

HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2001

OF THE CONDITION AND AFFAIRS OF THE

Community Health Plan of Ohio

NAIC Group Code		NAIC Company Code	95193	Employer's ID Number	31-1187134
	(Current Period)		(Prior Period)		
Organized under the Laws of	Ohio	State of Domicile or Port of Entry	OH		
Country of Domicile	United States				
Licensed as business type:	Life, Accident & Health[] Vision Service Corporation[]	Property/Casualty[] Other[]	Health Service Corporation[] Health Maintenance Organization[X]	Dental Service Corporation[] Is HMO Federally Qualified? Yes[X] No[]	
Date Incorporated or Organized	06/30/1986	Date Commenced Business	11/27/1986		
Statutory Home Office	1915 Tamarack Road	Newark, OH 43055			
	(Street and Number)	(City, or Town, State and Zip Code)			
Main Administrative Office	1915 Tamarack Road				
	(Street and Number)				
	Newark, OH 43055	(740)348-1400 x			
	(City or Town, State and Zip Code)	(Area Code) (Telephone Number)			
Mail Address	1915 Tamarack Road	Newark, OH 43055			
	(Street and Number or P.O. Box)	(City, or Town, State and Zip Code)			
Primary Location of Books and Records	1915 Tamarack Road				
	(Street and Number)				
	Newark, OH 43055	(740)348-1400 x			
	(City, or Town, State and Zip Code)	(Area Code) (Telephone Number)			
Internet Website Address					
Statement Contact	Robert Merrill Fish, Jr.	(740)348-1437 x			
	(Name)	(Area Code)(Telephone Number)(Extension)			
	rfish@chpoh.com	(740)348-1500 x			
	(E-Mail Address)	(Fax Number)			

OFFICERS

President	William J Andrews
Assistant Secretary	Jacquie Clark
Sr. VP of Financial Services	Robert A Montagnese

VICE PRESIDENTS

Melissa Warner

DIRECTORS OR TRUSTEES

State of Ohio
County of Licking 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)	(Signature)	(Signature)
William J. Andrews	Jacquie Clark	Robert A Montagnese
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Sr. Vice President of Financial Services

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

Subscribed and sworn to before me this
day of November, 2001

(Notary Public Signature)

ASSETS

		Current Period			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets
1.	Bonds	354,481		354,481	1,732,879
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$..... encumbrances)			(a).....	
4.2	Properties held for the production of income (less \$..... encumbrances)				
4.3	Properties held for sale (less \$..... encumbrances)				
5.	Cash (\$.....4,553,423) and short-term investments (\$.....)	4,553,423		4,553,423	1,853,033
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)	4,907,904		4,907,904	3,585,912
10.	Accident and health premiums due and unpaid	1,980,631		1,980,631	2,587,166
11.	Health care receivables	3,076,663		3,076,663	2,390,879
12.	Amounts recoverable from reinsurers	332,581		332,581	222,130
13.	Net adjustment in assets and liabilities due to foreign exchange rates				
14.	Investment income due and accrued	5,154		5,154	38,798
15.	Amounts due from parent, subsidiaries and affiliates				2,200,000
16.	Amounts receivable relating to uninsured accident and health plans				
17.	Furniture and equipment				154,147
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				296,818
21.	Other nonadmitted assets				
22.	Aggregate write-ins for other than invested assets				
23.	Total assets (Lines 9 plus 10 through 22)	10,302,933		10,302,933	11,475,850
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				
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) 3,142,658 3,142,658 5,002,887
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 2,867,426 2,867,426 2,854,132
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 322,038 322,038 3,088
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) 1,745,905 1,745,905 1,129,488
18.	Total liabilities (Lines 1 to 17) 8,078,027 8,078,027 8,989,595
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 2,313,855 3,040,158
22.	Surplus notes X X X X X X 53,039 53,039
23.	Aggregate write-ins for other surplus funds X X X X X X (141,988) (606,945)
24.	Unassigned funds (surplus) X X X X X X
25.	Less treasury stock, at cost: X X X X X X
	25.1 shares common (value included in Line 19 \$.....) X X X X X X
	25.2 shares preferred (value included in Line 20 \$.....) X X X X X X
26.	Total capital and surplus (Lines 19 to 25) X X X X X X 2,224,906 2,486,252
27.	Total liabilities, capital and surplus (Lines 18 and 26) X X X X X X 10,302,933 11,475,847
DETAILS OF WRITE-INS					
1701.	Liability to Member Hospitals 677,989 677,989 115,813
1702.	Other Current Liabilities 801,416 801,416 747,175
1703.	Claims Administration Reserve 266,500 266,500 266,500
1798.	Summary of remaining write-ins for Line 17 from overflow page
1799.	TOTALS (Lines 1701 through 1703 plus 1798) (Line 17 above) 1,745,905 1,745,905 1,129,488
2301.	Retained Earnings/Fund Balance X X X X X X (141,988) (606,945)
2302 X X X X X X
2303 X X X X X X
2398.	Summary of remaining write-ins for Line 23 from overflow page X X X X X X
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) X X X X X X (141,988) (606,945)

