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## HEALTH QUARTERLY STATEMENT

AS OF September 30th, 2002

## OF THE CONDITION AND AFFAIRS OF THE

# KAISER FOUNDATION HEALTH PLAN OF OHIO

NAIC Group Code	(Current Period)	(Prior Period)	NAIC Company Code	95204	Employer's ID Number	34-0922268
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		Ohio	
Country of Domicile		U.S.A.				
Licensed as business type:	Life, Accident & Health <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Date Incorporated or Organized	03/29/1962		Date Commenced Business	10/27/1976		
Statutory Home Office	1001 Lakeside Ave. Suite 1200				Cleveland, OH 44114	
	(Street and Number)				(City, or Town, State and Zip Code)	
Main Administrative Office	Ordway Building One Kaiser Plaza					
	(Street and Number)					
	Oakland, CA 94612				(510)271-5910 x	
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)	
Mail Address	1001 Lakeside Ave. Suite 1200				Cleveland, OH 44114	
	(Street and Number or P.O. Box)				(City, or Town, State and Zip Code)	
Primary Location of Books and Records	1001 Lakeside Ave. Suite 1200					
	(Street and Number)					
	Cleveland, OH 44114				(216)621-5600 x	
	(City, or Town, State and Zip Code)				(Area Code) (Telephone Number)	
Internet Website Address	KP.org					
Statutory Statement Contact	Clifford M. Hirsch				(216)227-4908 x	
	(Name)				(Area Code)(Telephone Number)(Extension)	
	Cliff.Hirsch@kp.org				(216)227-4919-	
	(E-Mail Address)				(Fax Number)	
Policyowner Relations Contact	Customer Relations Department, 1001 Lakeside Ave.					
	(Street and Number)					
	Cleveland, OH 44114				(216)621-7100-	
	(City, or Town, State and Zip Code)				(Area Code) (Telephone Number)(Extension)	

## OFFICERS

President Patricia Kennedy-Scott #  
Secretary Kirk E. Miller  
Treasurer Thomas R. Meier

## VICE PRESIDENTS

Patricia D. Kennedy-Scott #  
Steven R. Zatkin  
Kirk E. Miller  
Arthur Southam MD

Deborah Stokes  
Thomas R. Meier  
Robert E. Briggs

## **DIRECTORS OR TRUSTEES**

David M. Lawrence MD  
Henry M. Kaiser  
Mary E. Reres EdD  
Dorothy H. Mann PhD, MPH  
Daniel B. Gorrie

David R. Andrews  
Barbara D. Blum  
Thomas W. Chapman  
Robert L. Ridgley

State of California  
County of Alameda 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) 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.

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(Signature)  
Patricia D. Kennedy-Scott  
(Printed Name)

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(Signature)  
Kirk E. Miller  
(Printed Name)

---

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(Signature)  
Thomas R. Meier  
(Printed Name)

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Subscribed and sworn to before me this

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

Yes[X] No[ ]

(Notary Public Signature)

**DIRECTORS OR TRUSTEES (continued)**

Dean O. Morton  
George C. Halvorson #

Barry L. Williams

STATEMENT AS OF **September 30th, 2002** OF THE **KAISER FOUNDATION HEALTH PLAN OF OHIO**  
**ASSETS**

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds .....	406,010		406,010	400,876
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) .....	55,155,483	89,141	(a) 55,066,342	53,741,479
4.2 Properties held for the production of income (less \$..... encumbrances) .....				
4.3 Properties held for sale (less \$..... encumbrances) .....				
5. Cash (\$..... 131,117,009) and short-term investments (\$..... 83,962) .....	131,200,971		131,200,971	109,645,189
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) .....	186,762,464	89,141	186,673,323	163,787,544
10. Accident and health premiums due and unpaid .....	4,661,638		4,661,638	9,070,982
11. Health care receivables .....	821,145		821,145	758,283
12. Amounts recoverable from reinsurers .....				
13. Net adjustment in assets and liabilities due to foreign exchange rates .....				
14. Investment income due and accrued .....	5,339		5,339	76,264
15. Amounts due from parent, subsidiaries and affiliates .....	29,843,836		29,843,836	29,306,650
16. Amounts receivable relating to uninsured accident and health plans .....				1,457,678
17. Furniture and equipment .....	9,063,631	1,182,039	7,881,592	9,572,082
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 .....	471,862	381,339	90,523	17,575
21. Other nonadmitted assets .....				
22. Aggregate write-ins for other than invested assets .....	4,806,333	3,803,119	1,003,214	594,273
23. Total assets (Lines 9 plus 10 through 22) .....	236,436,248	5,455,638	230,980,610	214,641,331

