



HEALTH QUARTERLY STATEMENT

FOR THE PERIOD ENDING September 30 , 2001

OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan

NAIC Group Code: 2838 (Current Period) 2838 (Prior Period) NAIC Company Code 95655 Employer's ID Number 31-1471229

Organized under the Laws of the State of OH , State of Domicile or Port of Entry: Ohio

Country of Domicile: US

Licensed as business type:

Life Accident & Health [] Property/Casualty [] Health Service Corporation []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes () No ()

Date Incorporated or Organized: August 6, 1996 Date Commenced Business: April 1, 1997

Statutory Home Office	495 Cooper Road Suite 200, Westerville, Ohio	43081
Main Administrative Office and Phone Number	495 Cooper Road Suite 200, Westerville, Ohio	43081
	6148988950	
Mail Address	495 Cooper Road Suite 200, Westerville, Ohio	43081
Primary Location of Books and Records and Phone Number	495 Cooper Road Suite 200, Westerville, Ohio	43081
	6148988950	
Internet Website Address		
Statement Contact Person and Phone Number	Veronica Leigh Szydlowski	6148988735
E-Mail Address	vszydlowski@mchs.com	Fax Number 6148988587

OFFICERS

President Mark A Richardson
Secretary Russell W Gardner
Controller Veronica L Szydlowski

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Joseph Calvaruso
Jeffrey Burnich
Barry Fagan, MD

Jaren Bombach, MD
Russell Gardner

Sister Barbara Hahl, CSC
Stephen Smith, MD

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.

Mark A Richardson President
Russell W Gardner Secretary
Veronica L Szydlowski Controller

Subscribed and sworn to before me this
day of ,

NOTARY PUBLIC (Seal)

ASSETS

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds	1,487,834		1,487,834	1,457,919
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 (\$ 14,037,750) and short-term investments (\$ 448,732)	14,486,482		14,486,482	15,849,330
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)	15,974,316		15,974,316	17,307,249
10. Accident and health premiums due and unpaid	84,327		84,327	
11. Health care receivables	38,552	28,148	10,404	8,379
12. Amounts recoverable from reinsurers				
13. Net adjustments in assets and liabilities due to foreign exchange rates				
14. Investment income due and accrued	15,232		15,232	18,486
15. Amounts due from parent, subsidiaries and affiliates	2,413,641		2,413,641	2,000,000
16. Amounts receivable relating to uninsured accident and health plans				
17. Furniture and equipment	175,651		175,651	150,501
18. Amounts due from agents				
19. Federal and foreign income tax recoverable and interest thereon (including \$ net deferred tax asset)				
20. Electronic data processing equipment and software				
21. Other nonadmitted assets	64,212	64,212		
22. Aggregate write-ins for other than invested assets	(16,426)		(16,426)	
23. Total assets (Lines 9 plus 10 through 22)	18,749,505	92,360	18,657,145	19,484,615
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 Line 0898) (Line 8 above)				
2201. Reserve for MCHS Periodic Interim Payment	(16,426)		(16,426)	
2202.				
2203.				
2298. Summary of remaining write-ins for Line 22 from overflow page				
2299. Totals (Lines 2201 through 2203 plus Line 2298) (Line 22 above)	(16,426)		(16,426)	