STATEMENT OF REVENUE AND EXPENSES

		Current Year to Date		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	142,449	322,447
2.	Net premium income	X X X	28,646,036	60,041,653
3.	Change in unearned premium reserves and reserve for rate credits	X X X		
4.	Fee-for-service (net of \$..... medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X		
7.	TOTAL REVENUES (Lines 2 to 6)	X X X	28,646,036	60,041,653
Medical and Hospital:				
8.	Hospital/medical benefits		12,426,922	25,152,500
9.	Other professional services		1,960,535	4,561,177
10.	Outside referrals		6,687,358	14,958,769
11.	Emergency room and out-of-area		2,955,757	2,703,090
12.	Aggregate write-ins for other medical and hospital		2,257,830	5,467,941
13.	Incentive pool and withhold adjustments			
14.	Subtotal (Lines 8 to 13)		26,288,402	52,843,477
LESS:				
15.	Net reinsurance recoveries		615,178	(1,151,107)
16.	Total medical and hospital (Lines 14 minus 15)		25,673,224	53,994,584
17.	Claims adjustment expenses			
18.	General administrative expenses		2,998,669	6,669,477
19.	Increase in reserves for accident and health contracts			
20.	Total underwriting deductions (Lines 16 through 19)		28,671,893	60,664,061
21.	Net underwriting gain or (loss) (Lines 7 minus 20)	X X X	(25,857)	(622,408)
22.	Net investment income earned		98,251	448,609
23.	Net realized capital gains or (losses)			
24.	Net investment gains or (losses) (Lines 22 plus 23)		98,251	448,609
25.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....), (amount charged off \$.....)]			
26.	Aggregate write-ins for other income or expenses			
27.	Net income or (loss) before federal income taxes (Lines 21 plus 24 plus 25 plus 26)		72,394	(173,799)
28.	Federal and foreign income taxes incurred	X X X		
29.	Net income (loss) (Lines 27 minus 28)	X X X	72,394	(173,799)
DETAILS OF WRITE-INS				
0601	X X X		
0602	X X X		
0603	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
1201.	Pharmacy Prescription Benefit		5,065,678	9,665,285
1202.	Medical Indemnity Credit		(2,807,848)	(4,197,344)
1203			
1298.	Summary of remaining write-ins for Line 12 from overflow page			
1299.	TOTALS (Lines 1201 through 1203 plus 1298) (Line 12 above)		2,257,830	5,467,941
2601			
2602			
2603			
2698.	Summary of remaining write-ins for Line 26 from overflow page			
2699.	TOTALS (Lines 2601 through 2603 plus 2698) (Line 26 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Period	Prior Year
CAPITAL & SURPLUS ACCOUNT			
30.	Capital and surplus prior reporting year	2,486,253	3,320,858
GAINS AND LOSSES TO CAPITAL & SURPLUS			
31.	Net income or (loss) from Line 29	72,394	(173,799)
32.	Change in valuation basis of aggregate policy and claim reserves		
33.	Net unrealized capital gains and losses		
34.	Change in net unrealized foreign exchange capital gain or (loss)		
35.	Change in net deferred income tax		
36.	Change in nonadmitted assets	301,647	6,784,936
37.	Change in unauthorized reinsurance		
38.	Change in treasury stock		
39.	Change in surplus notes		(2,648,105)
40.	Cumulative effect of changes in accounting principles		
41.	Capital Changes:		
41.1	Paid in	(726,303)	(4,203,422)
41.2	Transferred from surplus (Stock Dividend)		
41.3	Transferred to surplus		
42.	Surplus adjustments:		
42.1	Paid in		
42.2	Transferred to capital (Stock Dividend)		
42.3	Transferred from capital		
43.	Dividends to stockholders		
44.	Aggregate write-ins for gains or (losses) in surplus	90,915	(594,215)
45.	Net change in capital and surplus (Lines 31 to 44)	(261,347)	(834,605)
46.	Capital and surplus end of reporting period (Line 30 plus 45)	2,224,906	2,486,253
DETAILS OF WRITE-INS			
4401.	Minimum Member Hospital Additional Funds	90,915	(594,215)
4402		
4403		
4498.	Summary of remaining write-ins for Line 44 from overflow page		
4499.	TOTALS (Lines 4401 through 4403 plus 4498) (Line 44 above)	90,915	(594,215)