**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. Other Inv (na), Prepaid Assets (na), Misc Receivables (na) .....	1,211,295	1,211,295		
2202. Prepaid Retirement .....	2,518,170	2,518,170		
2203. Deposits .....	2,610		2,610	2,610
2298. Summary of remaining write-ins for Line 22 from overflow page .....	1,074,258	73,654	1,000,604	591,663
2299. TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above) .....	4,806,333	3,803,119	1,003,214	594,273

(a) \$.....47,317,416 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) .....	44,806,795	.....	44,806,795	42,021,956
2. Accrued medical incentive pool and bonus payments .....	.....	.....	.....	.....
3. Unpaid claims adjustment expenses .....	500,000	.....	500,000	500,000
4. Aggregate policy reserves .....	.....	.....	.....	.....
5. Aggregate claim reserves .....	.....	.....	.....	.....
6. Premiums received in advance .....	20,560,628	.....	20,560,628	19,840,697
7. General expenses due or accrued .....	2,608,257	.....	2,608,257	779,837
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 .....	7,660,878	.....	7,660,878	9,863,976
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 \$....26,739,625 current) .....	96,085,560	.....	96,085,560	87,550,606
18. Total liabilities (Lines 1 to 17) .....	172,222,118	.....	172,222,118	160,557,072
19. Common capital stock .....	XXX	XXX	XXX	.....
20. Preferred capital stock .....	XXX	XXX	XXX	.....
21. Gross paid in and contributed surplus .....	XXX	XXX	XXX	3,264
22. Surplus notes .....	XXX	XXX	XXX	.....
23. Aggregate write-ins for other surplus funds .....	XXX	XXX	XXX	.....
24. Unassigned funds (surplus) .....	XXX	XXX	XXX	58,755,228
25. Less treasury stock, at cost:	XXX	XXX	XXX	.....
25.1 ..... shares common (value included in Line 19 \$.....) .....	XXX	XXX	XXX	.....
25.2 ..... shares preferred (value included in Line 20 \$.....) .....	XXX	XXX	XXX	.....
26. Total capital and surplus (Lines 19 to 24, Less 25) .....	XXX	XXX	XXX	54,084,259
27. Total liabilities, capital and surplus (Lines 18 and 26) .....	XXX	XXX	XXX	230,980,610
<b>DETAILS OF WRITE-INS</b>				
1701. Post Retirement (current) .....	448,977	.....	448,977	450,000
1702. Post Retirement (non-current) .....	29,806,717	.....	29,806,717	28,213,470
1703. Accrued Payroll and Related .....	10,760,615	.....	10,760,615	7,370,342
1798. Summary of remaining write-ins for Line 17 from overflow page .....	55,069,251	.....	55,069,251	51,516,794
1799. TOTALS (Lines 1701 through 1703 plus 1798) (Line 17 above) .....	96,085,560	.....	96,085,560	87,550,606
2301 .....	XXX	XXX	XXX	.....
2302 .....	XXX	XXX	XXX	.....
2303 .....	XXX	XXX	XXX	.....
2398. Summary of remaining write-ins for Line 23 from overflow page .....	XXX	XXX	XXX	.....
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	XXX	XXX	XXX	.....

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year to Date		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	1,455,227	2,020,783
1. Member Months .....	XXX	373,900,637	476,067,763
2. Net premium income .....	XXX	5,128,953	5,628,155
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	715,949	881,712
4. Fee-for-service (net of \$..... medical expenses) .....	XXX	379,745,539	482,577,630
5. Risk revenue .....			
6. Aggregate write-ins for other health care related revenues .....			
7. TOTAL REVENUES (Lines 2 to 6) .....			
<b>Medical and Hospital:</b>			
8. Hospital/medical benefits .....		135,659,146	173,482,247
9. Other professional services .....		45,365,254	64,693,970
10. Outside referrals .....		35,827,763	44,246,392
11. Emergency room and out-of-area .....		21,210,945	28,694,846
12. Prescription drugs .....		36,899,608	
13. Aggregate write-ins for other medical and hospital .....		89,617,754	149,059,101
14. Incentive pool and withhold adjustments .....			
15. Subtotal (Lines 8 to 14) .....		364,580,470	460,176,556
<b>LESS:</b>			
16. Net reinsurance recoveries .....			
17. Total medical and hospital (Lines 15 minus 16) .....		364,580,470	460,176,556
18. Claims adjustment expenses .....		1,982,189	3,421,001
19. General administrative expenses .....		17,836,592	17,966,605
20. Increase in reserves for accident and health contracts .....			
21. Total underwriting deductions (Lines 17 through 20) .....		384,399,251	481,564,162
22. Net underwriting gain or (loss) (Lines 7 minus 21) .....	XXX	(4,653,712)	1,013,468
23. Net investment income earned .....		4,704,735	8,073,525
24. Net realized capital gains or (losses) .....			1,191,430
25. Net investment gains or (losses) (Lines 23 plus 24) .....		4,704,735	9,264,955
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 .....		650,369	(1,621,684)
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27) .....		701,392	8,656,739
29. Federal and foreign income taxes incurred .....	XXX		
30. Net income (loss) (Lines 28 minus 29) .....	XXX	701,392	8,656,739
<b>DETAILS OF WRITE-INS</b>			
0601. Interregional Reciprocity .....	XXX	715,949	881,712
0602 .....	XXX		
0603 .....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	715,949	881,712
1301. Occupancy, Depreciation and Amortization .....		7,403,050	9,333,882
1302. Medical Office Facilities .....		21,854,273	28,098,101
1303. Professional and Public Liability .....		14,837,898	16,448,653
1398. Summary of remaining write-ins for Line 13 from overflow page .....		45,522,533	95,178,465
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....		89,617,754	149,059,101
2701. Interest Income on due from affiliates .....		309,475	(2,071,481)
2702. Silver recovery .....			215
2703. Telephone .....			1,573
2798. Summary of remaining write-ins for Line 27 from overflow page .....		340,894	448,009
2799. TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above) .....		650,369	(1,621,684)

## STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year to Date	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
31.	Capital and surplus prior reporting year .....	54,084,259	81,879,711
<b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS</b>			
32.	Net income or (loss) from Line 30 .....	701,392	8,656,739
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 .....	3,972,841	(1,668,133)
38.	Change in unauthorized reinsurance .....		
39.	Change in treasury stock .....		
40.	Change in surplus notes .....		(34,782,055)
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 .....		(2,003)
43.2	Transferred to capital (Stock Dividend) .....		
43.3	Transferred from capital .....		
44.	Dividends to stockholders .....		
45.	Aggregate write-ins for gains or (losses) in surplus .....		
46.	Net change in capital and surplus (Lines 32 to 45) .....	4,674,233	(27,795,452)
47.	Capital and surplus end of reporting period (Line 31 plus 46) .....	58,758,492	54,084,259
<b>DETAILS OF WRITE-INS</b>			
4501	.....		
4502	.....		
4503	.....		
4598.	Summary of remaining write-ins for Line 45 from overflow page .....		
4599.	TOTALS (Lines 4501 through 4503 plus 4598) (Line 45 above) .....		