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

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ reinsurance ceded)	8,693,000		8,693,000	13,100,000
2. Accrued medical incentive pool and bonus payments				
3. Unpaid claims adjustment expenses				
4. Aggregate policy reserves				
5. Aggregate claim reserves	66,501		66,501	66,501
6. Premiums received in advance	8,284,191		8,284,191	6,139,804
7. General expenses due or accrued	26,230		26,230	25,208
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 the account of others				
10. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
11. Amounts due to parent, subsidiaries and affiliates				(1,402,285)
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)				
18. Total liabilities (Lines 1 to 17)	17,069,922		17,069,922	17,929,228
19. Common capital stock	X X X	X X X	100	100
20. Preferred capital stock	X X X	X X X		
21. Gross paid in and contributed surplus	X X X	X X X	28,947,434	27,986,515
22. Surplus notes	X X X	X X X		
23. Aggregate write-ins for other than special surplus funds	X X X	X X X		
24. Unassigned funds (surplus)	X X X	X X X	(27,360,311)	(26,431,228)
25. Less treasury stock, at cost:				
25.1 shares common (value included in line 19 \$)	X X X	X X X		
25.2 shares preferred (value included in line 19 \$)	X X X	X X X		
26. Total capital and surplus (Lines 19 to 25)	X X X	X X X	1,587,223	1,555,387
27. Total Liabilities, capital and surplus (Line 18 and Line 26)	X X X	X X X	18,657,145	19,484,615
DETAILS OF WRITE-INS				
1701.				
1702.				
1703.				
1798. Summary of remaining write-ins for Line 17 from overflow page				
1799. Totals (Lines 1701 through 1703 plus Line 1798) (Line 17 above)				
2301.	X X X	X X X		
2302.	X X X	X X X		
2303.	X X X	X X X		
2398. Summary of remaining write-ins for Line 23 from overflow page	X X X	X X X		
2399. Totals (Lines 2301 through 2303 plus Line 2398) (Line 23 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year
	1	2	3
	Uncovered	Total	Total
1. Member Months	X X X	151,923	166,134
2. Net premium income	X X X	78,115,432	75,457,662
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X		
7. Total revenues (Lines 2 to 6)	X X X	78,115,432	75,457,662
Medical and Hospital:			
8. Hospital/medical benefits		69,614,398	68,494,450
9. Other professional services			
10. Outside referrals			
11. Emergency room and out-of-area			
12. Aggregate write-ins for other medical and hospital		8,547,455	7,530,462
13. Incentive pool and withhold adjustments			
14. Subtotal (Lines 8 to 13)		78,161,853	76,024,912
Less:			
15. Net reinsurance recoveries		(55,283)	
16. Total medical and hospital (Line 14 minus Line 15)		78,217,136	76,024,912
17. Claims adjustment expenses			
18. General administrative expenses		4,604,704	7,104,672
19. Increase in reserves for accident and health contracts			
20. Total underwriting deductions (Lines 16 through 19)		82,821,840	83,129,584
21. Net underwriting gain or (loss) (Lines 7 minus 20)	X X X	(4,706,408)	(7,671,922)
22. Net investment income earned		374,306	764,189
23. Net realized capital gains or (losses)			
24. Net investment gains or (losses) (Line 22 plus Line 23)		374,306	764,189
25. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
26. Aggregate write-ins for other income or expenses			1,513
27. Net income or (loss) before federal income taxes (Lines 21 plus 24 plus 25 plus 26)		(4,332,102)	(6,906,220)
28. Federal and foreign income taxes incurred	X X X		
29. Net income (loss) (Line 27 minus Line 28)	X X X	(4,332,102)	(6,906,220)
DETAILS OF WRITE-INS			
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. Totals (Lines 0601 through 0603 plus Line 0698) (Line 6 above)	X X X		
1201. Pharmacy		8,547,455	7,530,462
1202.			
1203.			
1298. Summary of remaining write-ins for Line 12 from overflow page			
1299. Totals (Lines 1201 through 1203 plus Line 1298) (Line 12 above)		8,547,455	7,530,462
2601. Miscellaneous Income			1,513
2602.			
2603.			
2698. Summary of remaining write-ins for Line 26 from overflow page			
2699. Totals (Lines 2601 through 2603 plus Line 2698) (Line 26 above)			1,513

