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2002

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# HEALTH QUARTERLY STATEMENT

AS OF September 30, 2002  
 OF THE CONDITION AND AFFAIRS OF THE  
**Paramount Insurance Company**

NAIC Group Code	<u>1212</u> (Current Period)	1212 (Prior Period)	NAIC Company Code	<u>11518</u>	Employer's ID Number	<u>010580404</u>
Organized under the Laws of	<u>Ohio</u>		State of Domicile or Port of Entry		<u>OH</u>	
Country of Domicile	<u>United States of America</u>					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]		
Date Incorporated or Organized	<u>04/19/2002</u>		Date Commenced Business		<u>09/26/2002</u>	
Statutory Home Office	<u>1901 Indian Wood Circle</u> (Street and Number)				<u>Maumee, OH 43537</u> (City, or Town, State and Zip Code)	
Main Administrative Office			<u>1901 Indian Wood Circle</u> (Street and Number)		<u>Maumee, OH 43537</u> (City or Town, State and Zip Code)	
Mail Address	<u>1901 Indian Wood Circle</u> (Street and Number or P.O. Box)				<u>(419)887-2500-</u> (Area Code) (Telephone Number)	
Primary Location of Books and Records			<u>1901 Indian Wood Circle</u> (Street and Number)		<u>Maumee, OH 43537</u> (City, or Town, State and Zip Code)	
Internet Website Address					<u>(419)887-2500-</u> (Area Code) (Telephone Number)	
Statutory Statement Contact	<u>Jeffrey William Martin, Mr.</u> (Name) <u>jeff.martin@promedica.org</u> (E-Mail Address)				<u>(419)887-2959-</u> (Area Code)(Telephone Number)(Extension)	
Policyowner Relations Contact			<u>1901 Indian Wood Circle</u> (Street and Number)		<u>(419)887-2020-</u> (Fax Number)	
	<u>Maumee, OH 43537</u> (City, or Town, State and Zip Code)				<u>(419)887-2500-</u> (Area Code) (Telephone Number)(Extension)	

## OFFICERS

President	<u>John Charles Randolph Mr.</u>
Secretary	<u>Jeffrey Craig Kuhn Mr.</u>
Treasurer	<u>Kathleen S. Hanley Ms.</u>
Chairman	<u>Frederick Lurcott Yocom Mr.</u>

## VICE PRESIDENTS

<u>Robert James Kolodgy Mr.</u>	<u>Mark Henry Moser Mr.</u>
<u>Neeraj Kumar Kanwal Dr.</u>	

## DIRECTORS OR TRUSTEES

<u>Alan William Brass Mr.</u>	<u>Thomas Henry Gross Dr.</u>
<u>Harley Jay Kripke Mr.</u>	<u>Jeffrey Ray Lewis Dr.</u>
<u>Christopher Kane Smitley Mr.</u>	<u>Harold Lee Dunn Mr.</u>
<u>Robert Henry Hartwig Dr.</u>	<u>Ronald Richard Langenderfer Mr.</u>
<u>Jane M. Miller Ms.</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 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)  
John Charles Randolph  
 (Printed Name)  
 President

(Signature)  
Jeffrey Craig Kuhn  
 (Printed Name)  
 Secretary

(Signature)  
Robert James Kolodgy  
 (Printed Name)  
 Treasurer

Subscribed and sworn to before me this  
 day of                   , 2002

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

Yes[X] No[ ]

(Notary Public Signature)

**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): .....				(a) .....
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 \$..... encumbrances) .....				
5. Cash (\$.....3,000,414) and short-term investments (\$.....) .....	3,000,414			3,000,414 .....
6. Other long-term invested assets .....				
7. Receivable for securities .....				
8. Aggregate write-ins for invested assets .....	100,000			100,000 .....
9. Subtotal cash and invested assets (Lines 1 to 8) .....	3,100,414			3,100,414 .....
10. Accident and health premiums due and unpaid .....				
11. Health care receivables .....				
12. Amounts recoverable from reinsurers .....				
13. Net adjustment in assets and liabilities due to foreign exchange rates .....				
14. Investment income due and accrued .....				
15. Amounts due from parent, subsidiaries and affiliates .....				
16. Amounts receivable relating to uninsured accident and health plans .....				
17. Furniture and equipment .....				
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 .....				
21. Other nonadmitted assets .....				
22. Aggregate write-ins for other than invested assets .....				
23. Total assets (Lines 9 plus 10 through 22) .....	3,100,414			3,100,414 .....
<b>DETAILS OF WRITE-INS</b>				
0801. Certificates of Deposit .....		100,000		100,000 .....
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) .....	100,000			100,000 .....
2201 .....				
2202 .....				
2203 .....				
2298. Summary of remaining write-ins for Line 22 from overflow page .....				
2299. TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above) .....				

