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HEALTH QUARTERLY STATEMENT
AS OF September 30, 2002
OF THE CONDITION AND AFFAIRS OF THE
DELTA DENTAL PLAN OF OHIO, INC.

NAIC Group Code	0477 (Current Period)	0477 (Prior Period)	NAIC Company Code	54402	Employer's ID Number	31-0685339
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	USA					
Licensed as business type:	Life, Accident & Health <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input checked="" type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Date Incorporated or Organized	03/06/1960		Date Commenced Business	04/01/1964		
Statutory Home Office	2500 Corporate Exchange Drive, Bldg 3, Suite 230 (Street and Number)		Columbus, OH 43231-7601 (City, or Town, State and Zip Code)			
Main Administrative Office	4100 Okemos Road Okemos, MI 48864 (Street and Number) (City or Town, State and Zip Code)		4100 Okemos Road (Street and Number)		(517)349-6000 x (Area Code) (Telephone Number)	
Mail Address	P.O. Box 30416 (Street and Number or P.O. Box)		Lansing, MI 48909-7916 (City, or Town, State and Zip Code)			
Primary Location of Books and Records	4100 Okemos Road Okemos, MI 48864 (Street and Number) (City, or Town, State and Zip Code)		4100 Okemos Road (Street and Number)		(517)349-6000 x (Area Code) (Telephone Number)	
Internet Website Address	http://ddpoh.com/					
Statutory Statement Contact	Richard A. Tomlinson (Name)				(517)349-6000 x (Area Code)(Telephone Number)(Extension)	
	rtomlinson@ddpmi.com (E-Mail Address)				(517)381-5572 x (Fax Number)	
Policyowner Relations Contact	Linda Mullins Okemos, MI 48837 (Street and Number) (City, or Town, State and Zip Code)		4100 Okemos Road		(517)349-6000- (Area Code) (Telephone Number)(Extension)	

OFFICERS

President Thomas J. Fleszar
Chairperson Larry Metzger, D.D.S.
Secretary James P. Hallan
Treasurer Thomas P. Moore, II

VICE CHAIRPERSON

Jeffrey A. Keller

DIRECTORS OR TRUSTEES

Frank Buzaki, Jr.
Ann Flermoen, D.D.S.
Kerry Kaysserian, D.D.S.
Larry Metzger, D.D.S.
Michael T. Schaeffer, D.D.S.
Laura O. Stearns
Thomas A. Sullivan
Jeffrey A. Keller
Lawrence D. Crawford, D.D.S.
James P. Hallan
Penelope K. Majeske, PH.D.
Thomas P. Moore, II
Kelly Jubb Scheiderer, RHIA, MHA
Steven B. Stratton
Colleen Vienna, D.D.S.

State of Michigan
County of Ingham 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)
Thomas J. Fleszar
(Printed Name)
President

(Signature)
James P. Hallan
(Printed Name)
Secretary

(Signature)
Thomas P. Moore, II
(Printed Name)
Treasurer

Subscribed and sworn to before me this
day of Nov. 2003

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

Yes [] No [X]

(Notary Public Signature)

ASSETS

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds	10,494,871		10,494,871	13,709,760
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	1,303,391		1,303,391	1,743,800
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 (\$....(6,906,794)) and short-term investments (\$....15,640,012)	8,733,218		8,733,218	10,559,778
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)	20,531,480		20,531,480	26,013,338
10. Accident and health premiums due and unpaid	3,876,875		3,876,875	1,765,771
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	171,990		171,990	309,991
15. Amounts due from parent, subsidiaries and affiliates	54,843		54,843	219,828
16. Amounts receivable relating to uninsured accident and health plans	7,054,629		7,054,629	6,471,695
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	389,668		389,668	658,325
23. Total assets (Lines 9 plus 10 through 22)	32,079,485		32,079,485	35,438,948