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2
	Year to Date	Prior Year
30. Capital and surplus prior reporting period	1,555,387	3,127,027
GAINS AND LOSSES TO CAPITAL AND SURPLUS		
31. Net income (loss) from Line 29	(4,332,102)	(6,906,220)
32. Change in valuation basis of aggregate policy and claims reserves		
33. Net unrealized capital gains and losses		
34. Change in net unrealized foreign exchange capital gain or (loss)		
35. Change in net deferred income tax		
36. Change in nonadmitted assets	31,019	36,631
37. Change in unauthorized reinsurance		
38. Change in treasury stock		
39. Change in surplus notes		
40. Cumulative effect of changes in accounting principles		
41. Capital Changes:		
41.1 Paid in		
41.2 Transferred from surplus (Stock Dividend)	4,332,919	5,375,000
41.3 Transferred to surplus		
42. Surplus adjustments:		
42.1 Paid in		
42.2 Transferred to capital (Stock Dividend)		
42.3 Tranferred from capital		
43. Dividends to stockholders		
44. Aggregate write-ins for gains or (losses) in surplus		(77,051)
45. Net change in capital and surplus (Lines 31 to 44)	31,836	(1,571,640)
46. Capital and surplus end of reporting period (Line 30 plus 45)	1,587,223	1,555,387
DETAILS OF WRITE-INS		
4401. Prior Period Expenses		(77,051)
4402.		
4403.		
4498. Summary of remaining write-ins for Line 44 from overflow page		
4499. Totals (Lines 4401 through 4403 plus 4498) (Line 44 above)		(77,051)

CASH FLOW

	1	2
	Current Year to Date	Prior Year
Cash from Operations		
1. Premiums and revenues collected net of reinsurance	78,031,103	75,457,662
2. Claims and claims adjustment expenses	78,217,136	76,024,912
3. General administrative expenses paid	4,582,988	7,104,672
4. Other underwriting income (expenses)		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(4,769,021)	(7,671,922)
6. Net investment income	359,075	764,189
7. Other income (expenses)		1,513
8. Federal and foreign income taxes (paid) recovered		
9. Net cash from operations (Lines 5 to 8)	(4,409,946)	(6,906,220)
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 investment acquired (long-term only):		
11.1 Bonds	(29,915)	(5,032)
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)	(29,915)	(5,032)
12. Net cash from investments (Line 10.8 minus Line 11.7)	29,915	5,032
Cash from Financing and Miscellaneous Sources		
13. Cash Provided:		
13.1 Surplus notes, capital and surplus paid in	4,332,919	2,000,000
13.2 Net transfers from affiliates	988,644	1,090,779
13.3 Borrowed funds received		
13.4 Other cash provided		1,418,002
13.5 Total (Lines 13.1 to 13.4)	5,321,563	4,508,781
14. Cash applied:		
14.1 Dividends to stockholders paid		
14.2 Net transfers to affiliates		
14.3 Borrowed funds repaid		
14.4 Other applications	2,304,380	
14.5 Total (Lines 14.1 to 14.4)	2,304,380	
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	3,017,183	4,508,781
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	(1,362,848)	(2,392,407)
17. Cash and short-term investments:		
17.1 Beginning of period	15,849,330	18,241,737
17.2 End of period (Line 16 plus Line 17.1)	14,486,482	15,849,330

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	15,291						X X X	15,291		
2. First Quarter	16,037						X X X	16,037		
3. Second Quarter	17,389						X X X	17,389		
4. Third Quarter	18,008						X X X	18,008		
5. Current Year							X X X			
6. Current Year Member Months	151,923						X X X	151,923		
Total Member Ambulatory Encounters for Period:										
7. Physician							X X X			
8. Non-Physician	7,826						X X X	7,826		
9. Total	7,826						X X X	7,826		
10. Hospital Patient Days Incurred							X X X			
11. Number of Inpatient Admissions	1,293						X X X	1,293		
12. Premiums Collected	86,315,296							86,315,296		
13. Premiums Earned	78,115,432							78,115,432		
14. Amount Paid for Provision of Health Care Services	60,921,398							60,921,398		
15. Amount Incurred for Provision of Health Care Services	69,614,398							69,614,398		

