



95851200220100103

2002

Document Code: 201

## HEALTH QUARTERLY STATEMENT

AS OF September 30, 2002

## OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Behavioral Healthcare Company

NAIC Group Code	2838 (Current Period)	2838 (Prior Period)	NAIC Company Code	95851	Employer's ID Number	31-0971510
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	USA					
Licensed as business type:	Life, Accident & Health <input checked="" 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 type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Date Incorporated or Organized	10/01/1979		Date Commenced Business	01/01/1997		
Statutory Home Office	1808 East Broad Street (Street and Number)				Columbus, OH 43215 (City, or Town, State and Zip Code)	
Main Administrative Office	1808 East Broad Street (Street and Number)				Columbus, OH 43215 (City or Town, State and Zip Code)	
Mail Address	1808 East Broad Street (Street and Number or P.O. Box)				614-251-8242- (Area Code) (Telephone Number)	
Primary Location of Books and Records	5955 East Broad Street (Street and Number)				Columbus, OH 43215 (City, or Town, State and Zip Code)	
Internet Website Address					614-234-8600-8911 (Area Code) (Telephone Number)	
Statutory Statement Contact	David D. Hensel (Name)				614-234-8911- (Area Code)(Telephone Number)(Extension)	
	dhensel@mchs.com (E-Mail Address)				614-234-8713- (Fax Number)	
Policyowner Relations Contact	1808 East Broad Street (Street and Number)				1808 East Broad Street (Street and Number)	
	Columbus, OH 43203 (City, or Town, State and Zip Code)				(614)251-8242- (Area Code) (Telephone Number)(Extension)	

## OFFICERS

President Joseph T. Calvaruso  
Secretary Michael Cunniff  
Treasurer Russell W. Gardner

## VICE PRESIDENTS

## **DIRECTORS OR TRUSTEES**

State of Ohio  
County of Franklin ss

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

(Signature)  
Joseph T Calvaruso  
(Printed Name)  
President

---

(Signature)  
Michael Cunniff  
(Printed Name)  
Secretary

---

---

(Signature)  
Russell W Gardner  
(Printed Name)  
Treasurer

---

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

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

Yes [ ] No [X]

(Notary Public Signature)

**ASSETS**

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds .....	147,563			147,563
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): .....				(a) .....
4.1 Properties occupied by the company (less \$..... encumbrances) .....				
4.2 Properties held for the production of income (less \$..... encumbrances) .....				
4.3 Properties held for sale (less \$..... encumbrances) .....				
5. Cash (\$.....715,770) and short-term investments (\$.....) .....	715,770		715,770	1,690,213
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) .....	863,333		863,333	1,837,776
10. Accident and health premiums due and unpaid .....	37,794	1,916	35,878	7,542
11. Health care receivables .....	122,632	28,493	94,139	72,055
12. Amounts recoverable from reinsurers .....				
13. Net adjustment in assets and liabilities due to foreign exchange rates .....				
14. Investment income due and accrued .....				
15. Amounts due from parent, subsidiaries and affiliates .....				
16. Amounts receivable relating to uninsured accident and health plans .....				
17. Furniture and equipment .....	3,654		3,654	7,299
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 .....	28,269		28,269	44,211
21. Other nonadmitted assets .....				
22. Aggregate write-ins for other than invested assets .....	4,260		4,260	15,920
23. Total assets (Lines 9 plus 10 through 22) .....	1,059,942	30,409	1,029,533	1,984,803

**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. Prepaid Assets .....	4,260		4,260	8,843
2202. Franklin County Escrow .....				7,077
2203 .....				
2298. Summary of remaining write-ins for Line 22 from overflow page .....				
2299. TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above) .....	4,260		4,260	15,920

