



# 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

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds .....	.0		.0	.0
2. Stocks:				
2.1 Preferred stocks .....	.0		.0	.0
2.2 Common stocks .....	.0	.0	.0	.0
3. Mortgage loans on real estate:				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			.0	.0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			.0	.0
5. Cash (\$ .....2,036,644 , Schedule E - Part 1) and short-term investments (\$ .....2,116,565 , Schedule DA - Part 2) .....	4,153,209		4,153,209	.0
6. Other long-term invested assets .....	.0		.0	.0
7. Receivable for securities .....			.0	.0
8. Aggregate write-ins for invested assets .....	400,000	.0	400,000	.0
9. Subtotals, cash and invested assets (Lines 1 to 8) .....	4,553,209	.0	4,553,209	.0
10. Accident and health premiums due and unpaid .....	83,484		83,484	.0
11. Health care receivables .....			.0	.0
12. Amounts recoverable from reinsurers .....			.0	.0
13. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
14. Investment income due and accrued .....	.815		.815	.0
15. Amounts due from parent, subsidiaries and affiliates .....	139,621	139,621	.0	.0
16. Amounts receivable relating to uninsured accident and health plans .....			.0	.0
17. Furniture and equipment .....	61,835		61,835	.0
18. Amounts due from agents .....			.0	.0
19. Federal and foreign income tax recoverable and interest thereon (including \$ ..... net deferred tax asset) .....			.0	.0
20. Electronic data processing equipment and software .....	169,847		169,847	.0
21. Other nonadmitted assets .....	28,013	28,013	.0	.0
22. Aggregate write-ins for other than invested assets .....	.0	.0	.0	.0
23. Total assets (Lines 9 plus 10 through 22)	5,036,824	167,634	4,869,190	0
<b>DETAILS OF WRITE-INS</b>				
0801. Minimum Deposit-State of Ohio.....	400,000		400,000	.0
0802. ....				
0803. ....				
0898. Summary of remaining write-ins for Line 8 from overflow page .....	.0	.0	.0	.0
0899. Totals (Lines 0801 thru 0803 plus 0898)(Line 8 above)	400,000	0	400,000	0
2201. ....				
2202. ....				
2203. ....				
2298. Summary of remaining write-ins for Line 22 from overflow page .....	.0	.0	.0	.0
2299. Totals (Lines 2201 thru 2203 plus 2298)(Line 22 above)	0	0	0	0

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

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded)	1,847,723		1,847,723	0
2. Accrued medical incentive pool and bonus payments .....	0		0	0
3. Unpaid claims adjustment expenses .....	100,000		100,000	0
4. Aggregate policy reserves .....			0	0
5. Aggregate claim reserves .....	0		0	0
6. Premiums received in advance .....			0	0
7. General expenses due or accrued .....		204,101	204,101	0
8. Federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)) (including \$ ..... net deferred tax liability) .....			0	0
9. Amounts withheld or retained for the account of others .....			0	0
10. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
11. Amounts due to parent, subsidiaries and affiliates .....		527,746	527,746	0
12. Payable for securities .....			0	0
13. Funds held under reinsurance treaties with (\$ ..... authorized reinsurers and \$ .....unauthorized reinsurers) .....			0	0
14. Reinsurance in unauthorized companies .....			0	0
15. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
16. Liability for amounts held under uninsured accident and health plans .....			0	0
17. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
18. Total liabilities (Lines 1 to 17).....	1,947,723	731,847	2,679,570	0
19. Common capital stock .....	XXX	XXX	6	0
20. Preferred capital stock .....	XXX	XXX		0
21. Gross paid in and contributed surplus .....	XXX	XXX	2,179,994	0
22. Surplus notes .....	XXX	XXX		0
23. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
24. Unassigned funds (surplus) .....	XXX	XXX	9,620	0
25. Less treasury stock, at cost:				
25.1 .....shares common (value included in Line 19 \$ ..... ) .....	XXX	XXX		0
25.2 .....shares preferred (value included in Line 20 \$ ..... ) .....	XXX	XXX		0
26. Total capital and surplus (Lines 19 to 24 Less 25) .....	XXX	XXX	2,189,620	0
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	4,869,190	0
<b>DETAILS OF WRITE-INS</b>				
1701. ....				
1702. ....				
1703. ....				
1798. Summary of remaining write-ins for Line 17 from overflow page .....	0	0	0	0
1799. Totals (Lines 1701 thru 1703 plus 1798) (Line 17 above)	0	0	0	0
2301. ....	XXX	XXX		
2302. ....	XXX	XXX		
2303. ....	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page .....	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX	0	0

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	53,908	0
2. Net premium income .....	XXX	7,470,918	0
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Total revenues (Lines 2 to 6) .....	XXX	7,470,918	0
<b>Medical and Hospital:</b>			
8. Hospital/medical benefits .....		3,150,700	0
9. Other professional services .....		481,315	0
10. Outside referrals .....			0
11. Emergency room and out-of-area .....		398,274	0
12. Prescription Drugs .....		596,093	0
13. Aggregate write-ins for other medical and hospital .....	0	0	0
14. Incentive pool and withhold adjustments .....			0
15. Subtotal (Lines 8 to 14) .....	0	4,626,382	0
<b>Less:</b>			
16. Net reinsurance recoveries .....		(240,577)	0
17. Total medical and hospital (Lines 15 minus 16) .....	0	4,866,959	0
18. Claims adjustment expenses .....		389,416	0
19. General administrative expenses .....		1,942,798	0
20. Increase in reserves for accident and health contracts .....			0
21. Total underwriting deductions (Lines 17 through 20) .....	0	7,199,173	0
22. Net underwriting gain or (loss) (Lines 7 minus 21) .....	XXX	271,745	0
23. Net investment income earned .....		26,286	0
24. Net realized capital gains or (losses) .....			0
25. Net investment gains or (losses) (Lines 23 + 24) .....	0	26,286	0
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....			0
27. Aggregate write-ins for other income or expenses .....	0	0	0
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27) .....	0	298,031	0
29. Federal and foreign income taxes incurred .....	XXX	120,777	0
30. Net income (loss) (Lines 28 minus 29) .....	XXX	177,254	0
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....	XXX	0	0
1301. ....			
1302. ....			
1303. ....			
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0
2701. ....			
2702. ....			
2703. ....			
2798. Summary of remaining write-ins for Line 27 from overflow page .....	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) .....	0	0	0

