



IMAGING COVER SHEET

NAIC #: 96865

NAIC Group Code: 1206

Company Name: FAMILY HEALTH PLAN, INC.

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:

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QUARTERLY STATEMENT

OF THE

FAMILY HEALTH PLAN, INC.

of **TOLEDO**

in the state of **OHIO**

TO THE

Insurance Department

OF THE

STATE OF OHIO

FOR THE QUARTER ENDED

June 30, 2002

HEALTH

2002



96865200220100102

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2002
OF THE CONDITION AND AFFAIRS OF THE
FAMILY HEALTH PLAN, INC.

NAIC Group Code 1206 1206 NAIC Company Code 96865 Employer's ID Number 34-1486483
(Current Period) (Prior Period)

Organized under the Laws of THE STATE OF OHIO, State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as business type: Life, Accident & Health Property/Casualty Health Service Corporation Dental Service Corporation
Vision Service Corporation Other Health Maintenance Organization Is HMO Federally Qualified? YES NO

Date Incorporated or Organized: May 23, 1985 Date Commenced Business: January 1, 1986

Statutory Home Office: 2200 JEFFERSON AVE., 6TH FLOOR TOLEDO, OH 43624

Main Administrative Office: 2200 JEFFERSON AVE., 6TH FLOOR TOLEDO, OH 43624 419-241-6501

Mail Address: 2200 JEFFERSON AVE., 6TH FLOOR TOLEDO, OH 43624

Primary Location of Books and Records: 2200 JEFFERSON AVE., 6TH FLOOR TOLEDO, OH 43624 419-241-6501

Internet Website Address: N/A

Statement Contact: JEFFRIE REGO 419-251-6223 00000

jarego@health-partners.org 419-241-5441
(E-Mail Address) (Fax Number)

Policyowner Relations Contact: 2200 JEFFERSON AVE., 6TH FLOOR TOLEDO, OH 43624 419-241-6501 00000

OFFICERS

PRESIDENT & CEO: THOMAS E. BEATY, JR.

Secretary: _____

CHIEF FINANCIAL OFFICER: RANDOLPH C. HOFFMAN

Actuary: _____

Vice-Presidents

<u>MARK TUCKER, MD.</u>	<u>JOANNE VOLOVAR</u>	<u>MARK LANCIANO</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DIRECTORS OR TRUSTEES

<u>RICHARD HANLEY</u>	<u>TED JENKINS</u>	<u>JEFF COPELAND</u>	<u>THOMAS E. BEATY, JR.</u>
<u>THOMAS KELLY</u>	<u>STEVEN MICKUS</u>	<u>TIM GLADIEUX</u>	<u>ROOSEVELT GANT</u>
<u>CHUCK GALLAGHER</u>	<u>FATHER MICHAEL BILLIAN</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State of OHIO
County of LUCAS ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)

THOMAS E. BEATY, JR.
(Printed Name)
PRESIDENT & CEO

(Signature)

(Printed Name)
Secretary

(Signature)

RANDOLPH C. HOFFMAN
(Printed Name)
CHIEF FINANCIAL OFFICER

Subscribed and sworn to before me this
15TH day of AUGUST, 2002

NOTARY PUBLIC (Seal)

ASSETS

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)			(a)	
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 0) and short-term investments (\$ 0)	1,834,842		1,834,842	2,580,181
6. Other long-term invested assets				
7. Receivable for securities				
8. Aggregate write-ins for invested assets	480,761		480,761	443,500
9. Subtotal cash and invested assets (Lines 1 to 8)	2,315,603		2,315,603	3,023,681
10. Accident and health premiums due and unpaid	685,224		685,224	943,962
11. Health care receivables	6,905,072		6,905,072	434,829
12. Amounts recoverable from reinsurers	228,986		228,986	159,486
13. Net adjustment in assets and liabilities due to foreign exchange rates				
14. Investment income due and accrued	17,387		17,387	14,990
15. Amounts due from parent, subsidiaries and affiliates	19,018,196		19,018,196	12,383,819
16. Amounts receivable relating to uninsured accident and health plans				
17. Furniture and equipment	152,881		152,881	87,803
18. Amounts due from agents				
19. Federal and foreign income tax recoverable and interest thereon (including \$ 0 net deferred tax asset)				
20. Electronic data processing equipment and software	9,040		9,040	44,404
21. Other nonadmitted assets				
22. Aggregate write-ins for other than invested assets	292,005		292,005	10,000
23. Total assets (Lines 9 plus 10 through 22)	29,624,394		29,624,394	17,102,974