STATEMENT AS OF **September 30th, 2002** OF THE **KAISER FOUNDATION HEALTH PLAN OF OHIO**  
**CASH FLOW**

		1 Current Year To Date	2 Prior Year
<b>Cash from Operations</b>			
1.	Premiums and revenues collected net of reinsurance .....	383,438,934	475,601,647
2.	Claims and claims adjustment expenses .....	363,777,820	464,414,664
3.	General administrative expenses paid .....	16,362,308	18,292,579
4.	Other underwriting income (expenses) .....		
5.	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) .....	3,298,806	(7,105,596)
6.	Net investment income .....	4,775,660	10,109,568
7.	Other income (expenses) .....	650,369	(1,621,684)
8.	Federal and foreign income taxes (paid) recovered .....		
9.	Net cash from operations (Lines 5 to 8) .....	8,724,835	1,382,288
<b>Cash from Investments</b>			
10.	Proceeds from investments sold, matured or repaid:		
10.1	Bonds .....	400,000	
10.2	Stocks .....		
10.3	Mortgage loans .....		
10.4	Real estate .....		4,774,156
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) .....	400,000	4,774,156
11.	Cost of investments acquired (long-term only):		
11.1	Bonds .....	406,250	
11.2	Stocks .....		
11.3	Mortgage loans .....		
11.4	Real estate .....	2,526,090	472,392
11.5	Other invested assets .....		
11.6	Miscellaneous applications .....		
11.7	TOTAL investments acquired (Lines 11.1 to 11.6) .....	2,932,340	472,392
12.	Net cash from investments (Line 10.8 minus Line 11.7) .....	(2,532,340)	4,301,764
<b>Cash from Financing and Miscellaneous Sources</b>			
13.	Cash provided:		
13.1	Surplus notes, capital and surplus paid in .....		(34,784,058)
13.2	Net transfers from affiliates .....		134,945,346
13.3	Borrowed funds received .....		
13.4	Other cash provided .....	19,162,141	13,323,585
13.5	TOTAL (Lines 13.1 to 13.4) .....	19,162,141	113,484,873
14.	Cash applied:		
14.1	Dividends to stockholders paid .....		
14.2	Net transfers to affiliates .....	2,740,284	
14.3	Borrowed funds repaid .....		
14.4	Other applications .....	1,058,570	5,210,191
14.5	TOTAL (Lines 14.1 to 14.4) .....	3,798,854	5,210,191
15.	Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5) .....	15,363,287	108,274,682
<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) .....	21,555,782	113,958,734
17.	Cash and short-term investments:		
17.1	Beginning of period .....	109,645,189	(4,313,545)
17.2	End of period (Line 16 plus Line 17.1) .....	131,200,971	109,645,189

## 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 .....	166,511	9,349	118,294	.....	.....	.....	10,173	28,695	.....	.....
2. First Quarter .....	163,432	8,820	116,921	.....	.....	.....	10,164	27,527	.....	.....
3. Second Quarter .....	160,378	8,792	115,358	.....	.....	.....	10,078	26,150	.....	.....
4. Third Quarter .....	158,655	8,738	113,682	.....	.....	.....	9,860	26,375	.....	.....
5. Current Year .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. Current Year Member Months .....	1,455,227	79,495	1,047,565	.....	.....	.....	90,580	237,587	.....	.....
Total Member Ambulatory Encounters for Period:										
7. Physician .....	416,781	20,073	225,979	.....	.....	.....	26,970	143,759	.....	.....
8. Non-Physician .....	100,094	5,488	64,829	.....	.....	.....	7,060	22,717	.....	.....
9. Total .....	516,875	25,561	290,808	.....	.....	.....	34,030	166,476	.....	.....
10. Hospital Patient Days Incurred .....	49,617	2,472	18,550	.....	.....	.....	2,645	25,950	.....	.....
11. Number of Inpatient Admissions .....	10,592	611	4,920	.....	.....	.....	542	4,519	.....	.....
12. Premiums Collected .....	377,590,050	19,440,154	205,793,321	.....	.....	.....	18,839,428	133,517,147	.....	.....
13. Premiums Earned .....	373,900,637	17,838,439	203,853,927	.....	.....	.....	18,913,848	133,294,423	.....	.....
14. Amount Paid for Provision of Health Care Services .....	361,795,631	17,110,355	196,769,078	.....	.....	.....	18,150,818	129,765,380	.....	.....
15. Amount Incurred for Provision of Health Care Services .....	364,580,470	17,293,364	198,873,691	.....	.....	.....	18,444,124	129,969,291	.....	.....

## 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
<b>Individually Listed Claims Payable</b>						
Due to Ohio Permanente Medical Group .....	7,266,729	5,462,781	.....	.....	.....	12,729,510
0199999 Individually Listed Claims Payable .....	7,266,729	5,462,781	.....	.....	.....	12,729,510
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	8,487,686	316,983	.....	.....	.....	8,804,669
0499999 Subtotals .....	15,754,415	5,779,764	.....	.....	.....	21,534,179
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	23,272,616
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Payable .....	.....	.....	.....	.....	.....	44,806,795
0899999 Accrued Medical Incentive Pool .....	.....	.....	.....	.....	.....	.....

## UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	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		
	Claims Incurred in Prior Years (Columns 1+3)					
1. Comprehensive (Hospital & Medical) .....	19,270,537	194,608,896	120,807	26,449,622	19,391,344	24,282,807
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan Premiums .....	1,635,389	16,515,429	10,390	2,274,757	1,645,779	1,991,841
6. Title XVIII - Medicare .....	11,691,861	118,073,519	72,525	15,878,694	11,764,386	15,747,308
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other .....	.....	.....	.....	.....	.....	.....
9. Subtotal .....	32,597,787	329,197,844	203,722	44,603,073	32,801,509	42,021,956
10. Medical incentive pools, accruals and disbursements .....	.....	.....	.....	.....	.....	.....
11. TOTALS .....	32,597,787	329,197,844	203,722	44,603,073	32,801,509	42,021,956

## **Notes to Financial Statement**

**N O N E**

**GENERAL INTERROGATORIES**

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

**PART 1 - COMMON INTERROGATORIES****GENERAL**

- 1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes[ ] No[X]
- 1.2 If yes, explain:
- 2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
- 2.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]
- 3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]
- 3.2 If yes, date of change:  
If not previously filed, furnish herewith a certified copy of the instrument as amended.
4. Have there been any substantial changes in the organizational chart since the prior quarter end?  
If yes attach an organizational chart. Yes[ ] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
- 5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation. Yes[ ] No[X] N/A[ ]
- 7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/1998
- 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. 12/31/1998
- 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). 05/26/1999
- 7.4 By what department or departments?  
Ohio Department of Insurance
- 8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes[ ] No[X]
- 8.2 If yes, give full information

## GENERAL INTERROGATORIES (continued)

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

### INVESTMENT

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

9.2 If yes, explain:

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No[X]

10.2 If yes, give full and complete information relating thereto:

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

12. Amount of real estate and mortgages held in short-term investments: \$

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No[X]

13.2 If yes, please complete the following:

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

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

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

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[X] 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
McDonald Investments (KEY CORP) .....	800 Superior Ave Cleveland Ohio 44114 .....

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

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

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

15.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....	.....	.....

STATEMENT AS OF **September 30th, 2002** OF THE **KAISER FOUNDATION HEALTH PLAN OF OHIO**  
**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 .....	53,766,085	53,154,214	52,560,670	60,012,566
2. Increase (decrease) by adjustment .....	(611,871)	(593,544)	(691,926)	(3,136,147)
3. Cost of acquired .....				
4. Cost of additions to and permanent improvements .....			3,286,739	472,392
5. Total profit (loss) on sales .....				1,191,430
6. Increase (decrease) by foreign exchange adjustment .....				
7. Amount received on sales .....				4,774,156
8. Book/adjusted carrying value at end of current period .....	53,154,214	52,560,670	55,155,483	53,766,085
9. Total valuation allowance .....				
10. Subtotal (Lines 8 plus 9) .....	53,154,214	52,560,670	55,155,483	53,766,085
11. Total nonadmitted amounts .....	18,904	13,202	89,141	24,606
12. Statement value, current period (Page 2, real estate lines, current period) .....	53,135,310	52,547,468	55,066,342	53,741,479

**SCHEDULE B - VERIFICATION**

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period .....				
2. Amount loaned during period:				
2.1 Actual cost at time of acquisitions .....				
2.2 Additional investment made after acquisitions .....				
3. Accrual of discount and mortgage interest points and commitment fees .....				
4. Increase (decrease) by adjustment .....				
5. Total profit (loss) on sale .....				
6. Amounts paid on account or in full during the period .....				
7. Amortization of premium .....				
8. Increase (decrease) by foreign exchange adjustment .....				
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....				
10. Total valuation allowance .....				
11. Subtotal (Lines 9 plus 10) .....				
12. Total nonadmitted amounts .....				
13. Statement value of mortgages owned at end of current period .....				

