



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2002
of the Condition and Affairs of the

One Health Plan of Ohio, Inc.

NAIC Group Code..... 0769, (Current Period) (Prior Period)	0769	NAIC Company Code..... 95663	Employer's ID Number..... 34-1845496
Organized under the Laws of Ohio	Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile United States
Licensed as Business Type	Other - Health Insuring Corporation		
Is HMO Federally Qualified? Yes [] No [X]			
Date Incorporated or Organized..... July 1, 1996	Date Commenced Business..... May 16, 1997		
Statutory Home Office	25000 Country Club Blvd #140 North Olmstead OH 44070 <i>(Street and Number) (City or Town, State and Zip Code)</i>		
Address of Main Administrative Office	13045 Tesson Ferry Road B2-91 St. Louis MO 63128 <i>(Street and Number) (City or Town, State and Zip Code)</i>		314-543-8388 <i>(Area Code) (Telephone Number)</i>
Mail Address	13045 Tesson Ferry Road B2-91 St. Louis MO 63128 <i>(Street and Number or P. O. Box) (City or Town, State and Zip Code)</i>		
Primary Location of Books and Records	13045 Tesson Ferry Road B2-91 St. Louis MO 63128 <i>(Street and Number) (City or Town, State and Zip Code)</i>		314-543-8388 <i>(Area Code) (Telephone Number)</i>
Internet Website Address	www.gwla.com		
Statement Contact	Glenn Melenbrink <i>(Name)</i> GMelenbrink@gwl.com <i>(E-Mail Address)</i>		314-543-8388 <i>(Area Code) (Telephone Number) (Extension)</i> 314-543-8543 <i>(Fax Number)</i>
Policyowner Relations Contact	PO Box 11111 Ft. Scott KS 66701 <i>(Street and Number) (City or Town, State and Zip Code)</i>		800-663-8081 <i>(Area Code) (Telephone Number) (Extension)</i>

OFFICERS

President Karen Antoinette Smith	Treasurer Glen Ray Derback
Secretary Richard George Schultz	Chairperson.. Donna Anne Goldin

OTHER OFFICERS

Michael Allen Friedberg	Gina Michaelle Sheridan
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DIRECTORS

Donna Anne Goldin	Fred Charles Riggall	Martin Rosenbaum
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State of..... Missouri	State of..... Colorado
County of.... St Louis	County of.... Arapahoe

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.

_____ (Signature) Karen Antoinette Smith _____ (Printed Name) President	_____ (Signature) