



# HEALTH QUARTERLY STATEMENT

**AS OF SEPTEMBER 30, 2002**  
OF THE CONDITION AND AFFAIRS OF THE

## **Nationwide Health Plans, Inc.**

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	95194	Employer's ID Number	31-1125592
Organized under the Laws of		Ohio		State of Domicile or Port of Entry		Ohio
Country of Domicile			United States of America			
Licensed as business type:	Life, Accident & Health [ ]	Property/Casualty [ ]	Dental Service Corporation [ ]			
	Vision Service Corporation [ ]	Other [ ]	Health Maintenance Organization [ X ]			
	Hospital, Medical & Dental Service or Indemnity [ ]		Is HMO, Federally Qualified? Yes [ ] No [ X ]			
Incorporated	01/11/1985		Commenced Business	01/11/1985		
Statutory Home Office	5525 Parkcenter Circle (Street and Number)			Dublin, OH 43017-3584 (City or Town, State and Zip Code)		
Main Administrative Office	5525 Parkcenter Circle (Street and Number)			5525 Parkcenter Circle (Street and Number)		
	Dublin, OH 43017-3584 (City or Town, State and Zip Code)		614-854-3001 (Area Code) (Telephone Number)			
Mail Address	5525 Parkcenter Circle (Street and Number or P.O. Box)			Dublin, OH 43017-3584 (City or Town, State and Zip Code)		
Primary Location of Books and Records	5525 Parkcenter Circle (Street and Number)			5525 Parkcenter Circle (Street and Number)		
	Dublin, OH 43017-3584 (City or Town, State and Zip Code)		614-854-3124 (Area Code) (Telephone Number)			
Internet Website Address	nationwidehealthplans.com					
Statement Contact	Mark Cunningham (Name)			614-854-3124 (Area Code) (Telephone Number) (Extension)		
	cunninm3@nationwide.com (E-mail Address)		614-854-3218 (FAX Number)			
Policyowner Relations Contact						

## OFFICERS

President Joseph San Filippo Secretary Glenn Soden  
Chief Actuarial Officer Jeffrey McDaniel

## VICE PRESIDENTS

## **DIRECTORS OR TRUSTEES**

State of ....., Ohio..... }  
County of ....., Franklin..... } ss

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

Joseph San Filippo  
President

Glenn Soden  
Secretary

Jeffrey McDaniel  
Chief Actuarial Officer

Subscribed and sworn to before me this  
\_\_\_\_ day of November, 2002

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.**

**ASSETS**

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds .....				
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			(a) .....	
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ ..... 2,031,830 ) and short-term investments	2,031,830		2,031,830	4,888,555
(\$ ..... ) .....				
6. Other long-term invested assets .....				
7. Receivable for securities .....				
8. Aggregate write-ins for invested assets .....				
9. Subtotals, cash and invested assets (Lines 1 to 8) .....	2,031,830		2,031,830	4,888,555
10. Accident and health premiums due and unpaid .....	.5,665		.5,665	310,386
11. Health care receivables .....				
12. Amounts recoverable from reinsurers .....	0			1,066,965
13. Net adjustment in assets and liabilities due to foreign exchange rates .....				
14. Investment income due and accrued .....	1,532		1,532	1,583
15. Amounts due from parent, subsidiaries and affiliates .....	0			447,766
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 .....	397,809	130,242	267,567	523,733
21. Other nonadmitted assets .....				
22. Aggregate write-ins for other than invested assets .....				756,234
23. Total assets (Lines 9 plus 10 through 22) .....	2,436,836	130,242	2,306,594	7,995,222
<b>DETAILS OF WRITE-INS</b>				
0801. .....				
0802. .....				
0803. .....				
0898. Summary of remaining write-ins for Line 8 from overflow page .....				
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above) .....				
2201. Accounts Receivable-Other .....			0	756,234
2202. .....				
2203. .....				
2298. Summary of remaining write-ins for Line 22 from overflow page .....				
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above) .....				756,234