## CAPITAL AND SURPLUS ACCOUNT

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT:</b>		
31. Capital and surplus prior reporting year .....	0	0
<b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS:</b>		
32. Net income or (loss) from Line 30 .....	177,254	0
33. Change in valuation basis of aggregate policy and claim reserve .....		0
34. Net unrealized capital gains and losses .....		0
35. Change in net unrealized foreign exchange capital gain or (loss) .....		0
36. Change in net deferred income tax .....		0
37. Change in nonadmitted assets .....	(167,634)	0
38. Change in unauthorized reinsurance .....	0	0
39. Change in treasury stock .....		0
40. Change in surplus notes .....	0	0
41. Cumulative effect of changes in accounting principles .....		0
42. Capital Changes:		
42.1 Paid in .....	6	0
42.2 Transferred from surplus (Stock Dividend) .....		0
42.3 Transferred to surplus .....		0
43. Surplus adjustments:		
43.1 Paid in .....	2,179,994	0
43.2 Transferred to capital (Stock Dividend) .....		0
43.3 Transferred from capital .....		0
44. Dividends to stockholders .....		0
45. Aggregate write-ins for gains or (losses) in surplus .....	0	0
46. Net change in capital & surplus (Lines 32 to 45) .....	2,189,620	0
47. Capital and surplus end of reporting year (Line 31 plus 46)	2,189,620	0
<b>DETAILS OF WRITE-INS</b>		
4501. ....		
4502. ....		
4503. ....		
4598. Summary of remaining write-ins for Line 45 from overflow page .....	0	0
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above)	0	0

## CASH FLOW

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums and revenues collected net of reinsurance .....	7,387,434	0
2. Claims and claims adjustment expenses .....	3,068,076	0
3. General administrative expenses paid .....	1,738,697	0
4. Other underwriting income (expenses) .....	0	0
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) .....	2,580,661	0
6. Net investment income .....	29,344	0
7. Other income (expenses) .....	0	0
8. Federal and foreign income taxes (paid) recovered .....	0	0
9. Net cash from operations (Lines 5 to 8) .....	2,610,005	0
<b>Cash from Investments</b>		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds .....	0	0
10.2 Stocks .....	0	0
10.3 Mortgage loans .....	0	0
10.4 Real estate .....	0	0
10.5 Other invested assets .....	0	0
10.6 Net gains or (losses) on cash and short-term investments .....	0	0
10.7 Miscellaneous proceeds .....	0	0
10.8 Total investment proceeds (Lines 10.1 to 10.7) .....	0	0
11. Cost of investments acquired (long-term only):		
11.1 Bonds .....	0	0
11.2 Stocks .....	0	0
11.3 Mortgage loans .....	0	0
11.4 Real estate .....	0	0
11.5 Other invested assets .....	0	0
11.6 Miscellaneous applications .....	0	0
11.7 Total investments acquired (Lines 11.1 to 11.6) .....	0	0
12. Net Cash from investments (Line 10.8 minus Line 11.7) .....	0	0
<b>Cash from Financing and Miscellaneous Sources</b>		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in .....	2,180,000	0
13.2 Net transfers from affiliates .....	527,746	0
13.3 Borrowed funds received .....	0	0
13.4 Other cash provided .....	(921,965)	0
13.5 Total (Lines 13.1 to 13.4) .....	1,785,781	0
14. Cash applied:		
14.1 Dividends to stockholders paid .....	0	0
14.2 Net transfers to affiliates .....	0	0
14.3 Borrowed funds repaid .....	0	0
14.4 Other applications .....	242,578	0
14.5 Total (Lines 14.1 to 14.4) .....	242,578	0
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5) .....	1,543,203	0
<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) .....	4,153,208	0
17. Cash and short-term investments:		
17.1 Beginning of year .....	0	0
17.2 End of year (Line 16 plus Line 17.1) .....	4,153,208	0

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS (Gain and Loss Exhibit)**

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medical Only	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-term Care	Other
1. Net premium income .....	7,470,918								7,470,918				
2. Change in unearned premium reserves and reserve for rate credit .....	0												
3. Fee-for-service (net of \$ ..... medical expenses) .....	0												
4. Risk revenue.....	0												
5. Aggregate write-ins for other health care related revenues .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Total revenues (Lines 1 to 5).....	7,470,918	0	0	0	0	0	0	0	7,470,918	0	0	0	0
7. Medical/hospital benefits .....	3,150,700								3,150,700				
8. Other professional services .....	481,315								481,315				
9. Outside referrals .....	0								0				
10. Emergency room and out-of-area .....	398,274								398,274				
11. Prescription Drugs .....	596,093								596,093				
12. Aggregate write-ins for other medical and hospital .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Incentive pool and withhold adjustments .....	0												
14. Subtotal (Lines 7 to 13) .....	4,626,382	0	0	0	0	0	0	0	4,626,382	0	0	0	0
15. Net reinsurance recoveries .....	(240,577)								(240,577)				
16. Total medical and hospital (Lines 14 minus 15) .....	4,866,959	0	0	0	0	0	0	0	4,866,959	0	0	0	0
17. Claims adjustment expenses .....	389,416								389,416				
18. General administrative expenses .....	1,942,798								1,942,798				
19. Increase in reserves for accident and health contracts .....	0												
20. Total underwriting deductions (Lines 16 to 19) .....	7,199,173	0	0	0	0	0	0	0	7,199,173	0	0	0	0
21. Total underwriting gain or (loss) (Line 6 minus Line 20) .....	271,745	0	0	0	0	0	0	0	271,745	0	0	0	0
<b>DETAILS OF WRITE-INS</b>													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
1201. ....													
1202. ....													
1203. ....													
1298. Summary of remaining write-ins for Line 12 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
1299. Totals (Lines 1201 thru 1203 plus 1298) (Line 12 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0

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**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (medical and hospital) .....				.0
2. Medicare Supplement .....				.0
3. Dental Only.....				.0
4. Vision Only.....				.0
5. Federal Employees Health Benefits Plan Premiums .....				.0
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....	7,470,918			7,470,918
8. Other .....				.0
9. Totals	7,470,918	0	0	7,470,918

STATEMENT AS OF March 1, 2003 OF THE Peoples Health Plan of Ohio, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - Claims Incurred During the Year**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Medical & Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan Premium	Title XVIII Medicare	Title XIX Medicaid	Other
1. Payments during the year:									
1.1 Direct .....	2,778,660							2,778,660	
1.2 Reinsurance assumed .....	.0								
1.3 Reinsurance ceded .....	.0								
1.4 Net .....	2,778,660	.0	.0	.0	.0	.0	.0	2,778,660	.0
2. Paid medical incentive pools and bonuses .....	.0								
3. Claim liability December 31, current year from Part 2A:									
3.1 Direct .....	1,847,723	.0	.0	.0	.0	.0	.0	1,847,723	.0
3.3 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net .....	1,847,723	.0	.0	.0	.0	.0	.0	1,847,723	.0
4. Claim reserve December 31, current year from Part 2D:									
4.1 Direct .....	.0								
4.2 Reinsurance assumed .....	.0								
4.3 Reinsurance ceded .....	.0								
4.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year .....	.0								
6. Amounts recoverable from reinsurers December 31, current year .....	.0							.0	
7. Claim liability December 31, prior year from Part 2A:									
7.1 Direct .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
7.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Claim reserve December 31, prior year from Part 2D:									
8.1 Direct .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Accrued medical incentive pools and bonuses, prior year .....	.0								
10. Amounts recoverable from reinsurers December 31, prior year .....	0								
11. Incurred Benefits:									
11.1 Direct .....	4,626,383	.0	.0	.0	.0	.0	.0	4,626,383	.0
11.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
11.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
11.4 Net .....	4,626,383	0	0	0	0	0	0	4,626,383	0
12. Incurred medical incentive pools and bonuses .....	0	0	0	0	0	0	0	0	0

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STATEMENT AS OF March 1, 2003 OF THE Peoples Health Plan of Ohio, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - Claims Liability End of Current Year**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Medical & Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan Premium	Title XVIII Medicare	Title XIX Medicaid	Other
1. Reported in Process of Adjustment:									
1.1. Direct .....	826,786							826,786	
1.2. Reinsurance assumed .....	.0								
1.3. Reinsurance ceded .....	.0								
1.4. Net .....	826,786	.0	.0	.0	.0	.0	.0	826,786	.0
2. Incurred but Unreported:									
2.1. Direct .....	1,020,937							1,020,937	
2.2. Reinsurance assumed .....	.0								
2.3. Reinsurance ceded .....	.0								
2.4. Net .....	1,020,937	.0	.0	.0	.0	.0	.0	1,020,937	.0
3. Amounts Withheld from Paid Claims and Capitations:									
3.1. Direct .....	.0								
3.2. Reinsurance assumed .....	.0								
3.3. Reinsurance ceded .....	.0								
3.4. Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:									
4.1. Direct .....	1,847,723	.0	.0	.0	.0	.0	.0	1,847,723	.0
4.2. Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3. Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4. Net .....	1,847,723	0	0	0	0	0	0	1,847,723	0

STATEMENT AS OF March 1, 2003 OF THE Peoples Health Plan of Ohio, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability Dec. 31 of Current Year		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 (medical and hospital) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental Only.....					.0	.0
4. Vision Only.....					.0	.0
5. Federal Employees Health Benefits Plan Premiums .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid.....	.0	2,778,660	.0	1,847,723	.0	.0
8. Other .....					.0	.0
9. Subtotal .....	.0	2,778,660	.0	1,847,723	.0	.0
10. Medical incentive pools, accruals and disbursements .....					.0	.0
11. Totals	0	2,778,660	0	1,847,723	0	0

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**  
 (000 Omitted)

**Section A - Paid Claims - Title XIX Medicaid**

Year in Which Losses Were Incurred	Net Amounts Paid				
	1 1998	2 1999	3 2000	4 2001	5 2002
1. Prior .....	.0	.0	.0	.0	
2. 1998 .....	.0	.0	.0	.0	
3. 1999 .....	XXX	.0	.0	.0	
4. 2000 .....	XXX	XXX	.0	.0	
5. 2001 .....	XXX	XXX	XXX	.0	
6. 2002 .....	XXX	XXX	XXX	XXX	2,301,127

**Section B - Incurred Claims- Title XIX Medicaid**

Year in Which Losses Were Incurred	Sum of Net Amount Paid and Claim Liability and Reserve Outstanding at End of Year				
	1 1998	2 1999	3 2000	4 2001	5 2002
1. Prior .....	.0	.0	.0	.0	
2. 1998 .....	.0	.0	.0	.0	
3. 1999 .....	XXX	.0	.0	.0	
4. 2000 .....	XXX	XXX	.0	.0	
5. 2001 .....	XXX	XXX	XXX	.0	
6. 2002 .....	XXX	XXX	XXX	XXX	4,148,850