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. Stabilization Reserve Withhold	364,033		364,033	442,762
2202. Other Miscellaneous	25,635		25,635	215,563
2203. Prepaid Expenses				
2298. Summary of remaining write-ins for Line 22 from overflow page				
2299. TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above)	389,668		389,668	658,325

(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)	5,173,000		5,173,000	7,831,000
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	250,833		250,833	827,235
7. General expenses due or accrued	967,879		967,879	1,354,454
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	3,594,663		3,594,663	3,748,154
10. Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current)				
11. Amounts due to parent, subsidiaries and affiliates	9,067		9,067	344,180
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	2,777,636		2,777,636	2,825,462
17. Aggregate write-ins for other liabilities (including \$..... current)	160,685		160,685	26,790
18. Total liabilities (Lines 1 to 17)	12,933,763		12,933,763	16,957,275
19. Common capital stock	XXX	XXX		
20. Preferred capital stock	XXX	XXX		
21. Gross paid in and contributed surplus	XXX	XXX	9,655,323	9,655,323
22. Surplus notes	XXX	XXX	5,358,061	5,358,061
23. Aggregate write-ins for other surplus funds	XXX	XXX	3,637	3,637
24. Unassigned funds (surplus)	XXX	XXX	4,128,702	3,464,652
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	19,145,723	18,481,673
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	32,079,486	35,438,948
DETAILS OF WRITE-INS				
1701. Accrued Interest on Surplus Note	160,742		160,742	26,790
1702. Miscellaneous Liability	(57)		(57)	
1703				
1798. Summary of remaining write-ins for Line 17 from overflow page				
1799. TOTALS (Lines 1701 through 1703 plus 1798) (Line 17 above)	160,685		160,685	26,790
2301. Assigned funds	XXX	XXX	3,637	3,637
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	3,637	3,637

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	4,650,034	5,431,777
1. Member Months	XXX	4,650,034	5,431,777
2. Net premium income	XXX	76,237,966	101,626,901
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$..... medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX	14,250	
7. TOTAL REVENUES (Lines 2 to 6)	XXX	76,252,216	101,626,901
Medical and Hospital:			
8. Hospital/medical benefits			
9. Other professional services		68,046,850	90,871,309
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)		68,046,850	90,871,309
LESS:			
16. Net reinsurance recoveries			
17. Total medical and hospital (Lines 15 minus 16)		68,046,850	90,871,309
18. Claims adjustment expenses		3,036,759	4,390,735
19. General administrative expenses		6,539,902	9,455,797
20. Increase in reserves for accident and health contracts			
21. Total underwriting deductions (Lines 17 through 20)		77,623,511	104,717,841
22. Net underwriting gain or (loss) (Lines 7 minus 21)	XXX	(1,371,295)	(3,090,940)
23. Net investment income earned		446,306	820,502
24. Net realized capital gains or (losses)		101,570	(269,597)
25. Net investment gains or (losses) (Lines 23 plus 24)		547,876	550,905
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		1,897,206	3,927,119
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		1,073,787	1,387,084
29. Federal and foreign income taxes incurred	XXX		
30. Net income (loss) (Lines 28 minus 29)	XXX	1,073,787	1,387,084
DETAILS OF WRITE-INS			
0601. Difference between ASO/ASC Premiums & Claims	XXX	14,250	
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	14,250	
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. Stabilization Reserve Withhold		1,896,105	3,926,684
2702. Miscellaneous Income		1,101	435
2703			
2798. Summary of remaining write-ins for Line 27 from overflow page			
2799. TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)		1,897,206	3,927,119