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

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.**

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	(58,536)		(58,536)	70,654
2. Accrued medical incentive pool and bonus payments				
3. Unpaid claims adjustment expenses				
4. Aggregate policy reserves				
5. Aggregate claim reserves	175,002		175,002	4,925,002
6. Premiums received in advance	0			7,971
7. General expenses due or accrued	.9,090		.9,090	673,646
8. Federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses) (including \$ net deferred tax liability)	245,769		245,769	
9. Amounts withheld or retained for the account of others				
10. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
11. Amounts due to parent, subsidiaries and affiliates				
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)	.55,616		.55,616	483,591
18. Total liabilities (Lines 1 to 17)	426,941		426,941	6,160,864
19. Common capital stock	XXX	XXX	2,352,542	2,352,542
20. Preferred capital stock	XXX	XXX		
21. Gross paid in and contributed surplus	XXX	XXX	.17,936,774	17,936,774
22. Surplus notes	XXX	XXX		
23. Aggregate write-ins for other than special surplus funds	XXX	XXX		
24. Unassigned funds (surplus)	XXX	XXX	(18,409,663)	(18,454,955)
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 25)	XXX	XXX	1,879,653	1,834,361
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	2,306,594	7,995,225
<b>DETAILS OF WRITE-INS</b>				
1701. Claims Administration Reserves	15,000		15,000	200,000
1702. Accrued Expenses	.33,046		.33,046	276,020
1703. Pfizer Grant	.7,570		.7,570	.7,571
1798. Summary of remaining write-ins for Line 17 from overflow page	0		0	0
1799. Totals (Lines 1701 thru 1703 plus 1798) (Line 17 above)	55,616		55,616	483,591
2301.	XXX	XXX		0
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX		

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.**

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year to Date		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	0	193,585
2. Net premium income .....	XXX	(87,207)	32,923,808
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	3,080	17,018,095
7. Total revenues (Lines 2 to 6) .....	XXX	(84,127)	49,941,903
<b>Medical and Hospital:</b>			
8. Hospital/medical benefits .....		(855,665)	24,290,313
9. Other professional services .....		1,612,859	10,415,011
10. Outside referrals .....			
11. Emergency room and out-of-area .....		(1,042,329)	2,305,009
12. Prescription drugs .....			
13. Aggregate write-ins for other medical and hospital .....	0	(492,543)	(1,616,510)
14. Incentive pool and withhold adjustments .....			
15. Subtotal (Lines 8 to 14) .....	0	(777,678)	35,393,823
<b>Less:</b>			
16. Net reinsurance recoveries .....		(370,557)	1,451,081
17. Total medical and hospital (Lines 15 minus 16) .....	0	(407,121)	33,942,742
18. Claims adjustment expenses .....			5,313,992
19. General administrative expenses.....		442,986	15,769,864
20. Increase in reserves for accident and health contracts .....			
21. Total underwriting deductions (Lines 17 through 20) .....	0	35,865	55,026,598
22. Net underwriting gain or (loss) (Lines 7 minus 21) .....	XXX	(119,992)	(5,084,695)
23. Net investment income earned .....		30,839	224,921
24. Net realized capital gains or (losses) .....			
25. Net investment gains or (losses) (Lines 23 plus 24) .....		30,839	224,921
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) .....		(89,153)	(4,859,774)
29. Federal and foreign income taxes incurred .....	XXX	(46,825)	(1,354,283)
30. Net income (loss) (Lines 28 minus 29) .....	XXX	(42,328)	(3,505,491)
<b>DETAILS OF WRITE-INS</b>			
0601. Utilization Review and Case Mgt Fees.....	XXX	3,080	695,488
0602. Administrative Services Only Revenue.....	XXX		336,951
0603. Service Administrative Fees.....	XXX		15,985,656
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX		
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	3,080	17,018,095
1301. CoPayments.....	0	(81,110)	(1,256,420)
1302. COB & Subrogation.....	0	(411,433)	(360,090)
1303. .....			
1398. Summary of remaining write-ins for Line 13 from overflow page .....			
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	(492,543)	(1,616,510)
2701. .....			
2702. .....			
2703. .....			
2798. Summary of remaining write-ins for Line 27 from overflow page .....			
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)			

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.**

**CAPITAL AND SURPLUS ACCOUNT**

	1 Current Year to Date	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT:</b>		
31. Capital and surplus prior reporting period .....	1,834,359	4,392,651
<b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS:</b>		
32. Net income or (loss) from Line 30 .....	(42,328)	(3,505,491)
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 .....	87,620	947,199
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 .....		
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 & surplus (Lines 32 to 45) .....	45,292	(2,558,292)
47. Capital and surplus end of reporting period (Line 31 plus 46) .....	1,879,651	1,834,359
<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 thru 4503 plus 4598) (Line 45 above) .....		