**Section C – Incurred Year Claims and Claims Adjustment Expense Ratio – Title XIX Medicaid**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Col. (3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col 2+3)	6 Col. (5/1) Percent	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 Col. (9/1) Percent
1. Prior to 1998.....	XXX			XXX	.0	XXX			.0	XXX
2. 1998.....				.0	.0	.0			.0	.0
3. 1999.....				.0	.0	.0			.0	.0
4. 2000.....				.0	.0	.0			.0	.0
5. 2001.....				.0	.0	.0			.0	.0
6. 2002.....	7,470,918	2,301,127	289,416	12.6	2,590,543	34.7	1,847,723	100,000	4,538,266	60.7
7. Total (Lines 1 through 6)	XXX	2,301,127	289,416	XXX	2,590,543	XXX	1,847,723	100,000	4,538,266	XXX
8. Total (Lines 2 through 6)	7,470,918	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS**

(000 Omitted)

**Section A - Paid Claims- Grand Total**

Year in Which Losses Were Incurred	Net Amounts Paid				
	1 1998	2 1999	3 2000	4 2001	5 2002
1. Prior .....	.0	.0	.0	.0	.0
2. 1998 .....	.0	.0	.0	.0	.0
3. 1999 .....	XXX	.0	.0	.0	.0
4. 2000 .....	XXX	XXX	.0	.0	.0
5. 2001 .....	XXX	XXX	XXX	.0	.0
6. 2002 .....	XXX	XXX	XXX	XXX	2,301,127

**Section B - Incurred Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Net Amount Paid and Claim Liability and Reserve Outstanding at End of Year				
	1 1998	2 1999	3 2000	4 2001	5 2002
1. Prior .....	.0	.0	.0	.0	.0
2. 1998 .....	.0	.0	.0	.0	.0
3. 1999 .....	XXX	.0	.0	.0	.0
4. 2000 .....	XXX	XXX	.0	.0	.0
5. 2001 .....	XXX	XXX	XXX	.0	.0
6. 2002 .....	XXX	XXX	XXX	XXX	4,148,850

**Section C - Incurred Year Claims and Claims Adjustment Expense Ratio - Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Col. (3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col 2+3)	6 Col. (5/1) Percent	7 Claims Unpaid	8 Unpaid Claim Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 Col. (9/1) Percent
1. Prior to 1998.....	XXX	.0	.0	XXX	.0	XXX	.0	.0	.0	XXX
2. 1998.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 1999.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2000.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2001.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2002.....	7,470,918	2,301,127	289,416	12.6	2,590,543	34.7	1,847,723	100,000	4,538,266	60.7
7. Total (Lines 1 through 6)	XXX	2,301,127	289,416	XXX	2,590,543	XXX	1,847,723	100,000	4,538,266	XXX
8. Total (Lines 2 through 6)	7,470,918	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Aggregate Reserve for A&H Contracts  
**NONE**

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 3 - ANALYSIS OF EXPENSES**

	1 Claim Adjustment Expenses	2 General Administration Expenses	3 Investment Expenses	4 Total
1. Rent (\$ ..... for occupancy of own building).....		.0		.0
2. Salaries, wages and other benefits.....		565,424		565,424
3. Commissions (less \$ ..... ceded plus \$ ..... assumed).....		.0		.0
4. Legal fees and expenses.....		80,750		80,750
5. Certifications and accreditation fees.....				.0
6. Auditing, actuarial and other consulting services.....		78,656		78,656
7. Traveling expenses.....		23,780		23,780
8. Marketing and advertising.....		25,782		25,782
9. Postage, express and telephone.....		68,088		68,088
10. Printing and office supplies.....		29,074		29,074
11. Occupancy, depreciation and amortization.....		53,131		53,131
12. Equipment.....		5,892		5,892
13. Cost or depreciation of EDP equipment and software.....		29,681		29,681
14. Outsourced services including EDP, claims, and other services.....	389,416	768,669		1,158,085
15. Boards, bureaus and association fees.....				.0
16. Insurance, except on real estate.....		19,665		19,665
17. Collection and bank service charges.....		3,188		3,188
18. Group service and administration fees.....				.0
19. Reimbursements by uninsured accident and health plans.....				.0
20. Reimbursements from fiscal intermediaries.....				.0
21. Real estate expenses.....				.0
22. Real estate taxes.....				.0
23. Taxes, licenses and fees:				
23.1 State and local insurance taxes.....				.0
23.2 State premium taxes.....				.0
23.3 Regulatory authority licenses and fees.....		111,292		111,292
23.4 Payroll taxes.....		44,588		44,588
23.5 Other (excluding federal income and real estate taxes).....				.0
24. Investment expenses not included elsewhere.....			.0	.0
25. Aggregate write-ins for expenses.....	0	35,138	0	35,138
26. Total expenses incurred (Lines 1 to 25).....	389,416	1,942,798	.0	(a) 2,332,214
27. Add expenses unpaid December 31, prior year.....				.0
28. Less expenses unpaid December 31, current year.....	100,000	204,101		304,101
29. Amounts receivable related to uninsured accident and health plans, prior year.....				.0
30. Amounts receivable related to uninsured accident and health plans, current year.....				.0
31. Total expenses paid (Lines 26 + 27 - 28 - 29 + 30)	289,416	1,738,697	0	2,028,113
<b>DETAIL OF WRITE-INS</b>				
2501. Recruiting.....		26,545		26,545
2502. Payroll Processing.....		1,874		1,874
2503. Other.....		4,345		4,345
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	2,374	.0	2,374
2599. Totals (Line 2501 thru 2503 plus 2598)(Line 25 above)	0	35,138	0	35,138

