TOTALS .....			

**SCHEDULE D - DEPOSITS WITH UNITED STATES TRUSTEE**

Line Number	Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
4.01	Cash .....			
4.02	Bonds .....			
4.03	Preferred Stock .....			
4.04	Common Stock .....			
4.05	Mortgage Loans on Real Estate .....			
4.06	Real Estate .....			
4.07	Short-Term Investments .....			
4.08	Other Invested Assets .....			
4.09	Miscellaneous Assets not included in any of the above categories .....			
4.98	Accrued Investment Income .....		X X X .....	X X X .....
4.99	TOTALS .....			

**TRUSTEED SURPLUS STATEMENT (Continued)**  
**LIABILITIES AND TRUSTEED SURPLUS**

	1 Current Quarter
1. TOTAL Liabilities .....	
<b>ADDITIONS TO LIABILITIES:</b>	
2. Ceded Reinsurance Balances Payable .....	
3. Agents' Credit Balances .....	
4. Aggregate write-ins for additions to Liabilities .....	
5. Total Additions (Lines 2 + 3 + 4) .....	
6. TOTAL (Lines 1 + 5) .....	
<b>DEDUCTIONS FROM LIABILITIES:</b>	
7. Reinsurance Recoverable on Paid Losses and Loss Adjustment Expenses:	
7.1 Authorized Companies .....	
7.2 Unauthorized Companies .....	
8. Special State Deposits, not exceeding net liabilities carried in this statement on business in each respective state:	
8.1 Special State Deposits (Submit Schedule) .....	
8.2 Accrued interest on Special State Deposits .....	
9. Agents' balances or uncollected premiums not more than ninety days past due, not exceeding unearned premium reserves carried thereon .....	
10. Unpaid Reinsurance Premiums Receivable, not exceeding losses and loss adjustment expenses due to reinsured:	
10.1 Authorized Companies .....	
10.2 Unauthorized Companies .....	
11. Aggregate write-ins for other deductions from liabilities .....	
12. TOTAL Deductions (Lines 7 thru 11) .....	
13. TOTAL Adjusted Liabilities (Line 6 minus Line 12) .....	
14. Trusteed Surplus .....	
15. TOTAL .....	
<b>DETAILS OF WRITE-INS</b>	
0401 .....	
0402 .....	
0403 .....	
0498. Summary of remaining write-ins for Line 4 from overflow page .....	
0499. TOTALS (Lines 0401 through 0403 plus 0498) (Line 4 above) .....	
1101 .....	
1102 .....	
1103 .....	
1198. Summary of remaining write-ins for Line 11 from overflow page .....	
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	



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