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.**

**CASH FLOW**

	1 Current Year to Date	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums and revenues collected net of reinsurance .....	209,543	33,162,823
2. Claims and claims adjustment expenses .....	3,358,276	35,127,473
3. General administrative expenses paid .....	743,934	19,519,354
4. Other underwriting income (expenses) .....		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) .....	(3,892,667)	(21,484,004)
6. Net investment income .....	30,890	224,921
7. Other income (expenses) .....	3,080	17,018,095
8. Federal and foreign income taxes (paid) recovered .....	1,001,973	1,673,954
9. Net cash from operations (Lines 5 to 8) .....	(2,856,724)	(2,567,034)
<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 .....		
13.2 Net transfers from affiliates .....	0	0
13.3 Borrowed funds received .....	0	0
13.4 Other cash provided .....	0	0
13.5 Total (Lines 13.1 to 13.4) .....	0	0
14. Cash applied:		
14.1 Dividends to stockholders paid .....		
14.2 Net transfers to affiliates .....		
14.3 Borrowed funds repaid .....		
14.4 Other applications .....	0	0
14.5 Total (Lines 14.1 to 14.4) .....	0	0
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5) .....	0	0
<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) .....	(2,856,724)	(2,567,034)
17. Cash and short-term investments:		
17.1 Beginning of period .....	4,888,557	7,455,591
17.2 End of period (Line 16 plus Line 17.1) .....	2,031,833	4,888,557

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.**

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.**

## **CLAIMS PAYABLE (Reported and Unreported)**

## Aging Analysis of Unpaid Claim

## STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 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) .....			119,370	(45,765)	119,370	3,234,273
2. Medicare Supplement .....						
3. Dental Only .....						
4. Vision Only .....						
5. Federal Employees Health Benefits Plan Premiums .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....						1,761,383
8. Other .....			54,547	(11,688)	54,547	
9. Subtotal .....			173,917	(57,453)	173,917	4,995,656
10. Medical incentive pools, accruals and disbursements .....						
11. Totals			173,917	(57,453)	173,917	4,995,656

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.

## **NOTES TO FINANCIAL STATEMENTS**

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.****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 [ ]

1.2 If yes, explain:

.....

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ ]

2.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]

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 [ ]

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

4. Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ ]

If yes, attach an organizational chart.

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

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

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

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

If yes, attach an explanation.

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

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 [ ]

8.2 If yes, give full information:

.....

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.**

**GENERAL INTERROGATORIES**

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

**INVESTMENT**

9.1 Has there been any change in the reporting entity's own preferred or common stock? ..... Yes [ ] No [ ]

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 [ ]

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 [ ]

13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds .....	\$ .....	\$ .....
13.22 Preferred Stock .....	\$ .....	\$ .....
13.23 Common Stock .....	\$ .....	\$ .....
13.24 Short-term Investments .....	\$ .....	\$ .....
13.25 Mortgages, Loans or Real Estate .....	\$ .....	\$ .....
13.26 All Other .....	\$ .....	\$ .....
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26) .....	\$ .....	\$ .....
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above .....	\$ .....	\$ .....
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above .....	\$ .....	\$ .....

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ ]

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

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 [ ]

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

1 Name of Custodian(s)	2 Custodian Address

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

15.3 Have there been any changes, including name changes in the custodian(s) identified in 15.1 during the current year? ..... Yes [ ] No [ ]

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)				

## 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

	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				

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.

**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
<b>BONDS</b>								
1. Class 1 .....								
2. Class 2 .....								
3. Class 3 .....								
4. Class 4 .....								
5. Class 5 .....								
6. Class 6 .....								
7. Total Bonds .....								
<b>PREFERRED STOCK</b>								
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 and Preferred Stock .....								

**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
80999999 Totals		XXX			

**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 .....					
2. Cost of short-term investments acquired .....					
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 .....					
7. Book/adjusted carrying value, current period .....					
8. Total valuation allowance .....					
9. Subtotal (Lines 7 plus 8) .....					
10. Total nonadmitted amounts .....					
11. Statement value (Lines 9 minus 10) .....					
12. Income collected during period .....					
13. Income earned during period					

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.