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
31. Capital and surplus prior reporting year	18,481,672	15,083,755
GAINS AND LOSSES TO CAPITAL & SURPLUS		
32. Net income or (loss) from Line 30	1,073,787	1,387,084
33. Change in valuation basis of aggregate policy and claim reserves		
34. Net unrealized capital gains and losses	(455,363)	(24,213)
35. Change in net unrealized foreign exchange capital gain or (loss)		
36. Change in net deferred income tax		
37. Change in nonadmitted assets	45,626	1,388,291
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		646,756
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)	664,050	3,397,918
47. Capital and surplus end of reporting period (Line 31 plus 46)	19,145,722	18,481,673
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	72,981,776	100,289,120
2.	Claims and claims adjustment expenses	73,741,260	98,355,044
3.	General administrative expenses paid	6,896,101	8,631,505
4.	Other underwriting income (expenses)		
5.	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(7,655,585)	(6,697,429)
6.	Net investment income	590,061	743,453
7.	Other income (expenses)	1,896,105	3,927,119
8.	Federal and foreign income taxes (paid) recovered		
9.	Net cash from operations (Lines 5 to 8)	(5,169,419)	(2,026,857)
Cash from Investments			
10.	Proceeds from investments sold, matured or repaid:		
10.1	Bonds	3,310,705	3,020,815
10.2	Stocks		232,192
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)	3,310,705	3,253,007
11.	Cost of investments acquired (long-term only):		
11.1	Bonds		5,815,970
11.2	Stocks	14,954	1,159,859
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)	14,954	6,975,829
12.	Net cash from investments (Line 10.8 minus Line 11.7)	3,295,751	(3,722,822)
Cash from Financing and Miscellaneous Sources			
13.	Cash provided:		
13.1	Surplus notes, capital and surplus paid in		646,756
13.2	Net transfers from affiliates		198,322
13.3	Borrowed funds received		
13.4	Other cash provided	217,237	5,056,222
13.5	TOTAL (Lines 13.1 to 13.4)	217,237	5,901,300
14.	Cash applied:		
14.1	Dividends to stockholders paid		
14.2	Net transfers to affiliates	170,128	
14.3	Borrowed funds repaid		
14.4	Other applications		
14.5	TOTAL (Lines 14.1 to 14.4)	170,128	
15.	Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	47,109	5,901,300
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS			
16.	Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	(1,826,559)	151,621
17.	Cash and short-term investments:		
17.1	Beginning of period	10,559,778	10,408,158
17.2	End of period (Line 16 plus Line 17.1)	8,733,219	10,559,779

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	468,806					468,806				
2. First Quarter	475,192					475,192				
3. Second Quarter	537,567					537,567				
4. Third Quarter	548,301					548,301				
5. Current Year										
6. Current Year Member Months	4,650,034					4,650,034				
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Premiums Collected	72,981,776					72,981,776				
13. Premiums Earned	76,252,216					76,252,216				
14. Amount Paid for Provision of Health Care Services	70,704,850					70,704,850				
15. Amount Incurred for Provision of Health Care Services	68,046,850					68,046,850				

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
0199999 Individually Listed Claims Payable
0299999 Aggregate Accounts Not Individually Listed - Uncovered
0399999 Aggregate Accounts Not Individually Listed - Covered
0499999 Subtotals
0599999 Unreported claims and other claim reserves						5,173,000
0699999 Total Amounts Withheld
0799999 Total Claims Payable	5,173,000
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)						
2. Medicare Supplement						
3. Dental only	6,902,391	63,802,459	145,200	5,027,800	7,047,591	7,831,000
4. Vision only						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other						
9. Subtotal	6,902,391	63,802,459	145,200	5,027,800	7,047,591	7,831,000
10. Medical incentive pools, accruals and disbursements						
11. TOTALS	6,902,391	63,802,459	145,200	5,027,800	7,047,591	7,831,000

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Delta Dental Plan of Ohio, Inc. are presented on the basis of accounting practices prescribed or permitted by the State of Ohio Insurance Department in accordance with the NAIC Accounting Practices and Procedures Manual.