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
Individually listed claims payable						
Mount Carmel Home Pharmacy	200	4,771	1,838	578	393	7,780
0199999 Individually listed claims payable	200	4,771	1,838	578	393	7,780
0399999 Aggregate accounts not individually listed-covered	723	17,250	6,643	2,090	1,420	28,126
0499999 Subtotals	923	22,021	8,481	2,668	1,813	35,906
0599999 Unreported Claims and other claim reserves						8,657,094
0799999 Total claims payable						8,693,000

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Quarter to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (Hospital and Medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII - Medicare	11,089,567	71,479,286	54	8,692,946	11,089,621	13,100,000
7. Title XIX - Medicaid						
8. Other						
9. Total	11,089,567	71,479,286	54	8,692,946	11,089,621	13,100,000

NOTES TO FINANCIAL STATEMENTS

1. Organization and Operation

a. Mount Carmel Health Plan, Inc. (the Plan) was incorporated on August 7, 1996 as a subsidiary of Mount Carmel Health System (the Corporation). The Plan is a for profit network model health maintenance organization (HMO) organized to provide healthcare services to enrolled subscribers for a fixed premium. The Plan is participating in a demonstration project sponsored by the Health Care Financing Administration (HCFA). The product being offered as part of this project is Medigold, which is a Medicare risk-based contract. Enrollment in the Plan began on April 1, 1997. As of December 31, 1999, all enrollees to date have been participants in the Medigold program.

b. The Plan has contracted with various health care providers, including hospitals, freestanding facilities and physician practices owned and/or operated by the Corporation or its subsidiaries as well as independent physicians, hospitals, multi-specialty group practices and ancillary providers. The Corporation owns and operates three acute care hospitals in Columbus: Mount Carmel Medical Center, Mount Carmel East Hospital, and St. Ann's Hospital. These Hospitals are major providers of service to subscribers of the Plan.

2. Significant Accounting Policies

a. Basis of Presentation

The accompanying financial statements of the Plan have been prepared in conformity with accounting practices prescribed or permitted by the Ohio Department of Insurance (the Department).

b. Cash and Cash Equivalents

Short-term investments with a maturity of three months or less at the time of purchase are reported as cash equivalents.

c. Property and Equipment

Property and equipment are carried at cost less accumulated depreciation. Depreciation is calculated using the straight-line method based on five years, the estimated useful lives of the assets. Upon asset retirement or disposal, the cost and accumulated depreciation accounts are adjusted and the gain or loss reflected in operations.

d. Accrued Medical Claims

Claims are charged to income based upon the date services are rendered and represent the estimated remaining ultimate net cost of unpaid claims, both reported and unreported, during the year. The Plan does not discount claim reserves. The reserves for unpaid claims are estimated using an actuarially determined cost model.

Those estimates are subject to the effects of trends in claim severity and frequency. Although considerable variability is inherent in such estimates, management believes that the reserves for claims are adequate. The estimates are reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

e. Premiums

Subscriber premiums are included in income in the period earned. The unearned portion of premiums are recorded as unearned premiums and subsequently credited to income as earned during the coverage period.

f. Minimum Net Worth Requirements

Under the laws of the State of Ohio, the Plan is required at all times to maintain total admitted assets equal to at least one hundred and ten percent of its liabilities. The required minimum net worth is \$1,500,000 by January 1, 2001. The Plan has satisfied the minimum net worth requirements for 2000 and 1999.

g. Administrative Service Only Contracts

None.

h. Change in Accounting Estimates

None.

i. Long-Term Investments

Investments are reported at cost adjusted for amortization of premiums or discounts. Amortization is calculated using the straight-line method. Realized gains and losses, determined on the specific identification basis, are included in income. The fixed maturity bonds at December 31, 2000 have maturities at amortized cost of \$1,887,818.29 due after years five through ten years.

