



HEALTH QUARTERLY STATEMENT

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

Nationwide Health Plans, Inc.

| | | | | | | |
|---------------------------------------|--|----------------|--------------------|--|----------------------|------------|
| NAIC Group Code | 0000 | 0000 | NAIC Company Code | 95194 | Employer's ID Number | 31-1125592 |
| | (Current Period) | (Prior Period) | | | | |
| 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 | | | Dublin, OH 43017-3584 | | |
| | (Street and Number) | | | (City or Town, State and Zip Code) | | |
| Main Administrative Office | 5525 Parkcenter Circle | | | | | |
| | (Street and Number) | | | | | |
| | Dublin, OH 43017-3584 | | | 614-854-3001 | | |
| | (City or Town, State and Zip Code) | | | (Area Code) (Telephone Number) | | |
| Mail Address | 5525 Parkcenter Circle | | | Dublin, OH 43017-3584 | | |
| | (Street and Number or P.O. Box) | | | (City or Town, State and Zip Code) | | |
| Primary Location of Books and Records | 5525 Parkcenter Circle | | | | | |
| | (Street and Number) | | | | | |
| | Dublin, OH 43017-3584 | | | 614-854-3124 | | |
| | (City or Town, State and Zip Code) | | | (Area Code) (Telephone Number) | | |
| Internet Website Address | nationwidehealthplans.com | | | | | |
| Statement Contact | Mark Cunningham | | | 614-854-3124 | | |
| | (Name) | | | (Area Code) (Telephone Number) (Extension) | | |
| | cunninm3@nationwide.com | | | 614-854-3218 | | |
| | (E-mail Address) | | | (FAX Number) | | |
| Policyowner Relations Contact | | | | | | |
| | (Street and Number) | | | | | |
| | | | | | | |
| | (City or Town, State and Zip Code) | | | (Area Code) (Telephone Number) (Extension) | | |

OFFICERS

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

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

State ofOhio..... } ss
County ofFranklin..... }

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 | Glenn Soden | Jeffrey McDaniel |
| President | Secretary | Chief Actuarial Officer |

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

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 |
| DETAILS OF WRITE-INS | | | | |
| 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

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: | | | | |
| 25.1shares common (value included in Line 19) \$) | XXX | XXX | | |
| 25.2shares 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 |
| DETAILS OF WRITE-INS | | | | |
| 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 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 |
| Medical and Hospital: | | | |
| 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 |
| Less: | | | |
| 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) |
| DETAILS OF WRITE-INS | | | |
| 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) | | | |

CAPITAL AND SURPLUS ACCOUNT

| | 1 Current Year to Date | 2 Prior Year |
|--|---------------------------|-----------------|
| CAPITAL AND SURPLUS ACCOUNT: | | |
| 31. Capital and surplus prior reporting period | 1,834,359 | 4,392,651 |
| GAINS AND LOSSES TO CAPITAL & SURPLUS: | | |
| 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 |
| DETAILS OF WRITE-INS | | |
| 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) | | |

CASH FLOW

| | 1 Current Year to Date | 2 Prior Year |
|--|------------------------------|-----------------|
| Cash from Operations | | |
| 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) |
| Cash from Investments | | |
| 10. Proceeds from investments sold, matured or repaid: | | |
| 10.1 Bonds | | |
| 10.2 Stocks | | |
| 10.3 Mortgage loans | | |
| 10.4 Real estate | | |
| 10.5 Other invested assets | | |
| 10.6 Net gains or (losses) on cash and short-term investments | | |
| 10.7 Miscellaneous proceeds | | |
| 10.8 Total investment proceeds (Lines 10.1 to 10.7) | | |
| 11. Cost of investments acquired (long-term only): | | |
| 11.1 Bonds | | |
| 11.2 Stocks | | |
| 11.3 Mortgage loans | | |
| 11.4 Real estate | | |
| 11.5 Other invested assets | | |
| 11.6 Miscellaneous applications | | |
| 11.7 Total investments acquired (Lines 11.1 to 11.6) | | |
| 12. Net Cash from investments (Line 10.8 minus Line 11.7) | | |
| Cash from Financing and Miscellaneous Sources | | |
| 13. Cash provided: | | |
| 13.1 Surplus notes, capital and surplus paid in | | |
| 13.2 Net transfers from affiliates | 0 | |
| 13.3 Borrowed funds received | | |
| 13.4 Other cash provided | 0 | |
| 13.5 Total (Lines 13.1 to 13.4) | 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 | |
| 14.5 Total (Lines 14.1 to 14.4) | 0 | |
| 15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5) | 0 | |
| RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS | | |
| 16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15) | (2,856,724) | (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

| | 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 | 15,589 | 24 | 15,565 | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| 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 | | | | | | | | | | |
| 13. Premiums Earned | | | | | | | | | | |
| 14. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 15. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

CLAIMS PAYABLE (Reported and Unreported)

[illegible]

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) | | | 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 |

NOTES TO FINANCIAL STATEMENTS

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:

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 committment 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 | | | | |

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 | | | | | | | | |
| 2. Class 2 | | | | | | | | |
| 3. Class 3 | | | | | | | | |
| 4. Class 4 | | | | | | | | |
| 5. Class 5 | | | | | | | | |
| 6. Class 6 | | | | | | | | |
| 7. Total Bonds | | | | | | | | |
| 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 and Preferred Stock | | | | | | | | |

SCHEDULE DA - PART 1

| Short-Term Investments Owned End of Current Quarter | | | | | |
|---|---------------------------------|-----------|-------------|---|---------------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Amount of Interest Received Current Quarter | Paid for Accrued Interest |
| 8099999 Totals | | XXX | | | |

SCHEDULE DA - PART 2- Verification

| Short-Term Investments Owned | | | | |
|---|-------------------------------|--------------------------------|-------------------------------|---------------------------------|
| | 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. 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

[illegible]

SCHEDULE DB - PART F - SECTION 2

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

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

| | | 1 | 2 | Direct Business Only Year-to-Date | | | |
|---|----|------------------------------|-------------------------------------|-----------------------------------|----------------------|--------------------|--|
| | | | | 3 | 4 | 5 | 6 |
| States, Etc. | | Guaranty Fund (Yes or No) | Is Insurer Licensed? (Yes or No) | Premiums | Medicare Title XVIII | Medicaid Title XIX | 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 | | | |
| DETAILS OF WRITE-INS | | | | | | | |
| 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 |
| 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.

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

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

[illegible]

SCHEDULE A - PART 3

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

[illegible]

EO2

SCHEDULE B - PART 2

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

[illegible]

FeO₃

FeO₃

FeO₃

FeO₃

FeO₃

FeO₃

FeO₃

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

[illegible]

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

E04

E05

E05

E05

E05

E05

E06

[illegible][illegible]

E07

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

[illegible]