CASH FLOW

		1	2
		Current	Prior
		Year To Date	Year
Cash from Operations			
1.	Premiums and revenues collected net of reinsurance	(65,956)	(422,488)
2.	Claims and claims adjustment expenses	1,860,229	5,987,106
3.	General administrative expenses paid	(54,243)	(413,204)
4.	Other underwriting income (expenses)	72,394	(173,799)
5.	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(1,799,548)	(6,170,189)
6.	Net investment income		
7.	Other income (expenses)	(2,386,267)	9,408,610
8.	Federal and foreign income taxes (paid) recovered		
9.	Net cash from operations (Lines 5 to 8)	(4,185,815)	3,238,421
Cash from Investments			
10.	Proceeds from investments sold, matured or repaid:		
10.1	Bonds	1,428,396	22,789,428
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	3,062,071	
10.8	TOTAL investment proceeds (Lines 10.1 to 10.7)	4,490,467	22,789,428
11.	Cost of investments acquired (long-term only):		
11.1	Bonds	50,000	16,890,100
11.2	Stocks		
11.3	Mortgage loans		
11.4	Real estate		
11.5	Other invested assets		6,127
11.6	Miscellaneous applications		
11.7	TOTAL investments acquired (Lines 11.1 to 11.6)	50,000	16,896,227
12.	Net cash from investments (Line 10.8 minus Line 11.7)	4,440,467	5,893,201
Cash from Financing and Miscellaneous Sources			
13.	Cash provided:		
13.1	Surplus notes, capital and surplus paid in		116,932
13.2	Net transfers from affiliates	2,200,000	(2,200,000)
13.3	Borrowed funds received		
13.4	Other cash provided	(635,388)	(8,490,709)
13.5	TOTAL (Lines 13.1 to 13.4)	1,564,612	(10,573,777)
14.	Cash applied:		
14.1	Dividends to stockholders paid		
14.2	Net transfers to affiliates	(318,950)	705,529
14.3	Borrowed funds repaid		
14.4	Other applications	(562,176)	1,053,354
14.5	TOTAL (Lines 14.1 to 14.4)	(881,126)	1,758,883
15.	Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	2,445,738	(12,332,660)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS			
16.	Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	2,700,390	(3,201,038)
17.	Cash and short-term investments:		
17.1	Beginning of period	1,853,033	5,054,071
17.2	End of period (Line 16 plus Line 17.1)	4,553,423	1,853,033