3. Related Parties

a. The Plan leases the services of certain employees and its office space from the Corporation. Expenses related to services provided by the Corporation were \$5,880,116 and \$5,188,957 in 2000 and 1999, respectively. At December 31, 2000 and 1999, the Plan owes the Corporation \$1,222,364 related to these items as payable to affiliates. At December 31, 2000, the Corporation owes the Plan \$1,402,285 due to a minimum net worth contribution.

NOTES TO FINANCIAL STATEMENTS

4. Income Taxes

a. No provision or benefit for federal income taxes is reflected in the accompanying financial statement due to the Plan's net operating loss. At December 31, 2000, Mount Carmel Health Plan, Inc. has net operating loss carryforwards of approximately \$8.4 million for financial reporting and federal income tax purposes which will begin to expire in the year 2001.

5. Retirement Plans, Deferred Compensation and Other Post-retirement Benefit Plans
None.

6. Dividend Restrictions
None.

7. Commitments and Contingencies
The Plan sustained operating losses of \$4,474,220 and \$8,460,771 for the years ended December 31, 2000 and 1999, respectively. The Plan maintained sufficient net worth to be in compliance with Ohio's minimum net worth requirements through contributions from Mount Carmel Health System in 2000. The Mount Carmel Health System Board of Trustees had resolved to financially support the Plan to the point of break-even.

8. Uncollectible Reinsurance
None.

9. Commutation of Reinsurance
None.

10. Events Subsequent
None.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that occurred since prior year end)

- 1.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes () No (X)
- 1.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 2.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes () No (X)
- 2.2 If yes, give full information
- 3.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes () No (X)
- 3.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes () No ()

GENERAL INTERROGATORIES - Line 1.2 (continued)

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
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Entities that have ceased to exist as a result of the merger or consolidation.
None
1.2 Entities that have ceased to exist as a result of the merger or consolidation.

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	2	3	4	5	6	7	8
	Statement Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Statement Value End of First Quarter	Statement Value End of Second Quarter	Statement Value End of Third Quarter	Statement Value December 31 Prior Year
BONDS								
1. Class 1	1,887,818				1,879,605	1,887,818	1,936,811	1,801,233
2. Class 2								
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	1,887,818				1,879,605	1,887,818	1,936,811	1,801,233
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	1,887,818				1,879,605	1,887,818	1,936,811	1,801,233

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	448,732	X X X	448,732	664	

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	343,314	391,636	393,974	283,297
2. Cost of short-term investments acquired	48,322	2,338	54,758	300,017
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				240,000
7. Book / adjusted carrying value, current period	391,636	393,974	448,732	343,314
8. Total valuation allowance				
9. Subtotal (Line 7 plus Line 8)	391,636	393,974	448,732	343,314
10. Total nonadmitted amounts				
11. Statement value (Line 9 minus Line 10)	391,636	393,974	448,732	343,314
12. Income collected during period	232	577	664	664
13. Income earned during period	232	577	664	664

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 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		8,531,327	69,584,104		
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	X X X	X X X					
58.	Total (Direct Business)		X X X	(a) 1		8,531,327	69,584,104		
DETAILS OF WRITE-INS									
5701.									
5702.									
5703.									
5798.	Summary of remaining write-ins for Line 57 from overflow page								
5799.	Total (Lines 5701 through 5703 plus Line 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**

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

PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

1.1 The SVO Compliance Certification is a required filing for all companies. Will the SVO Compliance Certification be filed with this Department with this statement?

Yes (X) No ()

1.2 If no, please explain:

.....

.....

.....

If response is no and the form is "None", affix bar code (Document Identifier 470) here:

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	6	7	
Name	Location and Supplemental Information				First Month	Second Month	Third Month	
Open Depositories								
National City Bank	Columbus, Ohio	4.670	28,673		8,616,749	8,312,841	8,389,837	
0199999	TOTAL - Open Depositories		28,673		8,616,749	8,312,841	8,389,837	
0399999	TOTAL Cash on Deposit		28,673		8,616,749	8,312,841	8,389,837	
0599999	TOTALS		28,673		8,616,749	8,312,841	8,389,837	