



HEALTH QUARTERLY STATEMENT
 AS OF June 30th, 2002
 OF THE CONDITION AND AFFAIRS OF THE
KAISER FOUNDATION HEALTH PLAN OF OHIO

NAIC Group Code _____, _____, NAIC Company Code 95204 Employer's ID Number 34-0922268
(Current Period) (Prior Period)

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

Country of Domicile U.S.A.

Licensed as business type: Life, Accident & Health[] Property/Casualty[] Hospital, Medical & Dental Service or Indemnity[]
 Dental Service Corporation[] Vision Service Corporation[] Health Maintenance Organization[X]
 Other[] Is HMO Federally Qualified? Yes[X] No[]

Date Incorporated or Organized 03/29/1962 Date Commenced Business 10/27/1976

Statutory Home Office 1001 Lakeside Ave. Suite 1200, Cleveland, OH 44114
(Street and Number) (City, or Town, State and Zip Code)

Main Administrative Office Ordway Building One Kaiser Plaza
(Street and Number)

Oakland, CA 94612 (510)271-5910 x
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1001 Lakeside Ave. Suite 1200, Cleveland, OH 44114
(Street and Number or P.O. Box) (City, or Town, State and Zip Code)

Primary Location of Books and Records 1001 Lakeside Ave. Suite 1200
(Street and Number)

Cleveland, OH 44114 (216)621-5600 x
(City, or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address KP.org

Statutory Statement Contact Clifford M. Hirsch (216)227-4908 x
(Name) (Area Code)(Telephone Number)(Extension)
Cliff.Hirsch@kp.org (216)227-4919-
(E-Mail Address) (Fax Number)

Policyowner Relations Contact Customer Relations Department, 1001 Lakeside Ave.
(Street and Number)
Cleveland, OH 44114 (216)621-7100-
(City, or Town, State and Zip Code) (Area Code) (Telephone Number)(Extension)

OFFICERS

President Patricia Kennedy-Scott #
 Secretary Kirk E. Miller
 Treasurer Thomas R. Meier

VICE PRESIDENTS

Patricia D. Kennedy-Scott # Deborah Stokes
 Steven R. Zatkin Thomas R. Meier
 Kirk E. Miller Robert E. Briggs
 Arthur Southam MD

DIRECTORS OR TRUSTEES

David M. Lawrence MD David R. Andrews
 Henry M. Kaiser Barbara D. Blum
 Mary E. Reres EdD Thomas W. Chapman
 Dorothy H. Mann PhD, MPH Robert L. Ridgley
 Daniel P. Garcia Edward E. Penhoet

State of California
 County of Alameda 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) Patricia D. Kennedy-Scott _____ (Printed Name) President	_____ (Signature) Kirk E. Miller _____ (Printed Name) Secretary	_____ (Signature) Thomas R. Meier _____ (Printed Name) Treasurer
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Subscribed and sworn to before me this _____ day of _____, 2002

a. Is this an original filing? Yes[X] No[]
 b. If no, 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

 (Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Dean O. Morton
George C. Halvorson #

Barry L. Williams

ASSETS

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds	400,000		400,000	400,876
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 \$..... encumbrances)	52,560,670	13,202	(a) 52,547,468	53,741,479
4.2 Properties held for the production of income (less \$..... encumbrances)				
4.3 Properties held for sale (less \$..... encumbrances)				
5. Cash (\$.....109,598,610) and short-term investments (\$.....83,990)	109,682,600		109,682,600	109,645,189
6. Other long-term invested assets				
7. Receivable for securities				
8. Aggregate write-ins for invested assets				
9. Subtotal cash and invested assets (Lines 1 to 8)	162,643,270	13,202	162,630,068	163,787,544
10. Accident and health premiums due and unpaid	7,430,755		7,430,755	9,070,982
11. Health care receivables	1,016,154		1,016,154	758,283
12. Amounts recoverable from reinsurers				
13. Net adjustment in assets and liabilities due to foreign exchange rates				
14. Investment income due and accrued				76,264
15. Amounts due from parent, subsidiaries and affiliates	29,653,903		29,653,903	29,306,650
16. Amounts receivable relating to uninsured accident and health plans				1,457,678
17. Furniture and equipment	10,677,973	1,741,135	8,936,838	9,572,082
18. Amounts due from agents				
19. Federal and foreign income tax recoverable and interest thereon (including \$..... net deferred tax asset)				
20. Electronic data processing equipment and software	433,817	433,817		17,575
21. Other nonadmitted assets				
22. Aggregate write-ins for other than invested assets	8,851,268	4,814,870	4,036,398	594,273
23. Total assets (Lines 9 plus 10 through 22)	220,707,140	7,003,024	213,704,116	214,641,331
DETAILS OF WRITE-INS				
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)				
2201. Other Inv (na), Prepaid Assets (na), Misc Receivables (na)	1,593,971	1,593,971		
2202. Prepaid Retirement	3,163,084	3,163,084		
2203. Deposits	2,610		2,610	2,610
2298. Summary of remaining write-ins for Line 22 from overflow page	4,091,603	57,815	4,033,788	591,663
2299. TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above)	8,851,268	4,814,870	4,036,398	594,273