The State of Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has not adopted any accounting practices that differ from those found in NAIC SAP.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance contracts or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the scientific method.
- (3) Common Stocks are recorded at market value
- (4) No preferred stocks are held as of 9/30/01.
- (5) No mortgage loans on real estate are held as of 9/30/01.
- (6) No loan-backed securities are held as of 9/30/01.
- (7) The Company carries no investments in subsidiaries.
- (8) The company has no ownership interests in joint ventures as of 9/30/01.
- (9) No derivatives are held as of 9/30/01.
- (10) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

Notes to Financial Statement

2. Accounting Changes and Corrections of Errors

Delta Dental Plan of Ohio had no accounting changes or corrections of errors during the period ending 9/30/02.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Delta Dental Plan of Ohio had no sales, transfers or servicing of financial assets or extinguishments of liabilities.

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[X] No[]

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 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. 09/30/2000

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. 09/30/2000

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). 09/04/2001

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? If no, attach a description with this statement. Yes[] No[X] N/A[]

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
Standard Federal Bank	77 Monroe Center, Grand Rapids, MI 49501-1707

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
.....

SCHEDULE A - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period
2. Increase (decrease) by adjustment
3. Cost of acquired
4. Cost of additions to and permanent improvements
5. Total profit (loss) on sales
6. Increase (decrease) by foreign exchange adjustment
7. Amount received on sales
8. Book/adjusted carrying value at end of current period
9. Total valuation allowance
10. Subtotal (Lines 8 plus 9)
11. Total nonadmitted amounts
12. Statement value, current period (Page 2, real estate lines, current period)

N O N E**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

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

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 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1	12,691,441		2,195,333	(1,238)	13,707,259	12,691,441	10,494,871	13,709,760
2. Class 2								
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. TOTAL Bonds	12,691,441		2,195,333	(1,238)	13,707,259	12,691,441	10,494,871	13,709,760
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	12,691,441		2,195,333	(1,238)	13,707,259	12,691,441	10,494,871	13,709,760

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	15,640,012	XXX	15,640,012	40,284	

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	10,701,240	16,709,755	13,989,032	
2. Cost of short-term investments acquired	6,008,515		1,650,980	10,701,240
3. Increase (decrease) by adjustment				
4. Increase (decrease) by foreign exchange adjustment				
5. Total profit (loss) on disposal of short-term investments				
6. Consideration received on disposal of short-term investments		2,720,723		
7. Book/adjusted carrying value, current period	16,709,755	13,989,032	15,640,012	10,701,240
8. Total valuation allowance				
9. Subtotals (Lines 7 plus 8)	16,709,755	13,989,032	15,640,012	10,701,240
10. Total nonadmitted amounts				
11. Statement value (Lines 9 minus 10)	16,709,755	13,989,032	15,640,012	10,701,240
12. Income collected during period	44,590	22,899	40,284	323,747
13. Income earned during period	44,590	22,899	40,284	323,747

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

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

18 Schedule S Ceded Reinsurance **NONE**

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	76,237,966		
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	XXX	XXX			
58.	TOTAL (Direct Business)		XXX	(a) 1	76,237,966		

DETAILS OF WRITE-INS

5701	XXX	XXX					
5702	XXX	XXX					
5703	XXX	XXX					
5798. Summary of remaining write-ins for Line 57 from overflow page	XXX	XXX					
5799. TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)	XXX	XXX					