(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) .....				
2. Accrued medical incentive pool and bonus payments .....				
3. Unpaid claims adjustment expenses .....				
4. Aggregate policy reserves .....				
5. Aggregate claim reserves .....				
6. Premiums received in advance .....	48,562		48,562	33,088
7. General expenses due or accrued .....	12,082		12,082	12,084
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 .....	85,860		85,860	168,228
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) .....	244,919		244,919	447,044
18. Total liabilities (Lines 1 to 17) .....	391,423		391,423	660,444
19. Common capital stock .....	XXX	XXX	500	500
20. Preferred capital stock .....	XXX	XXX		
21. Gross paid in and contributed surplus .....	XXX	XXX	4,907,579	4,907,579
22. Surplus notes .....	XXX	XXX		
23. Aggregate write-ins for other surplus funds .....	XXX	XXX		
24. Unassigned funds (surplus) .....	XXX	XXX	(4,269,969)	(3,583,720)
25. Less treasury stock, at cost:				
25.1 ..... shares common (value included in Line 19 \$.....) .....	XXX	XXX		
25.2 ..... shares preferred (value included in Line 20 \$.....) .....	XXX	XXX		
26. Total capital and surplus (Lines 19 to 24, Less 25) .....	XXX	XXX	638,110	1,324,359
27. Total liabilities, capital and surplus (Lines 18 and 26) .....	XXX	XXX	1,029,533	1,984,803
<b>DETAILS OF WRITE-INS</b>				
1701. Unearned ASO Fees .....	84,500		84,500	58,538
1702. Franklin County Escrow .....	21,991		21,991	
1703. Accrued IO Claims Payable .....	138,426		138,426	388,504
1798. Summary of remaining write-ins for Line 17 from overflow page .....	2		2	2
1799. TOTALS (Lines 1701 through 1703 plus 1798) (Line 17 above) .....	244,919		244,919	447,044
2301 .....	XXX	XXX		
2302 .....	XXX	XXX		
2303 .....	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page .....	XXX	XXX		
2399. TOTALS (Lines 2301 through 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
	X X X	289,809	178,454
1. Member Months .....	X X X	123,034	160,608
2. Net premium income .....	X X X	.....	.....
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	1,377,194	3,398,508
6. Aggregate write-ins for other health care related revenues .....	X X X	711,104	810,842
7. TOTAL REVENUES (Lines 2 to 6) .....	X X X	2,211,332	4,369,958
<b>Medical and Hospital:</b>			
8. Hospital/medical benefits .....	.....	.....	.....
9. Other professional services .....	.....	.....	.....
10. Outside referrals .....	.....	.....	.....
11. Emergency room and out-of-area .....	.....	.....	.....
12. Prescription drugs .....	.....	.....	.....
13. Aggregate write-ins for other medical and hospital .....	.....	1,529,347	3,053,610
14. Incentive pool and withhold adjustments .....	.....	.....	.....
15. Subtotal (Lines 8 to 14) .....	.....	1,529,347	3,053,610
<b>LESS:</b>			
16. Net reinsurance recoveries .....	.....	.....	.....
17. Total medical and hospital (Lines 15 minus 16) .....	.....	1,529,347	3,053,610
18. Claims adjustment expenses .....	.....	.....	.....
19. General administrative expenses .....	.....	1,378,334	1,947,722
20. Increase in reserves for accident and health contracts .....	.....	.....	.....
21. Total underwriting deductions (Lines 17 through 20) .....	.....	2,907,681	5,001,332
22. Net underwriting gain or (loss) (Lines 7 minus 21) .....	X X X	(696,349)	(631,374)
23. Net investment income earned .....	.....	19,231	75,990
24. Net realized capital gains or (losses) .....	.....	.....	.....
25. Net investment gains or (losses) (Lines 23 plus 24) .....	.....	19,231	75,990
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 .....	.....	1,900	20,900
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27) .....	.....	(675,218)	(534,484)
29. Federal and foreign income taxes incurred .....	X X X	.....	.....
30. Net income (loss) (Lines 28 minus 29) .....	X X X	(675,218)	(534,484)
<b>DETAILS OF WRITE-INS</b>			
0601. Claims Processing and Other .....	X X X	711,104	810,842
0602 .....	X X X	.....	.....
0603 .....	X X X	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page .....	X X X	.....	.....
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X	711,104	810,842
1301. Consolidated Medical Expense .....	.....	1,529,347	3,053,610
1302 .....	.....	.....	.....
1303 .....	.....	.....	.....
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.....	.....	.....
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	.....	1,529,347	3,053,610
2701. Rental Income .....	.....	1,900	20,900
2702 .....	.....	.....	.....
2703 .....	.....	.....	.....
2798. Summary of remaining write-ins for Line 27 from overflow page .....	.....	.....	.....
2799. TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above) .....	.....	1,900	20,900

## 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 .....	1,324,359	986,950
<b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS</b>		
32. Net income or (loss) from Line 30 .....	(675,218)	(534,484)
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 .....	(11,031)	71,893
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 .....		800,000
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) .....	(686,249)	337,409
47. Capital and surplus end of reporting period (Line 31 plus 46) .....	638,110	1,324,359
<b>DETAILS OF WRITE-INS</b>		
4501. Rounding .....		
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) .....		

**CASH FLOW**

		1 Current Year To Date	2 Prior Year
<b>Cash from Operations</b>			
1.	Premiums and revenues collected net of reinsurance .....	1,469,976	3,568,731
2.	Claims and claims adjustment expenses .....	.....	.....
3.	General administrative expenses paid .....	1,378,334	1,937,187
4.	Other underwriting income (expenses) .....	(792,655)	(2,242,742)
5.	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) .....	(701,013)	(611,198)
6.	Net investment income .....	.....	75,990
7.	Other income (expenses) .....	1,900	20,900
8.	Federal and foreign income taxes (paid) recovered .....	.....	.....
9.	Net cash from operations (Lines 5 to 8) .....	(699,113)	(514,308)
<b>Cash from Investments</b>			
10.	Proceeds from investments sold, matured or repaid:	.....	.....
10.1	Bonds .....	.....	.....
10.2	Stocks .....	.....	.....
10.3	Mortgage loans .....	.....	.....
10.4	Real estate .....	.....	.....
10.5	Other invested assets .....	.....	.....
10.6	Net gains or (losses) on cash and short-term investments .....	.....	.....
10.7	Miscellaneous proceeds .....	.....	.....
10.8	TOTAL investment proceeds (Lines 10.1 to 10.7) .....	.....	.....
11.	Cost of investments acquired (long-term only):	.....	.....
11.1	Bonds .....	.....	.....
11.2	Stocks .....	.....	.....
11.3	Mortgage loans .....	.....	.....
11.4	Real estate .....	.....	.....
11.5	Other invested assets .....	.....	.....
11.6	Miscellaneous applications .....	.....	.....
11.7	TOTAL investments acquired (Lines 11.1 to 11.6) .....	.....	.....
12.	Net cash from investments (Line 10.8 minus Line 11.7) .....	.....	.....
<b>Cash from Financing and Miscellaneous Sources</b>			
13.	Cash provided:	.....	.....
13.1	Surplus notes, capital and surplus paid in .....	.....	800,000
13.2	Net transfers from affiliates .....	.....	362,420
13.3	Borrowed funds received .....	.....	.....
13.4	Other cash provided .....	31,247	89,265
13.5	TOTAL (Lines 13.1 to 13.4) .....	31,247	1,251,685
14.	Cash applied:	.....	.....
14.1	Dividends to stockholders paid .....	.....	.....
14.2	Net transfers to affiliates .....	82,368	.....
14.3	Borrowed funds repaid .....	.....	.....
14.4	Other applications .....	224,209	254,186
14.5	TOTAL (Lines 14.1 to 14.4) .....	306,577	254,186
15.	Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5) .....	(275,330)	997,499
<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) .....	(974,443)	483,191
17.	Cash and short-term investments:	.....	.....
17.1	Beginning of period .....	1,690,213	1,207,022
17.2	End of period (Line 16 plus Line 17.1) .....	715,770	1,690,213

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	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 .....	178,454									178,454
2. First Quarter .....	217,680									217,680
3. Second Quarter .....	253,232									253,232
4. Third Quarter .....	289,809									289,809
5. Current Year .....										
6. Current Year Member Months .....	289,809									289,809
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 .....	110,172	110,172								
13. Premiums Earned .....	123,034	123,034								
14. Amount Paid for Provision of Health Care Services .....										
15. Amount Incurred for Provision of Health Care Services .....										

**CLAIMS PAYABLE (Reported and Unreported)**

## Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Payable .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	.....	.....	.....	.....	.....	.....
0499999 Subtotals .....	.....	.....	.....	.....	.....	.....
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	.....
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Payable .....	.....	.....	.....	.....	.....	.....
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  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) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan Premiums .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare .....	.....	.....	.....	.....	.....	.....
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other .....	.....	.....	.....	.....	.....	.....
9. Subtotal .....	.....	.....	.....	.....	.....	.....
10. Medical incentive pools, accruals and disbursements .....	.....	.....	.....	.....	.....	.....
11. TOTALS .....	.....	.....	.....	.....	.....	.....

## **Notes to Financial Statement**

**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 [X]  N/A [ ]

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.

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 [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[X] N/A[ ]  
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[X]

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[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 30, 2002** OF THE Mount Carmel Behavioral Healthcare Company  
**SCHEDULE A - VERIFICATION**

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period .....	.....	.....	.....	.....
2. Increase (decrease) by adjustment .....	.....	.....	.....	.....
3. Cost of acquired .....	.....	.....	.....	.....
4. Cost of additions to and permanent improvements .....	.....	.....	.....	.....
5. Total profit (loss) on sales .....	.....	.....	.....	.....
6. Increase (decrease) by foreign exchange adjustment .....	.....	.....	.....	.....
7. Amount received on sales .....	.....	.....	.....	.....
8. Book/adjusted carrying value at end of current period .....	.....	.....	.....	.....
9. Total valuation allowance .....	.....	.....	.....	.....
10. Subtotal (Lines 8 plus 9) .....	.....	.....	.....	.....
11. Total nonadmitted amounts .....	.....	.....	.....	.....
12. Statement value, current period (Page 2, real estate lines, current period) .....	.....	.....	.....	.....

**SCHEDULE B - VERIFICATION**

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

**SCHEDULE BA - VERIFICATION**

Other Invested Assets Included in Schedule BA

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 .....	.....	.....	.....	.....	.....	.....	.....	.....
2. Class 2 .....	.....	.....	.....	.....	.....	.....	.....	.....
3. Class 3 .....	.....	.....	.....	.....	.....	.....	.....	.....
4. Class 4 .....	.....	.....	.....	.....	.....	.....	.....	.....
5. Class 5 .....	.....	.....	.....	.....	.....	.....	.....	.....
6. Class 6 .....	.....	.....	.....	.....	.....	.....	.....	.....
7. <b>TOTAL Bonds .....</b>	.....	.....	.....	.....	.....	.....	.....	.....
<b>PREFERRED STOCK</b>								
8. Class 1 .....	.....	.....	.....	.....	.....	.....	.....	.....
9. Class 2 .....	.....	.....	.....	.....	.....	.....	.....	.....
10. Class 3 .....	.....	.....	.....	.....	.....	.....	.....	.....
11. Class 4 .....	.....	.....	.....	.....	.....	.....	.....	.....
12. Class 5 .....	.....	.....	.....	.....	.....	.....	.....	.....
13. Class 6 .....	.....	.....	.....	.....	.....	.....	.....	.....
14. <b>TOTAL Preferred Stock .....</b>	.....	.....	.....	.....	.....	.....	.....	.....
15. <b>TOTAL Bonds &amp; Preferred Stock .....</b>	.....	.....	.....	.....	.....	.....	.....	.....