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1.	Prior Year	37,586	264	31,986				X X X	5,336		
2.	First Quarter	16,989	103	15,191				X X X	1,695		
3.	Second Quarter	16,819	96	15,051				X X X	1,672		
4.	Third Quarter	13,721	85	12,022				X X X	1,614		
5.	Current Year							X X X			
6.	Current Year Member Months	142,449	847	126,583				X X X	15,019		
Total Member Ambulatory Encounters for Period:											
7.	Physician							X X X			
8.	Non-Physician							X X X			
9.	Total							X X X			
10.	Hospital Patient Days Incurred							X X X			
11.	Number of Inpatient Admissions							X X X			
12.	Premiums Collected	22,357,403	169,558	17,878,576				3,284,469	1,024,800		
13.	Premiums Earned	22,039,691	156,992	17,830,467				3,082,178	970,054		
14.	Amount Paid for Provision of Health Care Services	24,825,755	285,905	15,173,989				2,225,500	7,140,361		
15.	Amount Incurred for Provision of Health Care Services	20,161,069	198,703	13,506,990				2,065,849	4,389,527		

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	1,562,558	1,562,558
0499999 Subtotals	1,562,558	1,562,558
0599999 Unreported claims and other claim reserves					1,580,100
0699999 Total Amounts Withheld
0799999 Total Claims Payable					3,142,658
0899999 Accrued Medical Incentive Pool

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid Quarter 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	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec.31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (Hospital & Medical)	3,650,402	11,809,491	13,452	1,970,498	3,663,854	1,977,969
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan Premiums ..	486,739	1,738,761	(2,208)	335,344	484,531	292,597
6.	Title XVIII - Medicare	3,540,612	3,599,749	6,746	818,826	3,547,358	2,732,321
7.	Title XIX - Medicaid						
8.	Other						
9.	TOTAL	7,677,753	17,148,001	17,990	3,124,668	7,695,743	5,002,887

Notes to Financial Statement

1. Organization and operation
- a. Community Hospitals of Ohio (CHO) was formed in 1994 through contributions from fourteen Ohio hospitals. Effective March 20,1995, CHO acquired the operating license and control of Licking Memorial Hospital Health Plan (LMHHP), a HIC. Effective July 1, 1995 LMHHP was reorganized to recapitalize the business and expand its service area into the counties represented by the Member Hospitals of CHO. At that time LMHHP was renamed Community Health Plan of Ohio (CHPO). Effective September 30, 2000, Licking Memorial Health Systems (LMHS), the original owner of LMHHP, reacquired the operating license and control of CHPO and CHO as wholly owned subsidiaries. The service area was reduced to those associated with Licking Memorial Hospital (LMH) and one former owner hospital, Memorial Hospital in Fremont, Ohio who continued the indemnity agreement but relinquished ownership. All other Member Hospitals succeeded from CHO.

b. CHPO is a HIC organized to provide health care services to enrolled subscribers and their dependents (enrollees) for a prepaid fixed premium. As a HIC, CHPO contracts with various health care providers to provide comprehensive health care services to its enrollees.

c. Effective January 1, 1996, CHO purchased Corporate Health Benefits, Inc. (CHB), a for-profit entity organized to provide management services and third party administration of claims. Effective September 30, 2000, CHB was purchased and became a wholly owned subsidiary of LMHS.
2. Significant accounting policies
- a. The financial statements of CHPO have been prepared in conformity with accounting practices prescribed or permitted by the Ohio Department of Insurance, including the accounting treatment for cash and cash equivalents, premiums receivable, investments, property and equipment, accrued medical claims, and unearned premiums.

b. Premium income is recognized in the period it is earned.

c. Receivables from Member Hospitals - At the inception of CHPO, each of the fourteen member hospitals signed an indemnity agreement whereby they agreed to reimburse CHPO for all medical claims expense in excess of 87.5% of premium income. In addition, per contract with the Member Hospitals, each agreed to reimburse CHPO for all administration expenses in excess of 12.5% of premiums. This agreement remains in effect for the succeeded Member Hospitals as well as for LMH and Memorial Hospital.
3. Related Parties
- a. CHPO contracts with LMH and Memorial Hospitals to provide hospital services to its enrollees.

b. During 2001 CHPO paid a fixed amount per member per month to CHB for management services. The services include providing all employees and support. CHB has a management services agreement with LMHS to provide all employees and payroll processing.