(a) \$.....45,695,080 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 \$..... reinsurance ceded)	38,216,632		38,216,632	42,021,956
2. Accrued medical incentive pool and bonus payments				
3. Unpaid claims adjustment expenses	500,000		500,000	500,000
4. Aggregate policy reserves				
5. Aggregate claim reserves				
6. Premiums received in advance	19,913,922		19,913,922	19,840,697
7. General expenses due or accrued	1,081,523		1,081,523	779,837
8. Federal and foreign income tax payable and interest thereon (including \$..... on realized capital gains (losses) (including \$..... net deferred tax liability)				
9. Amounts withheld or retained for account of others				
10. Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current)				
11. Amounts due to parent, subsidiaries and affiliates	7,926,132		7,926,132	9,863,976
12. Payable for securities				
13. Funds held under reinsurance treaties with (\$..... authorized reinsurers and \$..... 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 \$.....25,143,988 current)	92,262,606		92,262,606	87,550,606
18. Total liabilities (Lines 1 to 17)	159,900,815		159,900,815	160,557,072
19. Common capital stock	X X X	X X X		
20. Preferred capital stock	X X X	X X X		
21. Gross paid in and contributed surplus	X X X	X X X	3,264	3,264
22. Surplus notes	X X X	X X X		
23. Aggregate write-ins for other surplus funds	X X X	X X X		
24. Unassigned funds (surplus)	X X X	X X X	53,800,037	54,080,995
25. Less treasury stock, at cost:	X X X	X X X		
25.1 shares common (value included in Line 19 \$.....)	X X X	X X X		
25.2 shares preferred (value included in Line 20 \$.....)	X X X	X X X		
26. Total capital and surplus (Lines 19 to 24, Less 25)	X X X	X X X	53,803,301	54,084,259
27. Total liabilities, capital and surplus (Lines 18 and 26)	X X X	X X X	213,704,116	214,641,331
DETAILS OF WRITE-INS				
1701. Post Retirement (current)	448,977		448,977	450,000
1702. Post Retirement (non-current)	29,304,888		29,304,888	28,213,470
1703. Accrued Payroll and Related	8,773,548		8,773,548	7,370,342
1798. Summary of remaining write-ins for Line 17 from overflow page	53,735,193		53,735,193	51,516,794
1799. TOTALS (Lines 1701 through 1703 plus 1798) (Line 17 above)	92,262,606		92,262,606	87,550,606
2301	X X X	X X X		
2302	X X X	X X X		
2303	X X X	X X X		
2398. Summary of remaining 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 Uncovered	2 Total	3 Total
1. Member Months	X X X	977,526	2,020,783
2. Net premium income	X X X	246,558,733	476,067,763
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$..... medical expenses)	X X X	2,989,733	5,628,155
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X	370,968	881,712
7. TOTAL REVENUES (Lines 2 to 6)	X X X	249,919,434	482,577,630
Medical and Hospital:			
8. Hospital/medical benefits		89,369,518	173,482,247
9. Other professional services		30,257,938	64,693,970
10. Outside referrals		23,685,846	44,246,392
11. Emergency room and out-of-area		14,415,726	28,694,846
12. Prescription drugs		24,223,632	
13. Aggregate write-ins for other medical and hospital		60,904,318	149,059,101
14. Incentive pool and withhold adjustments			
15. Subtotal (Lines 8 to 14)		242,856,978	460,176,556
LESS:			
16. Net reinsurance recoveries			
17. Total medical and hospital (Lines 15 minus 16)		242,856,978	460,176,556
18. Claims adjustment expenses		1,352,003	3,421,001
19. General administrative expenses		11,886,897	17,966,605
20. Increase in reserves for accident and health contracts			
21. Total underwriting deductions (Lines 17 through 20)		256,095,878	481,564,162
22. Net underwriting gain or (loss) (Lines 7 minus 21)	X X X	(6,176,444)	1,013,468
23. Net investment income earned		2,894,714	8,073,525
24. Net realized capital gains or (losses)			1,191,430
25. Net investment gains or (losses) (Lines 23 plus 24)		2,894,714	9,264,955
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....), (amount charged off \$.....)]			
27. Aggregate write-ins for other income or expenses		575,317	(1,621,684)
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		(2,706,413)	8,656,739
29. Federal and foreign income taxes incurred	X X X		
30. Net income (loss) (Lines 28 minus 29)	X X X	(2,706,413)	8,656,739
DETAILS OF WRITE-INS			
0601. Interegional Reciprocity	X X X	370,968	881,712
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	370,968	881,712
1301. Occupancy, Depreciation and Amortization		4,823,751	9,333,882
1302. Medical Office Facilities		14,618,849	28,098,101
1303. Professional and Public Liability		10,006,405	16,448,653
1398. Summary of remaining write-ins for Line 13 from overflow page		31,455,313	95,178,465
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)		60,904,318	149,059,101
2701. Interest Income on due from affiliates		366,100	(2,071,481)
2702. Silver recovery			215
2703. Telephone			1,573
2798. Summary of remaining write-ins for Line 27 from overflow page		209,217	448,009
2799. TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)		575,317	(1,621,684)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
31. Capital and surplus prior reporting year	54,084,259	81,879,711
GAINS AND LOSSES TO CAPITAL & SURPLUS		
32. Net income or (loss) from Line 30	(2,706,413)	8,656,739
33. Change in valuation basis of aggregate policy and claim reserves		
34. Net unrealized capital gains and losses		
35. Change in net unrealized foreign exchange capital gain or (loss)		
36. Change in net deferred income tax		
37. Change in nonadmitted assets	2,425,455	(1,668,133)
38. Change in unauthorized reinsurance		
39. Change in treasury stock		
40. Change in surplus notes		(34,782,055)
41. Cumulative effect of changes in accounting principles		
42. Capital Changes:		
42.1 Paid in		
42.2 Transferred from surplus (Stock Dividend)		
42.3 Transferred to surplus		
43. Surplus adjustments:		
43.1 Paid in		(2,003)
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 and surplus (Lines 32 to 45)	(280,958)	(27,795,452)
47. Capital and surplus end of reporting period (Line 31 plus 46)	53,803,301	54,084,259
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

		1 Current Year To Date	2 Prior Year
Cash from Operations			
1.	Premiums and revenues collected net of reinsurance	252,832,691	475,601,647
2.	Claims and claims adjustment expenses	237,557,310	464,414,664
3.	General administrative expenses paid	12,813,285	18,292,579
4.	Other underwriting income (expenses)		
5.	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	2,462,096	(7,105,596)
6.	Net investment income	2,970,978	10,109,568
7.	Other income (expenses)	575,317	(1,621,684)
8.	Federal and foreign income taxes (paid) recovered		
9.	Net cash from operations (Lines 5 to 8)	6,008,391	1,382,288
Cash from Investments			
10.	Proceeds from investments sold, matured or repaid:		
10.1	Bonds		
10.2	Stocks		
10.3	Mortgage loans		
10.4	Real estate		4,774,156
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)		4,774,156
11.	Cost of investments acquired (long-term only):		
11.1	Bonds		
11.2	Stocks		
11.3	Mortgage loans		
11.4	Real estate	3,685,883	472,392
11.5	Other invested assets		
11.6	Miscellaneous applications		
11.7	TOTAL investments acquired (Lines 11.1 to 11.6)	3,685,883	472,392
12.	Net cash from investments (Line 10.8 minus Line 11.7)	(3,685,883)	4,301,764
Cash from Financing and Miscellaneous Sources			
13.	Cash provided:		
13.1	Surplus notes, capital and surplus paid in		(34,784,058)
13.2	Net transfers from affiliates		134,945,346
13.3	Borrowed funds received		
13.4	Other cash provided		13,323,585
13.5	TOTAL (Lines 13.1 to 13.4)		113,484,873
14.	Cash applied:		
14.1	Dividends to stockholders paid		
14.2	Net transfers to affiliates	2,285,097	
14.3	Borrowed funds repaid		
14.4	Other applications		5,210,191
14.5	TOTAL (Lines 14.1 to 14.4)	2,285,097	5,210,191
15.	Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	(2,285,097)	108,274,682
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS			
16.	Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	37,411	113,958,734
17.	Cash and short-term investments:		
17.1	Beginning of period	109,645,189	(4,313,545)
17.2	End of period (Line 16 plus Line 17.1)	109,682,600	109,645,189

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	166,511	9,349	118,294				10,173	28,695		
2. First Quarter	163,432	8,820	116,921				10,164	27,527		
3. Second Quarter	160,378	8,792	115,358				10,078	26,150		
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	977,526	53,150	704,693				60,974	158,709		
Total Member Ambulatory Encounters for Period:										
7. Physician	281,264	13,608	153,349				18,236	96,071		
8. Non-Physician	67,991	3,686	44,088				4,792	15,425		
9. Total	349,255	17,294	197,437				23,028	111,496		
10. Hospital Patient Days Incurred	33,425	1,615	12,493				1,644	17,673		
11. Number of Inpatient Admissions	7,140	417	3,279				351	3,093		
12. Premiums Collected	248,125,735	13,749,251	133,704,165				12,040,174	88,632,145		
13. Premiums Earned	246,558,733	12,317,361	133,649,744				12,179,336	88,412,292		
14. Amount Paid for Provision of Health Care Services	246,662,302	11,634,780	133,799,971				12,116,357	89,111,194		
15. Amount Incurred for Provision of Health Care Services	242,856,978	11,502,095	132,274,095				11,997,131	87,083,657		

CLAIMS PAYABLE (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Individually Listed Claims Payable						
Ohio Permanente Medical Group	7,177,849	2,586,517				9,764,366
0199999 Individually Listed Claims Payable	7,177,849	2,586,517				9,764,366
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	6,887,857	243,933	243,933			7,375,723
0499999 Subtotals	14,065,706	2,830,450	243,933			17,140,089
0599999 Unreported claims and other claim reserves						21,076,543
0699999 Total Amounts Withheld						
0799999 Total Claims Payable						38,216,632
0899999 Accrued Medical Incentive Pool						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
		1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec.31 of Prior Year
		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		
1.	Comprehensive (Hospital & Medical)	19,070,859	126,363,892	730,509	21,893,737	19,801,368	24,282,807
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan Premiums ..	1,588,818	10,527,539	60,464	1,812,151	1,649,282	1,991,841
6.	Title XVIII - Medicare	11,685,151	77,426,043	442,995	13,276,776	12,128,146	15,747,308
7.	Title XIX - Medicaid						
8.	Other						
9.	Subtotal	32,344,828	214,317,474	1,233,968	36,982,664	33,578,796	42,021,956
10.	Medical incentive pools, accruals and disbursements ..						
11.	TOTALS	32,344,828	214,317,474	1,233,968	36,982,664	33,578,796	42,021,956

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. 12/31/1998
- 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. 12/31/1998
- 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). 05/26/1999
- 7.4 By what department or departments?
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 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[X] No[]
 15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
McDonald Investments (KEY CORP)	800 Superior Ave Cleveland Ohio 44114

- 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
.....

STATEMENT AS OF **June 30th, 2002** OF THE **KAISER FOUNDATION HEALTH PLAN OF OHIO**
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	53,766,085	53,154,214		60,012,566
2. Increase (decrease) by adjustment	(611,871)	(593,544)		(3,136,147)
3. Cost of acquired				
4. Cost of additions to and permanent improvements				472,392
5. Total profit (loss) on sales				1,191,430
6. Increase (decrease) by foreign exchange adjustment				
7. Amount received on sales				4,774,156
8. Book/adjusted carrying value at end of current period	53,154,214	52,560,670		53,766,085
9. Total valuation allowance				
10. Subtotal (Lines 8 plus 9)	53,154,214	52,560,670		53,766,085
11. Total nonadmitted amounts	18,904	13,202		24,606
12. Statement value, current period (Page 2, real estate lines, current period)	53,135,310	52,547,468		53,741,479

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				
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				

NONE

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				
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				