(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

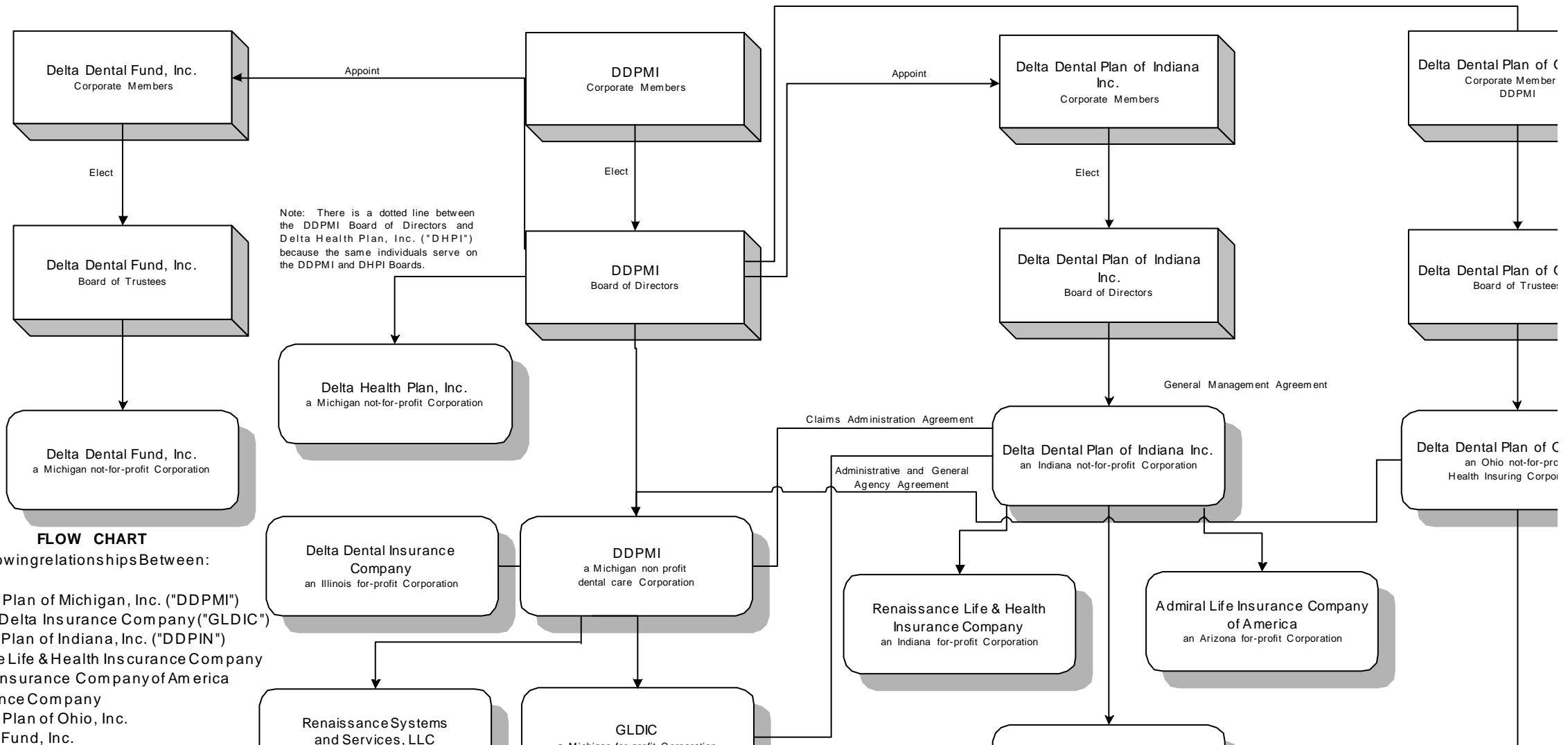
All insurer members of a Holding Company Group that has acquired and/or disposed of any domestic insurer (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

PART 1 - ORGANIZATIONAL CHART

Statement as of **November 2002**

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

Yes

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

Explanation:

Bar Code:

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**

SCHEDULE D - PART 3**Showing All Long-Term Bonds and Stocks ACQUIRED During Current Quarter**

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation (a)
6099998	Summary Item for Bonds Bought and Sold This Quarter							
6599998	Summary Item for Preferred Stock Bought and Sold This Quarter							
Common Stock - Industrial and Miscellaneous								
128119401	Calamos Inv Tr New Conv Fd	07/18/2002	Salomon Smith Barney	3.831	70	XXX		L
360802102	AMERICAN FDS-FUNDAMTL INVTRS	07/16/2002	Undefined	32.703	903	XXX		L
399874106	GROWTH FD AMER INC	07/16/2002	Undefined	0.144	3	XXX		L
6899999	Subtotal - Common Stock - Industrial and Miscellaneous				976	XXX		
7099997	Subtotal - Common Stock - Part 3				976	XXX		
7099998	Summary Item for Common Stock Bought and Sold This Quarter					XXX		
7099999	Subtotal - Common Stock				976	XXX		
7199999	Subtotal - Preferred and Common Stock				976	XXX		
7299999	Total - Bonds, Preferred and Common Stock				976	XXX		