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

## EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash/short-term investments	(e) 29,344	30,159
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	29,344	30,159
11. Investment expenses		(g)
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h) 3,873
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total (Lines 11 through 15)		3,873
17. Net Investment Income - (Line 10 minus Line 16)		26,286
<b>DETAILS OF WRITE-INS</b>		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Total (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.  
 (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
 (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
 (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
 (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Increases (Decreases) by Adjustment	4 Net Gain (Loss) from Change in Difference Between Basis Book/ Adjusted Carrying and Admitted Values	5 Total
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash/Short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					
<b>NONE</b>					
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)					

## EXHIBIT 1 - ANALYSIS OF NONADMITTED ASSETS AND RELATED ITEMS

	1 End of Current Year	2 End of Prior Year	3 Changes for Year (Increase) or Decrease
1. Summary of Items Page 2, Lines 10 to 13 and 15 to 20, Column 2 .....	139,621	0	(139,621)
2. Other Non-Admitted Assets:			
2.1 Bills receivable.....		0	0
2.2 Leasehold improvements.....	17,117	0	(17,117)
2.3 Cash advanced to or in hands of officers and agents.....		0	0
2.4 Loans on personal security, endorsed or not.....			0
2.5 Commuted commissions.....			0
3. Total (Lines 2.1 to 2.5) .....	17,117	0	(17,117)
4. Aggregate write-ins for other assets.....	10,896	0	(10,896)
5. Total (Line 1 plus Lines 3 and Line 4)	167,634	0	(167,634)
0401. Prepaid Assets.....	10,896	0	(10,896)
0402. ....			
0403. ....			
0498. Summary of remaining write-ins for Line 4 from overflow page .....	0	0	0
0499. Totals (Lines 0401 thru 0403 plus 0498) (Line 4 above)	10,896	0	(10,896)

### EXHIBIT 2 - ENROLLMENT BY PRODUCT TYPE

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	.0	.0	4,233	8,175	8,338	53,908
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	.0					
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	0	0	4,233	8,175	8,338	53,908
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page.....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

Peoples Health, domiciled in the State of Ohio, prepares its statutory financial statements in accordance with accounting practices prescribed or permitted by the State of Ohio.

Statutory practices vary from generally accepted accounting practices in that certain assets designated as “non-admitted assets” are charged directly to net worth; under generally accepted accounting principles, such assets are carried on the balance sheet with the appropriate valuation allowances.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Revised Code. The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio.

#### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of statutory financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of operating revenues and expenses during the reporting period. Significant financial statement estimates include the liability for claims incurred but not reported. Actual results could differ from those estimates.

#### C. Accounting Policy

##### (1) Cash and Cash Equivalents

Peoples Health considers all highly liquid debt instruments with an original maturity of three months or less to be cash equivalents.

##### (2) Property and Equipment

Property and equipment generally consists of computer hardware, software and other equipment utilized in operations. Property and equipment is stated at cost less accumulated depreciation. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the assets: five years for furniture and equipment.

##### (3) Premium Revenue

Premiums are recognized as revenue during the period in which Peoples Health is obligated to provide services to members. Premiums received for future months’ services are recorded as deferred premium revenue.

##### (4) Claims Payable, Health Care Services and Loss Adjustment Expenses

Claims payable and health care services expense are based upon a cost estimate for unpaid claims reported prior to the close of the accounting period, together with a provision for the current estimate of the probable cost of claims that have been incurred but not yet been reported (IBNR). For the period ended December 31, 2002, the estimates are based on actual statistical information and reported health care services, as well as actuarial data and industry trends. Although considerable variability is inherent in such estimates, management believes that the liabilities are adequate. Any required revisions to these estimates will be reflected in operations of the period in which such revisions are determined.

### 2. Accounting Changes and Corrections of Errors

None.

### 3. Business Combinations and Goodwill

None

### 4. Discontinued Operations

None

### 5. Investments

Not Applicable

## NOTES TO FINANCIAL STATEMENTS

### 6. Joint Ventures, Partnerships and Limited Liability Companies

None

### 7. Investment Income

None excluded

### 8. Derivative Instruments

Not applicable

### 9. Income Taxes

- A. The Company's federal income tax return is consolidated with the following entity:  
Peoples Health Associates, Inc.
- B. The method of allocation between the companies is subject to a tax sharing agreement. Allocation is based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled annually by the end of the second quarter.

### 10. Information Concerning Parent, Subsidiaries and Affiliates

- A. Peoples Health has cost-sharing agreements with both Peoples Health Associates, Inc. (PHA), its parent, and Peoples Health Care Services, Inc. (PHS), also a subsidiary of PHA, to provide certain administrative and support services to augment operations.
- B. The amount due from affiliates at December 31, 2002 is \$139,621, which includes amounts loaned to PHA and PHS. The amount due to affiliate, \$527,746, represents amounts due under the Cost Sharing allocation from PHA for September through December, 2002 as well as taxes due under the tax allocation agreement.
- C. All outstanding shares of Peoples Health are owned by Peoples Health Associates, Inc., the parent company, a company domiciled in the state of Delaware. For year to date December 31, 2002, Peoples Health received capital infusions from PHA totaling \$2,180,000.

### 11. Debt

None

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

None

### 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations.

- A. The company has 600 shares authorized, 600 shares issued and outstanding. All shares are held by Peoples Health Associates, Inc., the parent company.

### 14. Contingencies

- A. Contingent liabilities may arise from litigation in the course of the Company's business. The effect of these potential liabilities on the financial position of the Company are not known.

### 15. Leases

- A. The Company leases office equipment under various operating leases. Rental expense for 2002 was \$5,892.

### 16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None

### 17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

None

## NOTES TO FINANCIAL STATEMENTS

### 18. Gain or Loss to Reporting Entity from Uninsured Plans

None

### 19. Direct Premium Written by Managing General Agents

None

### 20. Other items

None

### 21. Events Subsequent

- A. In February 2003, Peoples Health surrendered its Certificate of Authority to the Ohio Department of Insurance.