NONE

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
BONDS								
1. Class 1	400,438			(438)	400,438	400,000		400,876
2. Class 2								
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. TOTAL Bonds	400,438			(438)	400,438	400,000		400,876
PREFERRED STOCK								
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	400,438			(438)	400,438	400,000		400,876

SCHEDULE DA - PART 1**Short - Term Investments Owned End of Current Quarter**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
8099999. TOTALS	83,990	X X X			

SCHEDULE DA - PART 2 - Verification**Short-Term Investments Owned**

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	75,885	83,223		27,699
2. Cost of short-term investments acquired	143,000,000			
3. Increase (decrease) by adjustment				642,366,336
4. Increase (decrease) by foreign exchange adjustment				
5. Total profit (loss) on disposal of short-term investments	7,338	767		48,186
6. Consideration received on disposal of short-term investments	143,000,000			642,366,336
7. Book/adjusted carrying value, current period	83,223	83,990		75,885
8. Total valuation allowance				
9. Subtotals (Lines 7 plus 8)	83,223	83,990		75,885
10. Total nonadmitted amounts				
11. Statement value (Lines 9 minus 10)	83,223	83,990		75,885
12. Income collected during period				
13. Income earned during period	7,338	767		48,186

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

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

SCHEDULE S - 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)
------------------------------	------------------------------	----------------------------	-------------------	---

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	State, Etc.		1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed (Yes or No)	Direct Business Only Year-to-Date			
					3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums
1.	Alabama	AL	No	No				
2.	Alaska	AK	No	No				
3.	Arizona	AZ	No	No				
4.	Arkansas	AR	No	No				
5.	California	CA	No	No				
6.	Colorado	CO	No	No				
7.	Connecticut	CT	No	No				
8.	Delaware	DE	No	No				
9.	District of Columbia	DC	No	No				
10.	Florida	FL	No	No				
11.	Georgia	GA	No	No				
12.	Hawaii	HI	No	No				
13.	Idaho	ID	No	No				
14.	Illinois	IL	No	No				
15.	Indiana	IN	No	No				
16.	Iowa	IA	No	No				
17.	Kansas	KS	No	No				
18.	Kentucky	KY	No	No				
19.	Louisiana	LA	No	No				
20.	Maine	ME	No	No				
21.	Maryland	MD	No	No				
22.	Massachusetts	MA	No	No				
23.	Michigan	MI	No	No				
24.	Minnesota	MN	No	No				
25.	Mississippi	MS	No	No				
26.	Missouri	MO	No	No				
27.	Montana	MT	No	No				
28.	Nebraska	NE	No	No				
29.	Nevada	NV	No	No				
30.	New Hampshire	NH	No	No				
31.	New Jersey	NJ	No	No				
32.	New Mexico	NM	No	No				
33.	New York	NY	No	No				
34.	North Carolina	NC	No	No				
35.	North Dakota	ND	No	No				
36.	Ohio	OH	No	Yes	145,967,105	88,412,292		12,179,336
37.	Oklahoma	OK	No	No				
38.	Oregon	OR	No	No				
39.	Pennsylvania	PA	No	No				
40.	Rhode Island	RI	No	No				
41.	South Carolina	SC	No	No				
42.	South Dakota	SD	No	No				
43.	Tennessee	TN	No	No				
44.	Texas	TX	No	No				
45.	Utah	UT	No	No				
46.	Vermont	VT	No	No				
47.	Virginia	VA	No	No				
48.	Washington	WA	No	No				
49.	West Virginia	WV	No	No				
50.	Wisconsin	WI	No	No				
51.	Wyoming	WY	No	No				
52.	American Samoa	AS	No	No				
53.	Guam	GU	No	No				
54.	Puerto Rico	PR	No	No				
55.	U.S. Virgin Islands	VI	No	No				
56.	Canada	CN	No	No				
57.	Aggregate other alien	OT	X X X	X X X				
58.	TOTAL (Direct Business)		X X X	(a)..... 1	145,967,105	88,412,292		12,179,336
DETAILS OF WRITE-INS								
5701			X X X	X X X				
5702			X X X	X X X				
5703			X X X	X X X				
5798.	Summary of remaining write-ins for Line 57 from overflow page		X X X	X X X				
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)		X X X	X X X				