c. Under the terms of a Surplus Contribution Note, CHPO borrowed \$2,400,000 from the Licking Memorial Health Foundation (LMHF). In 1996, 1997 and 1998 CHO paid \$624,588, \$436,498 and \$1,338,914 respectively to fully acquire the surplus Contribution Note from LMHF. In October 2000, the Member Hospitals were returned a portion of their contributed capital and the Surplus Contribution Note in an amount equal to the net liquid assets of CHO and subsidiaries at September 30, 2000.
4. Income Taxes
- CHPO is a not-for-profit corporation organized for the purpose of promoting health and social welfare. It is exempt from federal income taxes under section 501(c)4 of the Internal Revenue Code.
5. Retirement Plans, Deferred Compensation, and Other Post Retirement Benefit Plans
- Not applicable. Management services are sub-contracted through CHB.
6. Dividend Restrictions
- Not applicable
7. Committments and Contingencies
- None
8. Uncollectible Reinsurance
- None.
9. Commutation of Reinsurance
- CHPO remains contingently liable for amounts recoverable from the reinsurance carrier in the event that the carrier does not meet its contractual obligations.
10. Borrowed Money
- None

GENERAL INTERROGATORIES

(The responses to these interrogatories should be based on changes that have occurred since the prior year end.)

- 1.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
- Yes[] No[X]
- 1.2

If yes, provide 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
.....	0

- 2.1

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]
- 2.2

If yes, give full information:
- 3.1

Does the reporting entity have any hedging transactions reported on Schedule DB?
- Yes[] No[X]
- 3.2

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]

		1	2	3	4
		First Quarter Current Year	Second Quarter Current Year	Third Quarter Current Year	Prior Year Ended December 31
1.	Book/adjusted carrying value, beginning of period				
2.	Increase (decrease) by adjustment				
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)				
4.	Cost of additions to and permanent improvements				
5.	Total profit (loss) on sales, Part 3, Column 14	NONE			
6.	Increase (decrease) by foreign exchange adjustment				
7.	Amounts received on sales, Part 3, Column 11				
8.	Book/adjusted carrying value at end of current period				
9.	Total valuation allowance				
10.	Subtotal (Lines 8 plus 9)				
11.	Total nonadmitted amounts				
12.	Statement value, current period (Page 2, real estate lines, current period)				

SCHEDULE B - VERIFICATION

		1	2	3	4
		First Quarter Current Year	Second Quarter Current Year	Third Quarter Current Year	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	NONE			
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

		1	2	3	4
Description		First Quarter Current Year	Second Quarter Current Year	Third Quarter Current Year	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	NONE			
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	354,991			(510)	355,501	354,991	354,481	1,974,779
2. Class 2								
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. TOTAL Bonds	354,991			(510)	355,501	354,991	354,481	1,974,779
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	354,991			(510)	355,501	354,991	354,481	1,974,779

SCHEDULE DA - PART 1

Short - Term Investments Owned End of Current Quarter

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

NONE

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	1	2	3	4
	First Quarter Current Year	Second Quarter Current Year	Third Quarter CurrentYear	Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	241,900			5,586,533
2. Cost of short-term investments acquired				16,885,350
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	241,900			22,229,983
7. Book/adjusted carrying value, current period				241,900
8. Total valuation allowance				
9. Subtotals (Lines 7 plus 8)				241,900
10. Total nonadmitted amounts				
11. Statement value (Line 9 minus 10)				241,900
12. Income collected during period	8,100			169,031
13. Income earned during period	90			177,041

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

16 Schedule DB Part F Section 2..... 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	17,621,467	7,942,391		3,082,178
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	1	17,621,467	7,942,391		3,082,178
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.