### 22. Reinsurance

Under the terms of the current reinsurance agreement, Peoples Health is generally reimbursed for 90% of approved inpatient, outpatient and out-of-area hospital services after satisfying a \$75,000 deductible prescribed by ODJFS. The coverage is subject to limitations on average per diem rates and aggregate liability.

### 23. Retrospectively Rated Contracts

None

### 24. Salvage and Subrogation

None

### 25. Change in Incurred Claims and Claim Adjustment Expenses

Not applicable

### 26. Organization and Operation

Peoples Health Plan of Ohio, Inc. ("Peoples Health") was formed on April 20, 2001 under the laws of the State of Ohio. Its principal place of business is Canton, Ohio. Peoples Health is a subsidiary of Peoples Health Associates, Inc. (PHA), a privately held Delaware corporation.

On February 12, 2002 a Certificate of Authority was granted to Peoples Health, authorizing the company to transact the business of basic and supplemental health care services as a health insuring corporation in the State of Ohio.

Peoples Health offers its managed care services to Medical Assistance members under a contract with the State of Ohio Department of Jobs and Family Services, Bureau of Managed Care (ODJFS). Operations under the ODJFS contract commenced April 1, 2002 in Cuyahoga County.

Prior to April 1, 2002, all Peoples Health start-up and pre-operational costs and expenses, as well as costs incurred in the pursuit of licensure, were assumed by PHA.

Peoples Health has capitation contracts with medical service providers for the provision of vision, dental and behavioral health services to enrollees; a fixed amount per member is paid to the capitated providers on a monthly basis. The capitated providers are at risk for the cost of the health care services provided to the enrollees in the relevant geographic areas. However, Peoples Health is ultimately responsible for the provision of services to its enrollees should the capitated providers be unable to provide the contracted services. For year to date December 31, 2002, health care services expenses relating to these capitated providers (included in health care service costs) amounted to \$477,532.

### 27. Minimum Net Worth

## NOTES TO FINANCIAL STATEMENTS

Peoples Health is required to maintain a deposit of \$400,000 under the regulations of the State of Ohio Department of Insurance. To satisfy the requirement, Peoples Health deposited \$400,000 in a certificate of deposit with the Superintendent of Insurance in February 2002. According to Agreement No. ODIBA 575, the investment shall be under the control of the Superintendent and Peoples Health shall not transfer, pledge, hypothecate, assign or deliver to any person, the investment without prior written approval of the Superintendent.

Peoples Health is also required by statute to maintain a net worth amount of not less than \$1,700,000.

At December 31, 2002, Peoples Health remains in compliance with both the minimum deposit requirement and the statutory net worth requirement.

## SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. Treasury securities .....		.0.000		.0.000
1.2 U.S. government agency and corporate obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies .....		.0.000		.0.000
1.22 Issued by U.S. government sponsored agencies .....		.0.000		.0.000
1.3 Foreign government (including Canada, excluding mortgaged-backed securities) .....		.0.000		.0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations .....		.0.000		.0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations .....		.0.000		.0.000
1.43 Revenue and assessment obligations .....		.0.000		.0.000
1.44 Industrial development and similar obligations .....		.0.000		.0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Guaranteed by GNMA .....		.0.000		.0.000
1.512 Issued by FNMA and FHLMC .....		.0.000		.0.000
1.513 Privately issued .....		.0.000		.0.000
1.52 CMOs and REMICs:				
1.521 Issued by FNMA and FHLMC .....		.0.000		.0.000
1.522 Privately issued and collateralized by MBS issued or guaranteed by GNMA, FNMA, or FHLMC .....		.0.000		.0.000
1.523 All other privately issued .....		.0.000		.0.000
2. Other debt and other fixed income securities (excluding short-term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO) .....		.0.000		.0.000
2.2 Unaffiliated foreign securities .....		.0.000		.0.000
2.3 Affiliated securities .....		.0.000		.0.000
3. Equity interests:				
3.1 Investments in mutual funds .....		.0.000		.0.000
3.2 Preferred stocks:				
3.21 Affiliated .....		.0.000		.0.000
3.22 Unaffiliated .....		.0.000		.0.000
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated .....		.0.000		.0.000
3.32 Unaffiliated .....		.0.000		.0.000
3.4 Other equity securities:				
3.41 Affiliated .....		.0.000		.0.000
3.42 Unaffiliated .....		.0.000		.0.000
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated .....		.0.000		.0.000
3.52 Unaffiliated .....		.0.000		.0.000
4. Mortgage loans:				
4.1 Construction and land development .....		.0.000		.0.000
4.2 Agricultural .....		.0.000		.0.000
4.3 Single family residential properties .....		.0.000		.0.000
4.4 Multifamily residential properties .....		.0.000		.0.000
4.5 Commercial loans .....		.0.000		.0.000
5. Real estate investments:				
5.1 Property occupied by the company .....		.0.000	.0	.0.000
5.2 Property held for the production of income (includes \$ ..... of property acquired in satisfaction of debt) .....		.0.000	.0	.0.000
5.3 Property held for sale (\$ ..... including property acquired in satisfaction of debt) .....		.0.000	.0	.0.000
6. Policy loans .....		.0.000		.0.000
7. Receivables for securities .....		.0.000	.0	.0.000
8. Cash and short-term investments .....	4,153,209	91.215	4,153,209	91.215
9. Other invested assets .....	400,000	8.785	400,000	8.785
10. Total invested assets	4,553,209	100.000	4,553,209	100.000

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] NA [ ]
- 1.3 State Regulating? ..... Yes
- 2.1 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 ]
- 2.2 If yes, date of change: .....  
If not previously filed, furnish herewith a certified copy of the instrument as amended.
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....
- 3.2 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. ....
- 3.3 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). ....
- 3.4 By what department or departments? .....
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? ..... Yes [ ] No [ X ]
- 4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? ..... Yes [ ] No [ X ]
- 4.22 renewals? ..... 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 the 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
.....	.....	.....
.....	.....	.....