(a) \$..... 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) .....				
2. Accrued medical incentive pool and bonus payments .....				
3. Unpaid claims adjustment expenses .....				
4. Aggregate policy reserves .....				
5. Aggregate claim reserves .....				
6. Premiums received in advance .....				
7. General expenses due or accrued .....				
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 .....	182,518		182,518	
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 \$..... current) .....				
18. Total liabilities (Lines 1 to 17) .....	182,518		182,518	
19. Common capital stock .....	XXX	XXX		
20. Preferred capital stock .....	XXX	XXX		
21. Gross paid in and contributed surplus .....	XXX	XXX	3,000,000	
22. Surplus notes .....	XXX	XXX		
23. Aggregate write-ins for other surplus funds .....	XXX	XXX		
24. Unassigned funds (surplus) .....	XXX	XXX	(82,104)	
25. Less treasury stock, at cost:				
25.1 ..... shares common (value included in Line 19 \$.....) .....	XXX	XXX		
25.2 ..... shares preferred (value included in Line 20 \$.....) .....	XXX	XXX		
26. Total capital and surplus (Lines 19 to 24, Less 25) .....	XXX	XXX	2,917,896	
27. Total liabilities, capital and surplus (Lines 18 and 26) .....	XXX	XXX	3,100,414	
<b>DETAILS OF WRITE-INS</b>				
1701 .....				
1702 .....				
1703 .....				
1798. Summary of remaining write-ins for Line 17 from overflow page .....				
1799. TOTALS (Lines 1701 through 1703 plus 1798) (Line 17 above) .....				
2301 .....	XXX	XXX		
2302 .....	XXX	XXX		
2303 .....	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page .....	XXX	XXX		
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	XXX	XXX		

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year to Date		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	XXX	XXX
1. Member Months .....			
2. Net premium income .....			
3. Change in unearned premium reserves and reserve for rate credits .....			
4. Fee-for-service (net of \$..... medical expenses) .....			
5. Risk revenue .....			
6. Aggregate write-ins for other health care related revenues .....			
7. TOTAL REVENUES (Lines 2 to 6) .....			
<b>Medical and Hospital:</b>			
8. Hospital/medical benefits .....			
9. Other professional services .....			
10. Outside referrals .....			
11. Emergency room and out-of-area .....			
12. Prescription drugs .....			
13. Aggregate write-ins for other medical and hospital .....			
14. Incentive pool and withhold adjustments .....			
15. Subtotal (Lines 8 to 14) .....			
<b>LESS:</b>			
16. Net reinsurance recoveries .....			
17. Total medical and hospital (Lines 15 minus 16) .....			
18. Claims adjustment expenses .....			
19. General administrative expenses .....		82,518	
20. Increase in reserves for accident and health contracts .....			
21. Total underwriting deductions (Lines 17 through 20) .....		82,518	
22. Net underwriting gain or (loss) (Lines 7 minus 21) .....	XXX	(82,518)	
23. Net investment income earned .....		414	
24. Net realized capital gains or (losses) .....			
25. Net investment gains or (losses) (Lines 23 plus 24) .....		414	
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 .....			
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27) .....		(82,104)	
29. Federal and foreign income taxes incurred .....	XXX		
30. Net income (loss) (Lines 28 minus 29) .....	XXX	(82,104)	
<b>DETAILS OF WRITE-INS</b>			
0601 .....	XXX		
0602 .....	XXX		
0603 .....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX		
1301 .....			
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) .....			
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) .....			