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

SCHEDULE D - PART 4**Showing All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of
by the Company During the Current Quarter**

1 CUSIP Identification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Book/Adjusted Carrying Value at Disposal	9 Increase (Decrease) by Date	10 Increase (Decrease) by Adjustment	11 Increase (Decrease) by Foreign Exchange Adjustment	12 Foreign Exchange Gain (Loss) on Disposal	13 Realized Gain (Loss) on Disposal	14 Total Gain (Loss) On Disposal	15 Interest on Bonds Received During Year	16 Dividends on Stocks Received During Year	17 NAIC Design- ation (a)
Bonds - U.S. Governments																
3133M0R78	FEDERAL HOME LOAN BANK	07/19/2002	MATURITY	XXX	1,000,000	1,000,000	1,025,312	1,000,000	(3,663)					65,750	XXX	1PE
31364GXQ7	FEDL NATL MTG ASSN MTG DUE 3/9/9	07/24/2002	First Union Securities	XXX	1,045,625	1,000,000	931,240	945,333	3,476			100,218	100,218	56,353	XXX	1PE
0399999 Subtotal - Bonds - U.S. Governments					2,045,625	2,000,000	1,956,552	1,945,333	(187)			100,218	100,218	122,103	XXX	XXX
Bonds - Industrial and Miscellaneous																
02635PJJ3	AMERICAN GENERAL FINANCE	09/16/2002	MATURITY	XXX	250,000	250,000	243,038	250,000	1,012					16,646	XXX	1PE
4599999 Subtotal - Bonds - Industrial and Miscellaneous					250,000	250,000	243,038	250,000	1,012					16,646	XXX	XXX
6099997 Subtotal - Bonds - Part 4					2,295,625	2,250,000	2,199,590	2,195,333	825			100,218	100,218	138,749	XXX	XXX
6099998 Summary Item for Bonds Bought and Sold This Quarter															XXX	XXX
6099999 Subtotal - Bonds					2,295,625	2,250,000	2,199,590	2,195,333	825			100,218	100,218	138,749	XXX	XXX
6599998 Summary Item for Preferred Stock Bought and Sold This Quarter															XXX	XXX
7099998 Summary Item for Common Stock Bought and Sold This Quarter															XXX	XXX
7199999 Subtotal - Preferred and Common Stock															XXX	XXX
7299999 Total - Bonds, Preferred and Common Stock					2,295,625	XXX	2,199,590	2,195,333	825			100,218	100,218	138,749		XXX

E05
(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

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 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	
open depositories									
Control Account	Standard Federal					35,567	117,492	(51,486)	
Certificate of Deposit	Bank One	07/18/2003	3.440			100,000	100,000	100,000	
Administration	Bank One					(19,088)	(17,283)	(16,983)	
Delta Care Claims	Bank One					(79,565)	(20,327)	(78,953)	
Administration	Fifth Third					(392,298)	(314,317)	(216,259)	
Lockbox	Fifth Third					88,287	38,411	32,288	
Deferred Comp	Comerica						1,204	1,204	
General Claims Checking	Fifth Third					(5,654,517)	(6,022,667)	(6,676,606)	
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				(5,921,614)	(6,117,487)	(6,906,794)	
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				(5,921,614)	(6,117,487)	(6,906,794)	
0499999 Cash in Company's Office		X X X	X X X	X X X					
0599999 Total Cash		X X X				(5,921,614)	(6,117,487)	(6,906,794)	

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