**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 .....	.....	X X X .....	.....	.....	.....

**SCHEDULE DA - PART 2 - Verification**

## Short-Term Investments Owned

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period .....	.....	.....	.....	.....
2. Cost of short-term investments acquired .....	.....	.....	.....	.....
3. Increase (decrease) by adjustment .....	.....	.....	.....	.....
4. Increase (decrease) by foreign exchange adjustment .....	.....	.....	.....	.....
5. Total profit (loss) on disposal of short-term investments .....	.....	.....	.....	.....
6. Consideration received on disposal of short-term investments .....	.....	.....	.....	.....
7. Book/adjusted carrying value, current period .....	.....	.....	.....	.....
8. Total valuation allowance .....	.....	.....	.....	.....
9. Subtotals (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 .....	.....	.....	.....	.....

**SCHEDULE DB - PART F - SECTION 1****Summary of Replicated (Synthetic) Assets Open**

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

**SCHEDULE DB - PART F - SECTION 2****Reconciliation of Replicated (Synthetic) Assets Open**

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

**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			
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			

**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**

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

---

**RESPONSES**

No

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

Explanation:

Bar Code:



**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1704. Rounding .....	2		2	2
1797. Summary of remaining write-ins for Line 17 .....	2		2	2

**SCHEDULE A - PART 2****Showing all Real Estate ACQUIRED During the Current Quarter**

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

**SCHEDULE A - PART 3****Showing all Real Estate SOLD during the Quarter, including Payments during the Final Year on "Sales under Contract"**

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

**SCHEDULE B - PART 1****Showing all Mortgage Loans ACQUIRED during the Current Quarter**

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

**SCHEDULE B - PART 2****Showing all Mortgage Loans SOLD, transferred or paid in full during the Current Quarter**

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

**SCHEDULE BA - PART 1****Showing Other Long-Term Invested Assets ACQUIRED during the Current Quarter**

1 Number of Units and Description	Location		4 Name of Vendor	5 Date Acquired	6 Actual Cost	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Increase (Decrease) by Adjustment	10 Increase (Decrease) by Foreign Exchange Adjustment
	2 City	3 State							
9999999 Totals .....									

**SCHEDULE BA - PART 2****Showing Other Long-Term Invested Assets SOLD, transferred or paid in full during the Current Quarter**

1 Number of Units and Description	Location		4 Name of Purchaser or Nature of Disposition	5 Date Acquired	6 Book/Adjusted Carrying Value Less Encumbrances	7 Increase (Decrease) by Foreign Exchange Adjustment	8 Book Adjusted/Carrying Value Less Encumbrances at Disposition	9 10 11 12 13	10 11 12 13	
	2 City	3 State								
9999999 Totals .....										

**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)
6099998	Summary Item for Bonds Bought and Sold This Quarter .....							
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 .....					X X X .....		

(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 Actual Cost	9 Book/Adjusted Carrying Value at Disposal Date	10 Increase (Decrease) by Foreign Exchange 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)	
6099998	Summary Item for Bonds Bought and Sold This Quarter .....															X X X ..	X X X ..
6599998	Summary Item for Preferred Stock Bought and Sold This Quarter .....														X X X ..	X X X ..	
7099998	Summary Item for Common Stock Bought and Sold This Quarter .....					X X X ..									X X X ..	X X X ..	
7199999	Subtotal - Preferred and Common Stock .....					X X X ..									X X X ..	X X X ..	
7299999	Total - Bonds, Preferred and Common Stock .....					X X X ..										X X X ..	

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

**SCHEDULE DB - PART A - SECTION 1****Showing all Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date**

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

**SCHEDULE DB - PART B - SECTION 1****Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date**

1 Description	2 Number of Contracts or Notional Amount	3 Date of Maturity, Expiry, or Settlement	4 Strike Price Rate or Index	5 Date of Insurance/ Purchase	6 Exchange or Counterparty	7 Consideration Received	8 Book Value	9 *	10 Statement Value	11 Fair Value	12 Year to Date Increase/ (Decrease) by Adjustment	13 Used to Adjust Basis	14 Other Investment/ Miscellaneous Income
9999999 Grand Total .....								*					

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

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

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

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

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

1 Description	2 Number of Contracts	3 Maturity Date	4 Original Value	5 Current Value	6 Variation Margin	7 Date of Opening Position	8 Exchange or Counterparty	9 Cash Deposit	Variation Margin Information			13 Potential Exposure
									10 Recognized	11 Used to Adjust Basis of Hedged Item	12 Deferred	
9999999 Grand Total .....						XXX	XXX					

**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>									
National City Bank .....						953,493	931,720	715,620	.
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 .....			953,493	931,720	715,620	.
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 .....			953,493	931,720	715,620	.
0499999 Cash in Company's Office .....			X X X .....	X X X .....	X X X .....	150	150	150	.
0599999 Total Cash .....			X X X .....			953,643	931,870	715,770	.