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year to Date	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
31. Capital and surplus prior reporting year .....	.....	.....
<b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS</b>		
32. Net income or (loss) from Line 30 .....	(82,104)	.....
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 .....	.....	.....
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 .....	.....	.....
42.2 Transferred from surplus (Stock Dividend) .....	.....	.....
42.3 Transferred to surplus .....	.....	.....
43. Surplus adjustments:		
43.1 Paid in .....	3,000,000	.....
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) .....	2,917,896	.....
47. Capital and surplus end of reporting period (Line 31 plus 46) .....	2,917,896	.....
<b>DETAILS OF WRITE-INS</b>		
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) .....	.....	.....

STATEMENT AS OF **September 30, 2002** OF THE **Paramount Insurance Company**  
**CASH FLOW**

		1 Current Year To Date	2 Prior Year
<b>Cash from Operations</b>			
1.	Premiums and revenues collected net of reinsurance .....		
2.	Claims and claims adjustment expenses .....		
3.	General administrative expenses paid .....		
4.	Other underwriting income (expenses) .....		
5.	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) .....		
6.	Net investment income .....	414	
7.	Other income (expenses) .....		
8.	Federal and foreign income taxes (paid) recovered .....		
9.	Net cash from operations (Lines 5 to 8) .....	414	
<b>Cash from Investments</b>			
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 .....		
11.7	TOTAL investments acquired (Lines 11.1 to 11.6) .....		
12.	Net cash from investments (Line 10.8 minus Line 11.7) .....		
<b>Cash from Financing and Miscellaneous Sources</b>			
13.	Cash provided:		
13.1	Surplus notes, capital and surplus paid in .....	3,000,000	
13.2	Net transfers from affiliates .....		
13.3	Borrowed funds received .....		
13.4	Other cash provided .....		
13.5	TOTAL (Lines 13.1 to 13.4) .....	3,000,000	
14.	Cash applied:		
14.1	Dividends to stockholders paid .....		
14.2	Net transfers to affiliates .....		
14.3	Borrowed funds repaid .....		
14.4	Other applications .....		
14.5	TOTAL (Lines 14.1 to 14.4) .....		
15.	Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5) .....	3,000,000	
<b>RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS</b>			
16.	Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15) .....	3,000,414	
17.	Cash and short-term investments:		
17.1	Beginning of period .....		
17.2	End of period (Line 16 plus Line 17.1) .....	3,000,414	

**7 Premiums, Enrollment and Utilization .....** **NONE**

**8 Claims Payable.....** **NONE**

**9 Underwriting Investment Exhibit .....** **NONE**

## **Notes to Financial Statement**

**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]  
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]

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. Yes[ ] No[X]

1	2	3
Name of Entity	NAIC Company Code	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
Sky Trust .....	519 Madison Avenue, 3rd Floor, Toledo, OH 43604 ...

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
.....	.....	.....

<b>13</b>	<b>Schedule A Verification</b>	<b>NONE</b>
<b>13</b>	<b>Schedule B Verification</b>	<b>NONE</b>
<b>13</b>	<b>Schedule BA Verification</b>	<b>NONE</b>
<b>14</b>	<b>Schedule D Part 1B</b>	<b>NONE</b>
<b>15</b>	<b>Schedule DA Part 1</b>	<b>NONE</b>
<b>15</b>	<b>Schedule DA Part 2 Verification</b>	<b>NONE</b>
<b>16</b>	<b>Schedule DB Part F Section 1</b>	<b>NONE</b>
<b>17</b>	<b>Schedule DB Part F Section 2</b>	<b>NONE</b>
<b>18</b>	<b>Schedule S Ceded Reinsurance</b>	<b>NONE</b>
<b>19</b>	<b>Schedule T - Premiums and Other Consid.</b>	<b>NONE</b>
<b>20</b>	<b>Schedule Y - Part 1</b>	<b>NONE</b>

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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**RESPONSES**

No

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

Explanation:

Bar Code:





<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 Depository		2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			8 *
					5 First Month	6 Second Month	7 Third Month	
<b>open depositories</b>								
Sky Bank .....	Maumee, OH .....							3,000,414 ..
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 ..						3,000,414 ..
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 ..						3,000,414 ..
0499999 Cash in Company's Office .....		X X X ..	X X X ..	X X X ..				
0599999 Total Cash .....		X X X ..						3,000,414 ..

# 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