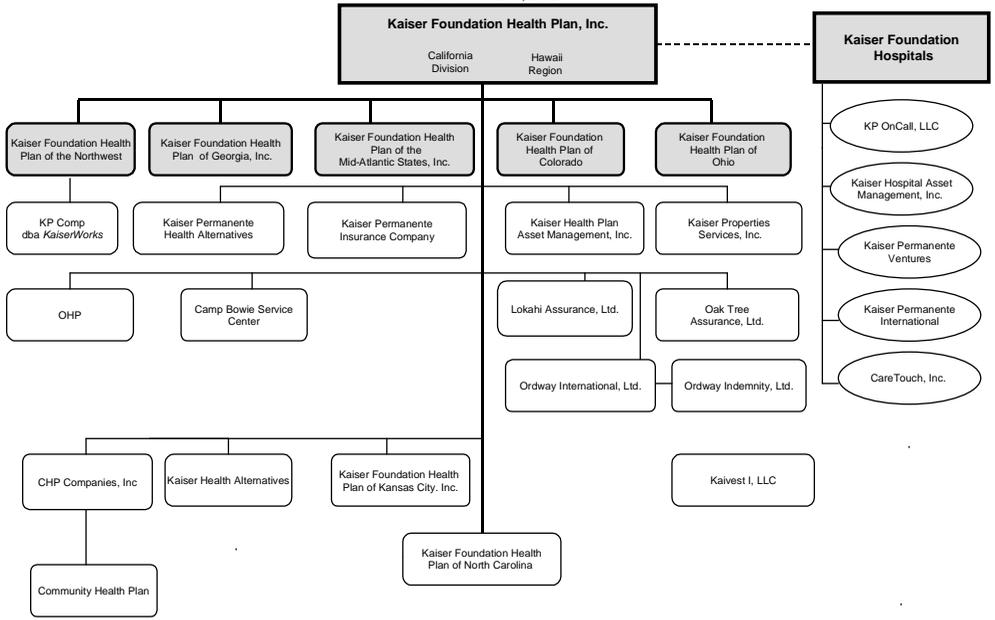
(a) Insert the number of yes responses except for Canada and Other Alien.

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

KAISER FOUNDATION HEALTH PLAN, INC. ,SUBSIDIARIES AND AFFILIATED CORPORATIONS
AS OF JUNE 30, 2002



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

Yes

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

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS**ASSETS**

	Current Period			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets
0897. Summary of remaining write-ins for Line 8 (Lines 0804 through 0896)				
2204. Other Property and Equipment	4,091,603	57,815	4,033,788	591,663
2297. Summary of remaining write-ins for Line 22 (Lines 2204 through 2296)	4,091,603	57,815	4,033,788	591,663

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1704. Professional and Public Liability (current)	15,000,000		15,000,000	15,000,000
1705. Professional and Public Liability (non-current)	36,502,133		36,502,133	35,143,220
1706. Workers Comp (current)	300,000		300,000	300,000
1707. Workers Comp (non-current)	561,597		561,597	564,641
1708. Misc	621,463		621,463	508,933
1709. Self Insured Risk Unemployment	750,000		750,000	
1797. Summary of remaining write-ins for Line 17	53,735,193		53,735,193	51,516,794

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year
	1	2	3
	Uncovered	Total	Total
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		
1304. Pharmacy Cost of Drugs (line 12 in 2002)			36,134,252
1305. Pharmacy non-payroll exp (line12 in 2002)			1,125,362
1306. Home IV (line 12 in 2002)			752,504
1307. Health Plan Administration		26,839,722	45,693,254
1308. Other Benefits (Home Care, Hospice, Admn Excep, DME, Maternal HC) excluding payroll		4,184,291	7,909,588
1309. Community Service		431,300	689,498
1310. Imputed rental expense for own facilities			2,874,007
1397. Summary of remaining write-ins for Line 13 (Lines 1304 through 1396)		31,455,313	95,178,465
2704. Cobra		3,836	(19,930)
2705. Gain on Sale of Property			171,406
2706. Miscellaneous		97,313	31,085
2707. Vending Machines			20,379
2708. Insurance Reports		67	8,051
2709. Occupational Medicine		2,021	5,680
2710. Rental Income		105,980	231,338
2797. Summary of remaining write-ins for Line 27 (Lines 2704 through 2796)		209,217	448,009