# INDEX TO HEALTH QUARTERLY STATEMENT

Assets .....	02
Cash (Sch. E – Part 1) .....	E08
Cash Flow .....	06
Ceded Reinsurance (Sch. S) .....	18
Claims Payable (Reported and Unreported) .....	08
Exhibit of Premiums, Enrollment and Utilization .....	07
General Interrogatories .....	11
Jurat .....	01
Liabilities, Capital and Surplus .....	03
Notes to Financial Statements .....	10
Overflow Page for Write-ins .....	22
Premiums and Other Considerations (Sch. T) .....	19
Schedules:	
Schedule A – Part 2 – Real Estate ACQUIRED	
During the Current Quarter .....	E01
Schedule A – Part 3 – Real Estate SOLD	
During the Current Quarter .....	E01
Schedule A – Verification .....	13
Schedule B – Part 1 – Mortgage Loans	
ACQUIRED During the Current Quarter .....	E02
Schedule B – Part 2 – Mortgage Loans SOLD	
During the Current Quarter .....	E02
Schedule B – Verification .....	13
Schedule BA – Part 1 – Other Long-term Invested	
Assets ACQUIRED During the Current Quarter ....	E03
Schedule BA – Part 2 – Other Long-Term Invested	
Assets SOLD During the Current Quarter .....	E03
Schedule BA – Verification .....	13
Schedule D – Part 1B – Acquisitions, Dispositions	
And Non-Trading Activity for Bonds and	
Preferred Stock by Rating Class .....	14
Schedule D – Part 3 – Long-Term Bonds and Stock	
Acquired During Current Quarter .....	E04
Schedule D – Part 4 – Long-Term Bonds and Stock	
Sold, Redeemed or Otherwise Disposed of	
During Current Quarter .....	E05
Schedule DA – Part 1 - Short-Term Investments	
Owned End of Current Quarter .....	15
Schedule DA – Part 2 - Verification .....	15
Schedule DB – Part A - Section 1 – Options, Caps,	
Floors and Insurance Futures Owned at Current	
Statement Date .....	E06
Schedule DB – Part B – Section 1 - Options, Caps,	
Floors and Insurance Futures Options Written and	
In-Force at Current Statement Date .....	E06
Schedule DB – Part C - Section 1 – Collar, Swap and	
Forwards Open at Current Statement Date .....	E07
Schedule DB – Part D – Section 1 – Futures	
Contracts and Insurance Futures Contracts at	
Current Statement Date .....	E07
Schedule DB – Part F - Section 1 – Summary of	
Replicated (Synthetic) Assets Open .....	16
Schedule DB – Part F - Section 2 – Reconciliation	
Of Replicated (Synthetic) Assets Open .....	17
Schedule E – Part 1 – Cash – Month End Balances	E08
Schedule S – Ceded Reinsurance – New	
Reinsurers Current Year to Date .....	18
Schedule T - Premiums and Other Considerations	
Allocated by States and Territories .....	19
Schedule Y – Part 1 - Organization Chart .....	20
Statement of Revenue and Expenses .....	04
Statement of Revenue and Expenses (Continued) .....	05
Supplemental Exhibits and Schedules Interrogatories..	21
Title Page and Jurat .....	01
Underwriting and Investment Exhibit .....	09
Verifications	
Schedule A – Verification .....	13
Schedule B – Verification .....	13
Schedule BA – Verification .....	13
Schedule DA – Verification .....	15