**SCHEDULE BA - VERIFICATION**

Other Invested Assets Included in Schedule BA

Description	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, beginning of period .....				
2. Cost of acquisitions during period:				
2.1 Actual cost at time of acquisitions .....				
2.2 Additional investment made after acquisitions .....				
3. Accrual of discount .....				
4. Increase (decrease) by adjustment .....				
5. Total profit (loss) on sale .....				
6. Amounts paid on account or in full during the period .....				
7. Amortization of premium .....				
8. Increase (decrease) by foreign exchange adjustment .....				
9. Book/adjusted carrying value of long-term invested assets at end of current period .....				
10. Total valuation allowance .....				
11. Subtotal (Lines 9 plus 10) .....				
12. Total nonadmitted amounts .....				
13. Statement value of long-term invested assets at end of current period .....				

## SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1	400,000	406,250	400,000	(240)	400,438	400,000	406,010	400,876
2. Class 2								
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. TOTAL Bonds	400,000	406,250	400,000	(240)	400,438	400,000	406,010	400,876
<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 & Preferred Stock	400,000	406,250	400,000	(240)	400,438	400,000	406,010	400,876

**SCHEDULE DA - PART 1****Short - Term Investments Owned End of Current Quarter**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
8099999. TOTALS .....	83,962	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 .....	75,885	83,223	83,990	27,699
2. Cost of short-term investments acquired .....	143,000,000		145,000,000	
3. Increase (decrease) by adjustment .....				642,366,336
4. Increase (decrease) by foreign exchange adjustment .....				
5. Total profit (loss) on disposal of short-term investments .....	7,338	767	(28)	48,186
6. Consideration received on disposal of short-term investments .....	143,000,000		145,000,000	642,366,336
7. Book/adjusted carrying value, current period .....	83,223	83,990	83,962	75,885
8. Total valuation allowance .....				
9. Subtotals (Lines 7 plus 8) .....	83,223	83,990	83,962	75,885
10. Total nonadmitted amounts .....				
11. Statement value (Lines 9 minus 10) .....	83,223	83,990	83,962	75,885
12. Income collected during period .....				
13. Income earned during period .....	7,338	767	(28)	48,186

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

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

**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)

**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	221,692,366	133,294,423	18,913,848
37.	Oklahoma	OK	No	No			
38.	Oregon	OR	No	No			
39.	Pennsylvania	PA	No	No			
40.	Rhode Island	RI	No	No			
41.	South Carolina	SC	No	No			
42.	South Dakota	SD	No	No			
43.	Tennessee	TN	No	No			
44.	Texas	TX	No	No			
45.	Utah	UT	No	No			
46.	Vermont	VT	No	No			
47.	Virginia	VA	No	No			
48.	Washington	WA	No	No			
49.	West Virginia	WV	No	No			
50.	Wisconsin	WI	No	No			
51.	Wyoming	WY	No	No			
52.	American Samoa	AS	No	No			
53.	Guam	GU	No	No			
54.	Puerto Rico	PR	No	No			
55.	U.S. Virgin Islands	VI	No	No			
56.	Canada	CN	No	No			
57.	Aggregate other alien	OT	XXX	XXX			
58.	TOTAL (Direct Business)		XXX	(a) 1	221,692,366	133,294,423	18,913,848

**DETAILS OF WRITE-INS**

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

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

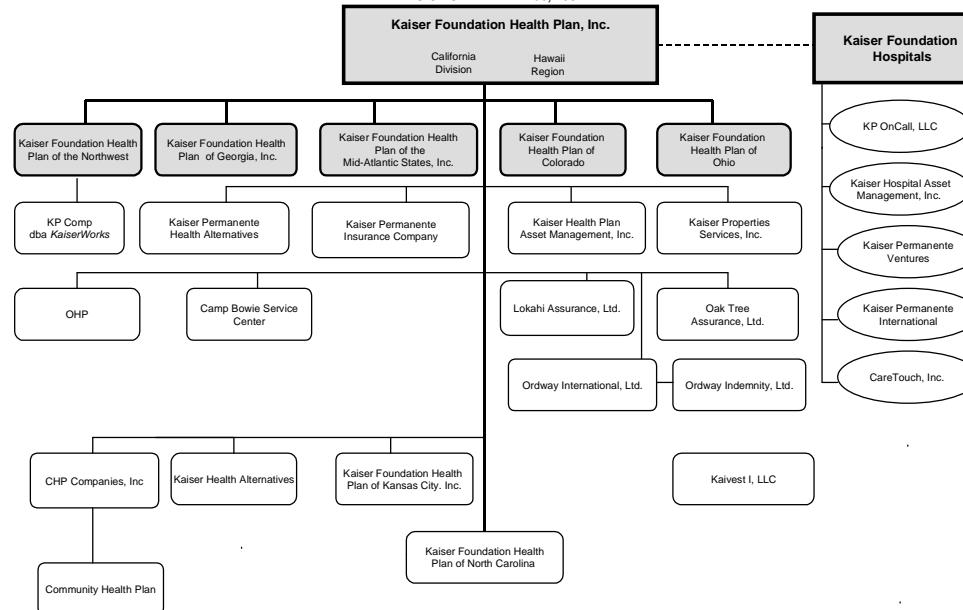
## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

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

### **PART 1 - ORGANIZATIONAL CHART**

KAISER FOUNDATION HEALTH PLAN, INC. , SUBSIDIARIES AND AFFILIATED CORPORATIONS

AS OF SEPTEMBER 30, 2002



## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

---

**RESPONSES**

Yes

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

Explanation:

Bar Code:

**ASSETS**

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
0897. Summary of remaining write-ins for Line 8 (Lines 0804 through 0896) .....	.....	.....	.....	.....
2204. Other Property and Equipment .....	1,074,258	73,654	1,000,604	591,663
2297. Summary of remaining write-ins for Line 22 (Lines 2204 through 2296) .....	1,074,258	73,654	1,000,604	591,663

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1704. Professional and Public Liability (current) .....	15,000,000	.....	15,000,000	15,000,000
1705. Professional and Public Liability (non-current) .....	38,932,125	.....	38,932,125	35,143,220
1706. Workers Comp (current) .....	300,000	.....	300,000	300,000
1707. Workers Comp (non-current) .....	607,093	.....	607,093	564,641
1708. Misc .....	230,033	.....	230,033	508,933
1709. Self Insured Risk Unemployment .....	.....	.....	.....	.....
1797. Summary of remaining write-ins for Line 17 .....	55,069,251	.....	55,069,251	51,516,794

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year to Date			Prior Year
	1 Uncovered	2 Total	3 Total	
	X X X			
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....	.....	.....	.....	.....
1304. Pharmacy Cost of Drugs (line 12 in 2002) .....	.....	.....	.....	36,134,252
1305. Pharmacy non-payroll exp (line12 in 2002) .....	.....	.....	.....	1,125,362
1306. Home IV (line 12 in 2002) .....	.....	.....	.....	752,504
1307. Health Plan Administration .....	.....	.....	38,679,367	45,693,254
1308. Other Benefits (Home Care, Hospice, Admn Excep, DME, Maternal HC) excluding payroll .....	.....	6,284,915	.....	7,909,588
1309. Community Service .....	.....	558,251	.....	689,498
1310. Imputed rental expense for own facilities .....	.....	.....	.....	2,874,007
1397. Summary of remaining write-ins for Line 13 (Lines 1304 through 1396) .....	.....	45,522,533	.....	95,178,465
2704. Cobra .....	.....	11,735	.....	(19,930)
2705. Gain on Sale of Property .....	.....	.....	.....	171,406
2706. Miscellaneous .....	.....	186,818	.....	31,085
2707. Vending Machines .....	.....	.....	.....	20,379
2708. Insurance Reports .....	.....	229	.....	8,051
2709. Occupaitonal Medicine .....	.....	2,021	.....	5,680
2710. Rental Income .....	.....	140,091	.....	231,338
2797. Summary of remaining write-ins for Line 27 (Lines 2704 through 2796) .....	.....	340,894	.....	448,009

**E01 Schedule A Part 2.....NONE**

**E01 Schedule A Part 3.....NONE**

**E02 Schedule B Part 1.....NONE**

**E02 Schedule B Part 2.....NONE**

**E03 Schedule BA Part 1.....NONE**

**E03 Schedule BA Part 2 .....** **NONE**

## SCHEDULE D - PART 3

## Showing All Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation (a)
<b>Bonds - U.S. Governments</b>								
9128277F3 .....	U.S. Treasury Note .....	08/01/2002 ....	Key Bank - McDonald Investments .....	X X X .....	406,250 .....	400,000 .....	3,005 .....	
0399999 Subtotal - Bonds - U.S. Governments .....					406,250 .....	400,000 .....	3,005 .....	
6099997 Subtotal - Bonds - Part 3 .....					406,250 .....	400,000 .....	3,005 .....	
6099998 Summary Item for Bonds Bought and Sold This Quarter .....								
6099999 Subtotal - Bonds .....					406,250 .....	400,000 .....	3,005 .....	
6599998 Summary Item for Preferred Stock Bought and Sold This Quarter .....								
7099998 Summary Item for Common Stock Bought and Sold This Quarter .....						X X X .....		
7199999 Subtotal - Preferred and Common Stock .....						X X X .....		
7299999 Total - Bonds, Preferred and Common Stock .....					406,250 .....	X X X .....	3,005 .....	