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

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 First Month	6 Second Month	7 Third Month	*
open depositories								
Citibank general 1000					(7,459,583)	(6,777,521)	(5,305,638)	
Key Bank General 1002					(108,197)	(1,398,335)	(77,903)	
Key Bank Payroll 1003								
Key Bank Concentration 1004					16,315,522	1,491,208	873,022	
Key Bank Lockbox 1005					(71,025)	(86,534)	(22,898)	
Key Bank Mastercard 1006					223,663	80,896	169,541	
Key Bank Lockbox 1007					(543,986)	(17,452)	111,073	
Key Bank Dues 1008						(2,335)	(3,692)	
Key Bank Dues 1019								
Key Bank Added Choice 1020					(12,377)	(12,377)	(12,377)	
Cash equivalent - due from	Kaiser Hospitals		1,430,018		106,869,342	111,380,598	113,845,772	
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	1,430,018		115,213,359	104,658,148	109,576,900	
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	1,430,018		115,213,359	104,658,148	109,576,900	
0499999 Cash in Company's Office		X X X	X X X	X X X	20,858	20,762	21,710	
0599999 Total Cash		X X X	1,430,018		115,234,217	104,678,910	109,598,610	

INDEX TO HEALTH QUARTERLY STATEMENT

Assets	02
Cash (Sch. E – Part 1)	E08
Cash Flow	06
Ceded Reinsurance (Sch. S)	18
Claims Payable (Reported and Unreported)	08
Exhibit of Premiums, Enrollment and Utilization	07
General Interrogatories	11
Jurat	01
Liabilities, Capital and Surplus	03
Notes to Financial Statements	10
Overflow Page for Write-ins	22
Premiums and Other Considerations (Sch. T)	19
Schedules:	
Schedule A – Part 2 – Real Estate ACQUIRED	
During the Current Quarter	E01
Schedule A – Part 3 – Real Estate SOLD	
During the Current Quarter	E01
Schedule A – Verification	13
Schedule B – Part 1 – Mortgage Loans	
ACQUIRED During the Current Quarter	E02
Schedule B – Part 2 – Mortgage Loans SOLD	
During the Current Quarter	E02
Schedule B – Verification	13
Schedule BA – Part 1 – Other Long-term Invested	
Assets ACQUIRED During the Current Quarter	E03
Schedule BA – Part 2 – Other Long-Term Invested	
Assets SOLD During the Current Quarter	E03
Schedule BA – Verification	13
Schedule D – Part 1B – Acquisitions, Dispositions	
And Non-Trading Activity for Bonds and	
Preferred Stock by Rating Class	14
Schedule D – Part 3 – Long-Term Bonds and Stock	
Acquired During Current Quarter	E04
Schedule D – Part 4 – Long-Term Bonds and Stock	
Sold, Redeemed or Otherwise Disposed of	
During Current Quarter	E05
Schedule DA – Part 1 - Short-Term Investments	
Owned End of Current Quarter	15
Schedule DA – Part 2 - Verification	15
Schedule DB – Part A - Section 1 – Options, Caps,	
Floors and Insurance Futures Owned at Current	
Statement Date	E06
Schedule DB – Part B – Section 1 - Options, Caps,	
Floors and Insurance Futures Options Written and	
In-Force at Current Statement Date	E06
Schedule DB – Part C - Section 1 – Collar, Swap and	
Forwards Open at Current Statement Date	E07
Schedule DB – Part D – Section 1 – Futures	
Contracts and Insurance Futures Contracts at	
Current Statement Date	E07
Schedule DB – Part F - Section 1 – Summary of	
Replicated (Synthetic) Assets Open	16
Schedule DB – Part F - Section 2 – Reconciliation	
Of Replicated (Synthetic) Assets Open	17
Schedule E – Part 1 – Cash – Month End Balances	E08
Schedule S – Ceded Reinsurance – New	
Reinsurers Current Year to Date	18
Schedule T - Premiums and Other Considerations	
Allocated by States and Territories	19
Schedule Y – Part 1 - Organization Chart	20
Statement of Revenue and Expenses	04
Statement of Revenue and Expenses (Continued)	05
Supplemental Exhibits and Schedules Interrogatories..	21
Title Page and Jurat	01
Underwriting and Investment Exhibit	09
Verifications	
Schedule A – Verification	13
Schedule B – Verification	13
Schedule BA – Verification	13
Schedule DA – Verification	15