



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2002
OF THE CONDITION AND AFFAIRS OF THE

Peoples Health Plan of Ohio, Inc.

Peoples Health Plan of Ohio, Inc.

NAIC Group Code 0000 (Current Period) (Prior Period) NAIC Company Code 11238 Employer's ID Number 52-2318418

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Dental Service Corporation []
Vision Service Corporation [] Other [] Health Maintenance Organization [X]
Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated 04/20/2001 Commenced Business 04/01/2002

Statutory Home Office 4580 Stephen Circle NW Suite 320, Canton, OH 44718
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 4580 Stephen Circle NW, Suite 200
(Street and Number) Canton, OH 44718 330-499-3100
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 4580 Stephen Circle, NW, Suite 200, Canton, OH 44718
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 4580 Stephen Circle NW, Suite 200
(Street and Number) Canton, OH 44718 330-499-3100
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address _____

Statement Contact Diane C. Chiponis 330-499-3100
(Name) (Area Code) (Telephone Number) (Extension)
dchiponis@phpohio.com 330-244-1759
(E-mail Address) (FAX Number)

Policyowner Relations Contact 4580 Stephen Circle NW, Suite 320
(Street and Number) Canton, OH 44718 330-499-3100
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

President Harris H. Brooks Secretary Temporarily Vacant
Treasurer Allen W. McNair

VICE PRESIDENTS

Gloria J. Cupp #

DIRECTORS OR TRUSTEES

Allen W. McNair Harris H. Brooks

State of }
County of } 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.

Harris H. Brooks Secretary Allen W. McNair
President Treasurer

Subscribed and sworn to before me this
_____ day of _____ 2003

- a. Is this an original filing? Yes [X] No []
b. If no
1. State the amendment number
2. Date filed 03/03/2003
3. Number of pages attached

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule D - Part 1

NONE

Schedule D - Part 2 - Section 1

NONE

Schedule D - Part 2 - Section 2

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule D - Part 5

NONE

Schedule D - Part 6 - Section 1

NONE

Schedule D - Part 6 - Section 2

NONE

Schedule DA - Part 1

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part A - Section 2

NONE

Schedule DB - Part A - Section 3

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part B - Section 2

NONE

Schedule DB - Part B - Section 3

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

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Schedule DB - Part C - Section 3

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Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

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Schedule DB - Part D - Section 3

NONE

Schedule DB - Part E - Section 1

NONE

Schedule DM

NONE