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

## SCHEDULE D - PART 4

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

1 CUSIP Identification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Book/Adjusted Carrying Value at Disposal	9 Increase (Decrease) by Date	10 Increase (Decrease) by Adjustment	11 Increase (Decrease) by Foreign Exchange Adjustment	12 Foreign Exchange Gain (Loss) on Disposal	13 Realized Gain (Loss) on Disposal	14 Total Gain (Loss) On Disposal	15 Interest on Bonds Received During Year	16 Dividends on Stocks Received During Year	17 NAIC Design- ation (a)	
<b>Bonds - U.S. Governments</b>																	
9128276F4 .....	U.S. Treasury Notes .....	07/01/2002	Key Bank - McDonald Investments .....	XXX .....	400,000 .....	400,000 .....	403,750 .....	400,000 .....	(3,750) .....						12,750 .....	XXX .....	1 .....
0399999 Subtotal - Bonds - U.S. Governments .....					400,000 .....	400,000 .....	403,750 .....	400,000 .....	(3,750) .....						12,750 .....	XXX .....	XXX .....
6099997 Subtotal - Bonds - Part 4 .....					400,000 .....	400,000 .....	403,750 .....	400,000 .....	(3,750) .....						12,750 .....	XXX .....	XXX .....
6099998 Summary Item for Bonds Bought and Sold This Quarter .....																XXX .....	XXX .....
6099999 Subtotal - Bonds .....					400,000 .....	400,000 .....	403,750 .....	400,000 .....	(3,750) .....						12,750 .....	XXX .....	XXX .....
6599998 Summary Item for Preferred Stock Bought and Sold This Quarter .....															XXX .....	XXX .....	
7099998 Summary Item for Common Stock Bought and Sold This Quarter .....						XXX .....									XXX .....	XXX .....	
7199999 Subtotal - Preferred and Common Stock .....						XXX .....									XXX .....	XXX .....	
7299999 Total - Bonds, Preferred and Common Stock .....					400,000 .....	XXX .....	403,750 .....	400,000 .....	(3,750) .....						12,750 .....	XXX .....	

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

**E06 Schedule DB Part A Section 1.....NONE**

**E06 Schedule DB Part B Section 1.....NONE**

**E07 Schedule DB Part C Section 1.....NONE**

**E07 Schedule DB Part D Section 1.....NONE**

**SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

1 Depository			2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			8 *
						5 First Month	6 Second Month	7 Third Month	
<b>open depositories</b>									
Citibank general 1000 .....						(7,117,440)	(4,303,859)	(3,787,984)	
Key Bank General 1002 .....						(116,135)	15,264	(60,383)	
Key Bank Payroll 1003 .....									
Key Bank Concentration 1004 .....						2,714,721	1,473,452	18,029,750	
Key Bank Lockbox 1005 .....						18,900	(161,961)	(92,320)	
Key Bank Mastercard 1006 .....						311,853	291,309	206,304	
Key Bank Lockbox 1007 .....						133,041	25,952	92,946	
Key Bank Dues 1008 .....						(3,692)	(3,692)		
Key Bank Dues 1019 .....									
Key Bank Added Choice 1020 .....									
Cash equivalent - due from .....	Kaiser Hospitals			1,807,956			119,173,335	121,434,583	116,706,986
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	1,807,956			115,114,583	118,771,048	131,095,299	
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	1,807,956			115,114,583	118,771,048	131,095,299	
0499999 Cash in Company's Office .....		X X X	X X X	X X X		21,710	21,710	21,710	
0599999 Total Cash .....		X X X	1,807,956			115,136,293	118,792,758	131,117,009	

# INDEX TO HEALTH QUARTERLY STATEMENT

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