DETAILS OF WRITE-INS				
0801. RESTRICTED CASH	480,761		480,761	443,500
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)	480,761		480,761	443,500
2201. PREPAIDS	292,005		292,005	
2202.				
2203.				10,000
2298. Summary of remaining write-ins for Line 22 from overflow page				
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above)	292,005		292,005	10,000

(a) \$ 0 health care delivery assets included in Line 4.1, Column 3.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	13,408,054		13,408,054	3,915,705
2. Accrued medical incentive pool and bonus payments				
3. Unpaid claims adjustment expenses				
4. Aggregate policy reserves				
5. Aggregate claim reserves	300,000		300,000	300,000
6. Premiums received in advance	3,004,539		3,004,539	2,822,091
7. General expenses due or accrued	1,144,205		1,144,205	1,858,524
8. Federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses) (including \$ 0 net deferred tax liability)				
9. Amounts withheld or retained for the account of others				
10. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
11. Amounts due to parent, subsidiaries and affiliates	5,744,245		5,744,245	1,496,871
12. Payable for securities				
13. Funds held under reinsurance treaties with (\$ 0 authorized reinsurers and \$ 0 unauthorized reinsurers)				
14. Reinsurance in unauthorized companies				
15. Net adjustments in assets and liabilities due to foreign exchange rates				
16. Liability for amounts held under uninsured accident and health plans				
17. Aggregate write-ins for other liabilities (including \$ 0 current)				218,212
18. Total liabilities (Lines 1 to 17)	23,601,043		23,601,043	10,611,403
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	26,533,531	26,533,531
22. Surplus notes	X X X	X X X	15,620,678	15,620,678
23. Aggregate write-ins for other than special surplus funds	X X X	X X X	443,500	443,500
24. Unassigned funds (surplus)	X X X	X X X	(36,574,358)	(36,106,138)
25. Less treasury stock, at cost:				
25.1 0 shares common (value included in Line 19 \$ 0)	X X X	X X X		
25.2 0 shares preferred (value included in Line 20 \$ 0)	X X X	X X X		
26. Total capital and surplus (Lines 19 to 24 less 25)	X X X	X X X	6,023,351	6,491,571
27. Total liabilities, capital and surplus (Lines 18 and 26)	X X X	X X X	29,624,394	17,102,974

DETAILS OF WRITE-INS				
1701. OTHER ACCRUED LIABILITIES				218,212
1702.				
1703.				
1798. Summary of write-ins for Line 17 from overflow page				
1799. Totals (Lines 1701 through 1703 plus 1798) (Line 17 above)				218,212
2301. RESTRICTED CASH	X X X	X X X	443,500	443,500
2302.	X X X	X X X		
2303.	X X X	X X X		
2398. Summary of write-ins for Line 23 from overflow page	X X X	X X X		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	X X X	X X X	443,500	443,500

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year
	1	2	3
	Uncovered	Total	Total
1. Member Months	X X X		532,184
2. Net premium income	X X X	41,057,497	107,158,883
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ 0 medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X		1,249,194
7. Total revenues (Lines 2 to 6)	X X X	41,057,497	108,408,077
Medical and Hospital:			
8. Hospital/medical benefits		2,154,575	5,967,575
9. Other professional services		30,490,138	84,449,195
10. Outside referrals			
11. Emergency room and out-of-area		66,777	184,957
12. Prescription drugs		3,595,643	9,958,929
13. Aggregate write-ins for other medical and hospital		100,892	279,443
14. Incentive pool and withhold adjustments			
15. Subtotal (Lines 8 to 14)		36,408,025	100,840,099
Less:			
16. Net reinsurance recoveries		12,777	41,164
17. Total medical and hospital (Lines 15 minus 16)		36,395,248	100,798,935
18. Claims adjustment expenses			
19. General administrative expenses		5,091,640	10,185,580
20. Increase in reserves for accident and health contracts			
21. Total underwriting deductions (Lines 17 through 20)		41,486,888	110,984,515
22. Net underwriting gain or (loss) (Lines 7 minus 21)	X X X	(429,391)	(2,576,438)
23. Net investment income earned		81,816	242,458
24. Net realized capital gains or (losses)			
25. Net investment gains or (losses) (Lines 23 plus 24)		81,816	242,458
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]			
27. Aggregate write-ins for other income or expenses		43,354	(5,882,002)
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		(304,221)	(8,215,982)
29. Federal and foreign income taxes incurred	X X X		
30. Net income (loss) (Lines 28 minus 29)	X X X	(304,221)	(8,215,982)

DETAILS OF WRITE-INS			
0601.	X X X		1,243,393
0602.	X X X		5,801
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		1,249,194
1301. OTHER MEDICAL EXPENSE		100,892	279,443
1302.			
1303.			
1398. Summary of remaining write-ins for Line 13 from overflow page			
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)		100,892	279,443
2701. PHO SETTLEMENT ADJ FOR PRIOR YEARS		43,354	(3,896,002)
2702. ALLOWANCE FOR PCP CAPITATION REC			(1,986,000)
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page			
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)		43,354	(5,882,002)

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL & SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year
31. Capital and surplus prior reporting period	6,491,571	1,588,107
GAINS AND LOSSES TO CAPITAL & SURPLUS		
32. Net income or (loss) from Line 30	(304,221)	(8,215,982)
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	(163,999)	(54,085)
38. Change in unauthorized reinsurance		
39. Change in treasury stock		
40. Change in surplus notes		
41. Cumulative effect of changes in accounting principles		
42. Capital Changes:		
42.1 Paid in		11,347,869
42.2 Transferred from surplus (Stock Dividend)		
42.3 Transferred to surplus		
43. Surplus adjustments:		
43.1 Paid in		
43.2 Transferred to capital (Stock Dividend)		
43.3 Transferred from capital		
44. Dividends to stockholders		
45. Aggregate write-ins for gains or (losses) in surplus		1,825,662
46. Net change in capital & surplus (Lines 32 to 45)	(468,220)	4,903,464
47. Capital and surplus end of reporting period (Line 31 plus 46)	6,023,351	6,491,571

DETAILS OF WRITE-INS		
4501. TRANSFER OF DEBT FROM PARENT TO CAPITAL		1,825,662
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)		1,825,662