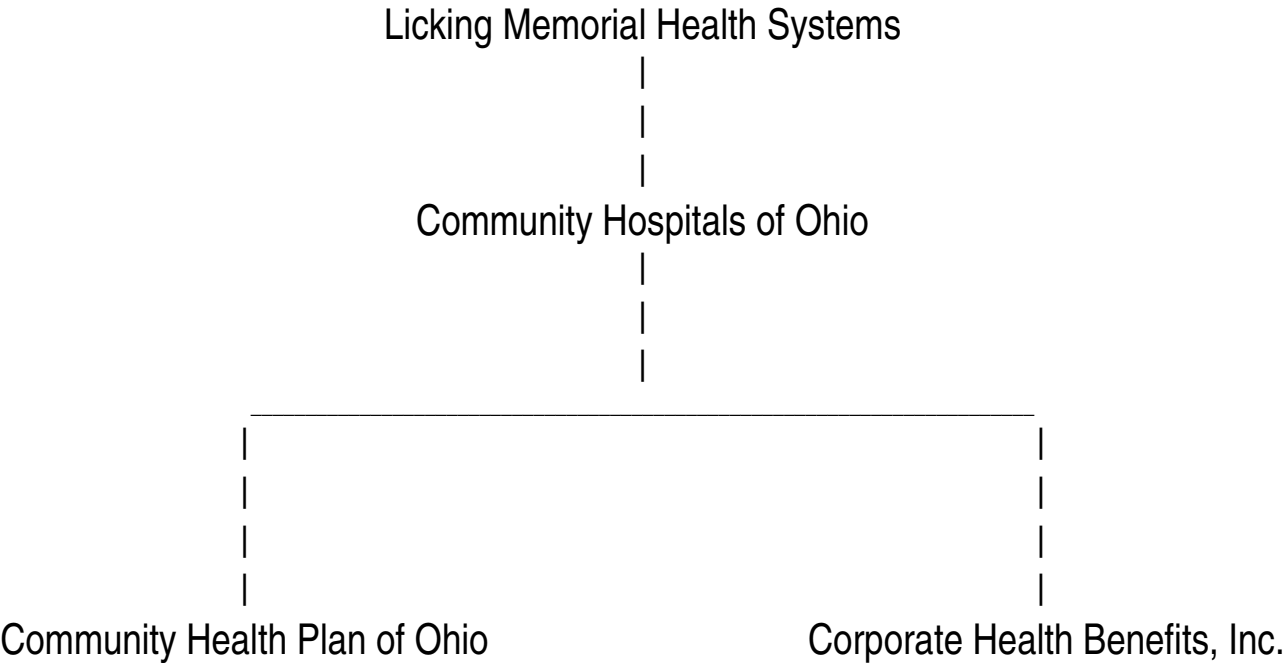
SCHEDULE S - CEDED REINSURANCE
Showing all new reinsurers-Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Location	5 Is Insurer Authorized? (Yes or No)
		<div>NONE</div>		
0 Yes[] No[]

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



**SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES**

- 1.1 The SVO Compliance Certification is a required filing for all companies. Will the SVO Compliance Certification be filed with this Department with this statement?
- 1.2 If no, please explain:
If response is no and the form is "None", affix bar code (Document Identifier 470) here:

Yes[☐] No[X]

OVERFLOW PAGE FOR WRITE-INS

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

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
CUSIP Identifi- cation	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Book/Adjusted Carrying Value at Disposal Date	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) On Disposal	Interest on Bonds Received During Year	Dividends on Stocks Received During Year	NAIC Desig- nation (a)
6099998	Summary Item for Bonds Bought and Sold This Quarter X X X X X X .
6599998	Summary Item for Preferred Stock Bought and Sold This Quarter X X X X X X .
7099998	Summary Item for Common Stock Bought and Sold This Quarter X X X X X X X X X .
7199999	Subtotal - Preferred and Common Stock X X X X X X X X X .
7299999	Total - Bonds, Preferred and Common Stock X X X X X X .

(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			2	3	4	Book Balance at End of Each Month During Current Quarter			8
Depository			Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	5	6	7	
						First Month	Second Month	Third Month	*
open depositories									
Certificate of Deposit	Fifth Third Bank-Pledged to State of Ohio	11/15/2001	5.310	1,348	438	50,000	50,000	50,000	
National City Bank	Columbus, OH		4.550	24,110		2,695,291	3,176,728	4,503,423	
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	25,458	438	2,745,291	3,226,728	4,553,423	
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	25,458	438	2,745,291	3,226,728	4,553,423	
0499999 Cash in Company's Office			X X X	X X X	X X X				
0599999 Total Cash			X X X	25,458	438	2,745,291	3,226,728	4,553,423	

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