**SCHEDULE DB - PART F- SECTION 1**

Summary of Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	Derivative Instruments Open		Cash Instrument(s) Held		10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description
					6 Description	7 Fair Value	8 CUSIP	9 Description			
9999999 Totals					XXX		XXX	XXX			XXX

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.

**SCHEDULE DB - PART F - SECTION 2**

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-to-Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory .....										
2. Add: Opened or Acquired Transactions .....										
3. Add: Increases in Replicated Asset Statement Value .....	XXX									
4. Less: Closed or Disposed of Transactions .....										
5. Less: Positions Disposed of for Failing Effectiveness Criteria .....										
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value .....	XXX									
7. Ending Inventory .....										

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.**

## **SCHEDULE SCHEDULED REINSURANCE**

### Showing all new reinsurers - Current Year to Date

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

States, 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 Benefit Program Premium
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	258		
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				
57. Aggregate Other Alien	OT	XXX	XXX			
58. Total (Direct Business)		XXX	(a) 1	258		
<b>DETAILS OF WRITE-INS</b>						
5701.						
5702.						
5703.						
5798.	Summary of remaining write-ins for Line 57 from overflow page					
5799.	Totals (Lines 5701 thru 5703 plus 5798)(Line 57 above)					

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

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

<u>Company</u>	<u>NAIC Number</u>	<u>State of Domicile</u>	<u>F.E.I.D. #</u>
Allied Property and Casualty Insurance Company	42579	IA	42-1201931
AMCO Insurance Company	19100	IA	42-6054959
CalFarm Insurance Company	18961	CA	68-0066866
Colonial County Mutual Insurance Company	29262	TX	74-1061659
Depositors Insurance Company	42587	IA	42-1207150
Farmland Mutual Insurance Company	13838	IA	42-0618271
National Casualty Company	11991	WI	38-0865250
Nationwide Affinity Insurance Company of America	26093	KS	48-0470690
Nationwide Agribusiness Insurance Company	28223	IA	42-1015537
Nationwide Assurance Company	10723	WI	95-0639970
20 Nationwide General Insurance Company	23760	OH	31-4425763
Nationwide Health Plans Inc	95194	OH	31-1125592
Nationwide Indemnity Company	10070	OH	31-1399201
Nationwide Insurance Company of America	25453	WI	95-2130882
Nationwide Insurance Company of Florida	10948	OH	31-1613686
Nationwide Life and Annuity Insurance Company	92657	OH	31-1000740
Nationwide Life Insurance Company	66869	OH	31-4156830
Nationwide Lloyds	42110	TX	75-1780981
Nationwide Mutual Fire Insurance Company	23779	OH	31-4177110
Nationwide Mutual Insurance Company	23787	OH	31-4177100
Nationwide Property & Casualty Insurance Company	37877	OH	31-0970750
Scottsdale Indemnity Company	15580	OH	31-1117969
Scottsdale Insurance Company	41297	OH	31-1024978
Scottsdale Surplus Lines Insurance Company	10672	AZ	86-0835870
Western Heritage Insurance Company	37150	AZ	86-0561941

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory question.

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RESPONSE

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

.....No.....

**Explanation:**

**Bar Code:**

SVO Compliance Certification (Document Identifier 470) here:



**OVERFLOW PAGE FOR WRITE-INS**

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STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.

**SCHEDULE A - PART 2**

Showing all Real Estate ACQUIRED During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Expended for Additions and Permanent Improvements
	2 City	3 State						
9999999 - Totals								

**SCHEDULE A - PART 3**

Showing all Real Estate SOLD during the Current Quarter, including Payments during the Final Year on Sales under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Increase (Decrease) by Adjustment	8 Increase (Decrease) by Foreign Exchange Adjustment	9 Expended for Additions, Permanent Improvements and Changes in Encumbrances	10 Book/Adjusted Carrying Value Less Encumbrances	11 Amounts Received	12 Foreign Exchange Profit (Loss) on Sale	13 Realized Profit (Loss) on Sale	14 Total Profit (Loss) on Sale	15 Gross Income Earned Less Interest Incurred on Encumbrances	16 Taxes, Repairs and Expenses Incurred
	2 City	3 State													
9999999 Totals															

E01

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.