CASH FLOW

	1 Current Year To Date	2 Prior Year
Cash from Operations		
1. Premiums and revenues collected net of reinsurance	34,776,492	108,302,601
2. Claims and claims adjustment expenses	26,902,899	101,910,242
3. General administrative expenses paid	5,805,859	9,262,952
4. Other underwriting income (expenses)		1,266,178
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	2,067,734	(1,604,415)
6. Net investment income	79,419	238,886
7. Other income (expenses)	43,354	(17,956,213)
8. Federal and foreign income taxes (paid) recovered		
9. Net cash from operations (Lines 5 to 8)	2,190,507	(19,321,742)
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		
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)		
11. Cost of investments acquired (long-term only):		
11.1 Bonds		
11.2 Stocks		
11.3 Mortgage loans		
11.4 Real estate		
11.5 Other invested assets		
11.6 Miscellaneous applications		7,518
11.7 Total investments acquired (Lines 11.1 to 11.6)		7,518
12. Net cash from investments (Line 10.8 minus Line 11.7)		(7,518)
Cash from Financing and Miscellaneous Sources		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in		11,347,869
13.2 Net transfers from affiliates	4,247,374	
13.3 Borrowed funds received		
13.4 Other cash provided	236,161	1,825,662
13.5 Total (Lines 13.1 to 13.4)	4,483,535	13,173,531
14. Cash applied:		
14.1 Dividends to stockholders paid		
14.2 Net transfers to affiliates	6,634,377	
14.3 Borrowed funds repaid		
14.4 Other applications	785,004	54,085
14.5 Total (Lines 14.1 to 14.4)	7,419,381	54,085
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	(2,935,846)	13,119,446
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	(745,339)	(6,209,814)
17. Cash and short-term investments:		
17.1 Beginning of period	2,580,181	8,789,995
17.2 End of period (Line 16 plus Line 17.1)	1,834,842	2,580,181

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2	3	Group							
Total Members at end of:											
1. Prior Year	44,225			26,182					5,148	12,895	
2. First Quarter	43,277			23,173						20,104	
3. Second Quarter	43,639			22,419						21,220	
4. Third Quarter											
5. Current Year	43,639			22,419						21,220	
6. Current Year Member Months	260,025			138,542						121,483	
Total Member Ambulatory Encounters for Period:											
7. Physician	199,060			112,560						86,500	
8. Non-Physician	45,227			26,416						18,811	
9. Total	244,287			138,976						105,311	
10. Hospital Patient Days Incurred	2,486			1,105						1,381	
11. Number of Inpatient Admissions	766			293						473	
12. Premiums Collected	41,316,235	22,947,801								18,368,434	
13. Premiums Earned	41,057,497	22,804,093								18,253,404	
14. Amount Paid for Provision of Health Care Services	26,902,899	14,433,515						1,030,219		11,439,165	
15. Amount Incurred for Provision of Health Care Services	36,395,248	19,653,434								16,741,814	

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
0299999 Aggregate accounts not individually listed - uncovered	5,590,629	3,083,112	1,715,706	1,212,603	1,806,004	13,408,054
0499999 Subtotals	5,590,629	3,083,112	1,715,706	1,212,603	1,806,004	13,408,054
0799999 Total claims payable						13,408,054
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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (Hospital & Medical)	1,715,734	12,717,781	351,914	6,843,620	2,067,648	2,067,648
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII - Medicare	1,030,219		305,992		1,336,211	1,336,211
7. Title XIX - Medicaid	435,069	11,004,096	76,777	58,529,751	511,846	511,846
8. Other						
9. Subtotal	3,181,022	23,721,877	734,683	65,373,371	3,915,705	3,915,705
10. Medical Incentive pools, accruals and disbursements						
11. Totals	3,181,022	23,721,877	734,683	65,373,371	3,915,705	3,915,705

NOTES TO FINANCIAL STATEMENTS

- None -

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes [] No [X]

1.2 If yes, explain: _____

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of 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]

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

3.2 If yes, date of change: _____
 If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
 If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X]
 If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2000

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. N/A

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). N/A

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 change in the reporting entity's own preferred or common stock? Yes [] No [X]

9.2 If yes, explain _____

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

10.2 If yes, give full and complete information relating thereto: _____

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ _____

12. Amount of real estate and mortgages held in short-term investments: \$ _____

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] 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 on Schedule DB? Yes [] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [X]

If no, attach a description with this statement.

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV. H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 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

Statement as of June 30, 2002 of the Family Health Plan of Ohio, Inc.

13	SCHEDULE A - VERIFICATION BETWEEN YEARS	NONE
13	SCHEDULE B - VERIFICATION BETWEEN YEARS	NONE
13	SCHEDULE BA - VERIFICATION BETWEEN YEARS	NONE
14	SCHEDULE D - PART 1B	NONE
15	SCHEDULE DA - PART 1	NONE
15	SCHEDULE DA - PART 2	NONE
16	SCHEDULE DB - PART F - SECTION 1	NONE
17	SCHEDULE DB - PART F - SECTION 2	NONE
18	SCHEDULE S	NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

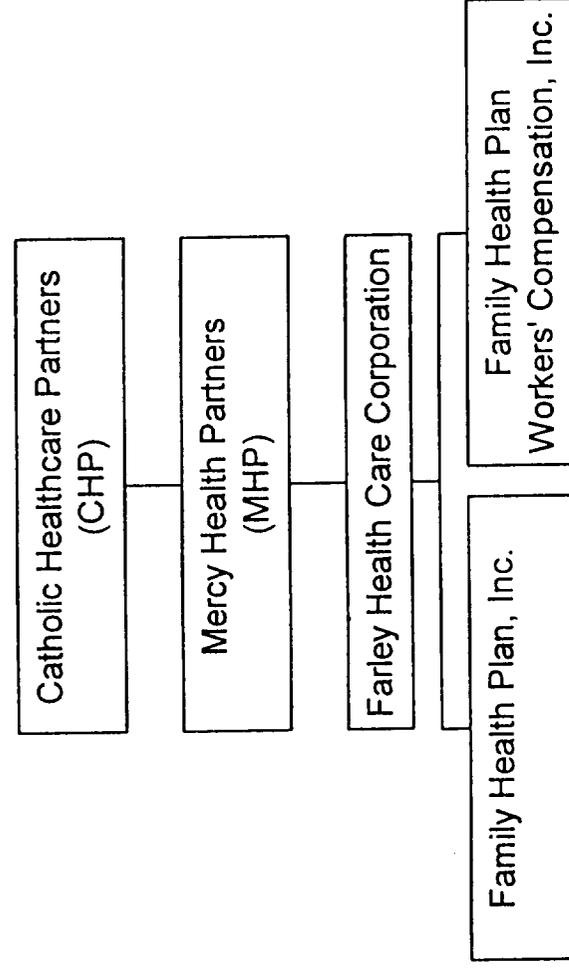
State, Etc.	1	2	Direct Business Only Year-to-Date			
			3	4	5	6
	Guaranty Fund (Yes or No)	Is Insurer Licensed (Yes or No)	Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums
1. Alabama	AL	NO				
2. Alaska	AK	NO				
3. Arizona	AZ	NO				
4. Arkansas	AR	NO				
5. California	CA	NO				
6. Colorado	CO	NO				
7. Connecticut	CT	NO				
8. Delaware	DE	NO				
9. Dist. Columbia	DC	NO				
10. Florida	FL	NO				
11. Georgia	GA	NO				
12. Hawaii	HI	NO				
13. Idaho	ID	NO				
14. Illinois	IL	NO				
15. Indiana	IN	NO				
16. Iowa	IA	NO				
17. Kansas	KS	NO				
18. Kentucky	KY	NO				
19. Louisiana	LA	NO				
20. Maine	ME	NO				
21. Maryland	MD	NO				
22. Massachusetts	MA	NO				
23. Michigan	MI	NO				
24. Minnesota	MN	NO				
25. Mississippi	MS	NO				
26. Missouri	MO	NO				
27. Montana	MT	NO				
28. Nebraska	NE	NO				
29. Nevada	NV	NO				
30. New Hampshire	NH	NO				
31. New Jersey	NJ	NO				
32. New Mexico	NM	NO				
33. New York	NY	NO				
34. North Carolina	NC	NO				
35. North Dakota	ND	NO				
36. Ohio	OH	NO	22,804,093		18,253,404	
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. Total (Direct Business)	X X X	(a) 1	22,804,093		18,253,404	

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

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

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

Farley Health Care Corporation Organizational Chart



Statement as of June 30, 2002 of the Family Health Plan of Ohio, Inc.

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