- 6.1 Has the 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 ]
- 6.2 If yes, give full information: .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]
- 7.2 If yes,
- 7.21 State the percentage of foreign control; .....
- 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney in fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....

## GENERAL INTERROGATORIES

(continued)

8. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
9. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with a(n) actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Milliman USA, Jeffrey L. Smith  
 Columbus, OH.....
10. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 10.1 What changes have been made during the year in the United States Manager or the United States Trustees of the reporting entity?
- 10.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ X ] No [ ]
- 10.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ X ]
- 10.4 If answer to (10.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] NA [ ]

### BOARD OF DIRECTORS

11. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]
12. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]
13. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees which is in or likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

### FINANCIAL

- 14.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- |  |   |         |
|--|---|---------|
|  | 14.11 To directors or other officers ..                 | \$..... |
|  | 14.12 To stockholders not officers ...                  | \$..... |
|  | 14.13 Trustees, supreme or grand (Fraternal only) ..... | \$..... |
- 14.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- |  |   |         |
|--|---|---------|
|  | 14.21 To directors or other officers ...                | \$..... |
|  | 14.22 To stockholders not officers ....                 | \$..... |
|  | 14.23 Trustees, supreme or grand (Fraternal only) ..... | \$..... |
- 15.1 Were any of the assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in this statement? ..... Yes [ ] No [ X ]
- 15.2 If yes, state the amount thereof at December 31 of the current year:
- |  |                                  |                |
|--|----------------------------------|----------------|
|  | 15.21 Rented from others .....   | \$.....        |
|  | 15.22 Borrowed from others ..... | \$.....        |
|  | 15.23 Leased from others .....   | \$..... 17,117 |
|  | 15.24 Other .....                | \$.....        |
- Disclose in Notes to Financial Statements the nature of each of these obligations.
- 16.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]
- 16.2 If answer is yes,
- |  |  |         |
|--|--|---------|
|  | 16.21 Amount paid as losses or risk adjustment ..... | \$..... |
|  | 16.22 Amount paid as expenses .....                  | \$..... |
|  | 16.23 Other amounts paid .....                       | \$..... |

## GENERAL INTERROGATORIES

(continued)  
INVESTMENT

17. List the following capital stock information for the reporting entity:

Class	1	2	3	4	5		6	
	Number of Shares Authorized	Number of Shares Outstanding	Par Value Per Share	Redemption Price if Callable	Is Dividend Rate Limited?		Are Dividends Cumulative?	
					Yes	No	Yes	No
Preferred	.0	.0	.000	.0	[ ]	[ ]	[ ]	[ ]
Common	600	600	0.010	XXX	XXX	XXX	XXX	XXX

18.1. Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date, except as shown by Schedule E - Part 2 - Special Deposits? Yes [ X ] No [ ]

18.2 If no, give full and complete information relating thereto:

19.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, except as shown on the Schedule E - Part 2 - Special Deposits; or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 15.1) Yes [ ] No [ X ]

19.2 If yes, state the amount thereof at December 31 of the current year:

19.21	Loaned to others	\$
19.22	Subject to repurchase agreements	\$
19.23	Subject to reverse repurchase agreements	\$
19.24	Subject to dollar repurchase agreements	\$
19.25	Subject to reverse dollar repurchase agreements	\$
19.26	Pledged as collateral	\$
19.27	Placed under option agreements	\$
19.28	Letter stock or other securities restricted as to sale	\$
19.29	Other	\$

19.3 For each category above, if any of these assets are held by others, identify by whom held:

19.31	19.35
19.32	19.36
19.33	19.37
19.34	19.38
	19.39

For categories (19.21) and (19.23) above, and for any other securities that were made available for use by another person during the period covered by this statement, attach a schedule as shown in the instructions to the annual statement.

19.4 For category (19.28) provide the following:

1 Nature of Restriction	2 Description	3 Amount

20.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ ]

20.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] NA [ ]  
If no, attach a description with this statement.

21.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ ]

21.2. If yes, state the amount thereof at December 31 of the current year. \$

22. 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 [ ]

22.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address

## GENERAL INTERROGATORIES

(continued)  
INVESTMENT

22.02 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)

22.03 Have there been any changes, including name changes, in the custodian(s) identified in 22.01 during the current year?..... Yes [  ] No [  ]

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

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

22.05 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 Number(s)	2 Name	3 Address

### OTHER

23.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?..... \$ .....

23.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$ .....
	\$ .....
	\$ .....

24.1 Amount of payments for legal expenses, if any?..... \$ .....

24.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$ .....
	\$ .....
	\$ .....

25.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ .....

25.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$ .....
	\$ .....
	\$ .....

# GENERAL INTERROGATORIES

(continued)

## PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [ X ]
- 1.2 If yes, indicate premium earned on U. S. business only ..... \$ .....
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ .....
- 1.31 Reason for excluding .....
- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. .... \$ .....
- 1.5 Indicate total incurred claims on all Medicare Supplement Insurance. .... \$ .....
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned ..... \$ .....0
- 1.62 Total incurred claims ..... \$ .....0
- 1.63 Number of covered lives ..... \$ .....0
- All years prior to most current three years:
- 1.64 Total premium earned ..... \$ .....0
- 1.65 Total incurred claims ..... \$ .....0
- 1.66 Number of covered lives ..... \$ .....0
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned ..... \$ .....0
- 1.72 Total incurred claims ..... \$ .....0
- 1.73 Number of covered lives ..... \$ .....0
- All years prior to most current three years:
- 1.74 Total premium earned ..... \$ .....0
- 1.75 Total incurred claims ..... \$ .....0
- 1.76 Number of covered lives ..... \$ .....0
- 2.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? ..... Yes [ ] No [ X ]
- 2.2 If yes, give particulars:
- 3.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and departments been filed with the appropriate regulatory agency? ..... Yes [ X ] No [ ]
- 3.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? ..... Yes [ ] No [ ]
- 4.1 Does the reporting entity have stop-loss reinsurance? ..... Yes [ X ] No [ ]
- 4.2 If no, explain:
- 4.3 Maximum retained risk (see instructions)
- 4.31 Comprehensive Medical ..... \$ .....
- 4.32 Medical Only ..... \$ .....
- 4.33 Medicare Supplement ..... \$ .....
- 4.34 Dental ..... \$ .....
- 4.35 Other Limited Benefit Plan ..... \$ .....
- 4.36 Other ..... \$ .....
5. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
- 6.1 Does the reporting entity set up its claim liability for provider services on a service data base? ..... Yes [ ] No [ ]
- 6.2 If no, give details:
7. Provide the following Information regarding participating providers:
- 7.1 Number of providers at start of reporting year ..... 0
- 7.2 Number of providers at end of reporting year ..... 882
- 8.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes [ ] No [ X ]
- 8.2 If yes, direct premium earned:
- 8.21 Business with rate guarantees between 15-36 months .....
- 8.22 Business with rate guarantees over 36 months .....
- 9.1 Does the reporting entity have Bonus/Withhold Arrangements in its provider contract? ..... Yes [ ] No [ X ]
- 9.2 If yes:
- 9.21 Maximum amount payable bonuses ..... \$ .....
- 9.22 Amount actually paid for year bonuses ..... \$ .....
- 9.23 Maximum amount payable withholds ..... \$ .....
- 9.24 Amount actually paid for year withholds ..... \$ .....
10. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Cuyahoga County, Ohio.....
.....
.....
.....

## FIVE-YEAR HISTORICAL DATA

	1 2002	2 2001	3 2000	4 1999	5 1998
<b>BALANCE SHEET ITEMS (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 23) .....	4,869,190	0	0	0	0
2. Total liabilities (Page 3, Line 18) .....	2,679,570	0	0	0	0
3. Statutory surplus .....	0	0	0	0	0
4. Total capital and surplus (Page 3, Line 26) .....	2,189,620	0	0	0	0
<b>INCOME STATEMENT ITEMS (Page 4)</b>					
5. Total revenues (Line 7) .....	7,470,918	0	0	0	0
6. Total medical and hospital expenses (Line 17) .....	4,866,959	0	0	0	0
7. Total administrative expenses (Line 19) .....	1,942,798	0	0	0	0
8. Net underwriting gain (loss) (Line 22) .....	271,745	0	0	0	0
9. Net investment gain (loss) (Line 25) .....	26,286	0	0	0	0
10. Total other income (Lines 26 plus 27) .....	0	0	0	0	0
11. Net income (loss) (Line 30) .....	177,254	0	0	0	0
<b>RISK - BASED CAPITAL ANALYSIS</b>					
12. Total adjusted capital .....	2,189,620	0	0	0	0
13. Authorized control level risk-based capital .....	878,265	0	0	0	0
<b>ENROLLMENT (Exhibit 2)</b>					
14. Total members at end of period (Column 5, Line 7) .....	8,338	0	0	0	0
15. Total member months (Column 6, Line 7) .....	53,908	0	0	0	0
<b>OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Line 2, 3 and 5)</b>					
16. Premiums earned (Line 2 plus 3) .....	100.0	100.0	100.0	100.0	100.0
17. Total medical and hospital (Line 17) .....	65.1	0.0	0.0	0.0	0.0
18. Total underwriting deductions (Line 21) .....	96.4	0.0	0.0	0.0	0.0
19. Total underwriting gain (loss) (Line 22) .....	3.6	0.0	0.0	0.0	0.0
<b>UNPAID CLAIMS ANALYSIS (U&amp;I Exhibit, Part 2B)</b>					
20. Total claims incurred for prior years (Line 11, Col. 5) .....	0	0	0	0	0
21. Estimated liability of unpaid claims – [prior year (Line 11, Col. 6)]	0	0	0	0	0

**FIVE-YEAR HISTORICAL DATA (Continued)**

	1 2002	2 2001	3 2000	4 1999	5 1998
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
22. Affiliated bonds (Sch. D Summary, Line 25, Col. 1) .....	0	0	0	0	0
23. Affiliated preferred stocks (Sch. D Summary, Line 39, Col. 1) .....	0	0	0	0	0
24. Affiliated common stocks (Sch. D Summary, Line 53, Col. 2) .....	0	0	0	0	0
25. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 11) .....	0	0	0	0	0
26. Affiliated mortgage loans on real estate .....		0	0	0	0
27. All other affiliated .....		0	0	0	0
28. Total of above Lines 22 to 27	0	0	0	0	0

Schedule D - Summary By Country

**NONE**

Schedule D - Verification Between Years

**NONE**

## SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed? (Yes or No)	Direct Business Only			
			3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH	Yes			7,470,918	
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Canada	CN					
57. Aggregate other alien	OT	XXX	XXX	0	0	0
58. Total (Direct Business)	XXX	(a) 1	0	0	7,470,918	0
<b>DETAILS OF WRITE-INS</b>						
5701.						
5702.						
5703.						
5798. Summary of remaining write-ins for Line 57 from overflow page			0	0	0	0
5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)			0	0	0	0

Explanation of basis of allocation by states, Actual premiums  
premiums by state, etc.:

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

March 1, 2003 OF THE Peoples Health Plan of Ohio, Inc.

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

**PART 1 - ORGANIZATIONAL CHART**

PEOPLES HEALTH ASSOCIATES, INC.  
EIN 54-2022872

PEOPLES HEALTH PLAN OF OHIO, INC.  
EIN 52-2318418

PEOPLES HEALTHCARE SERVICES, INC.  
EIN 52-2318419