**SCHEDULE B - PART 1**

Showing all Mortgage Loans ACQUIRED during the Current Quarter

1 Loan Number	Location		4 Loan Type	5 Date Acquired	6 Rate of Interest	7 Book Value/Recorded Investment Excluding Accrued Interest	8 Increase (Decrease) by Adjustment	9 Increase (Decrease) by Foreign Exchange Adjustment	10 Value of Land and Buildings	11 Date of Last Appraisal or Valuation
	2 City	3 State								
9999999 Totals										XXX

**SCHEDULE B - PART 2**

Showing all Mortgage Loans SOLD, transferred or paid in full during the Current Quarter

1 Loan Number	Location		4 Loan Type	5 Date Acquired	6 Book Value/Recorded Investment Excluding Accrued Interest Prior Year	7 Increase (Decrease) by Adjustment	8 Increase (Decrease) by Foreign Exchange Adjustment	9 Book Value/Recorded Investment Excluding Accrued Interest at Disposition	10 Consideration Received	11 Foreign Exchange Profit (Loss) on Sale	12 Realized Profit (Loss) on Sale	13 Total Profit (Loss) on Sale
	2 City	3 State										
9999999 Totals												

E02

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.

## **SCHEDULE BA - PART 1**

**Showing Other Long-Term Invested Assets ACQUIRED during the Current Quarter**

## SCHEDULE BA - PART 2

**Showing Other Long-Term Invested Assets SOLD, transferred or paid in full during the Current Quarter**

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.

## SCHEDULE D - PART 3

**Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter**

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

E04

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1 CUSIP Identifi- cation	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Book/Adjusted Carrying Value at Disposal 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 Desig- nation (a)	
609999 - Total - Bonds																XXX	XXX
659999 - Total - Preferred Stocks						XXX										XXX	XXX
709999 - Total - Common Stocks						XXX										XXX	XXX
719999 - Total - Preferred and Common Stocks						XXX										XXX	XXX
7299999 Totals																	

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

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.**

**SCHEDULE DB - PART A - SECTION 1**

Showing all Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Acquisition	6 Exchange or Counterparty	7 Cost/Option Premium	8 Book Value	*	9 Statement Value	10 Fair Value	11 Year to Date Increase/ (Decrease) by Adjustment	12 Used to Adjust Basis of Hedged Item	13 Other Investment/ Miscellaneous Income	14
2599999 - Subtotal - Hedging Transactions									XXX					
2799999 - Subtotal - Other Derivative Transactions									XXX					
9999999 - Totals									XXX					

**SCHEDULE DB - PART B - SECTION 1**

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index	5 Date of Issuance/ Purchase	6 Exchange or Counterparty	7 Consideration Received	8 Book Value	*	9 Statement Value	10 Fair Value	11 Year to Date Increase/ (Decrease) by Adjustment	12 Used to Adjust Basis	13 Other Investment/ Miscellaneous Income	14
2599999 - Subtotal - Hedging Transactions									XXX					
2699999 - Subtotal - Income Generation Transactions									XXX					
2799999 - Subtotal - Other Derivative Transactions									XXX					
9999999 - Totals									XXX					

**STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.**

**SCHEDULE DB - PART C - SECTION 1**

Showing all Collar, Swap and Forwards Open at Current Statement Date

1 Description	2 Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price, Rate or Index Rec (Pay)	5 Date of Opening Position or Agreement	6 Exchange or Counterparty	7 Cost or (Consideration Received)	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis of Hedged Item	14 Other Investment/ Miscellaneous Income	15 Potential Exposure
2599999 - Subtotal - Hedging Transactions								XXX						
2799999 - Subtotal - Other Derivative Transactions								XXX						
9999999 - Totals								XXX						

**SCHEDULE DB - PART D - SECTION 1**

Showing all Futures Contracts and Insurance Futures Contracts Open at Current Statement Date

1 Description	2 Number of Contracts	3 Maturity Date	4 Original Value	5 Current Value	6 Variation Margin	7 Date of Opening Position	8 Exchange or Counterparty	9 Cash Deposit	Variation Margin Information			13 Potential Exposure
									10 Recognized	11 Used to Adjust Basis of Hedged Item	12 Deferred	
2599999 - Subtotal - Hedging Transactions						XXX		XXX				
2799999 - Subtotal - Other Derivative Transactions						XXX		XXX				
9999999 - Totals						XXX		XXX				

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE Nationwide Health Plans, Inc.

## **SCHEDULE E - PART 1 - CASH**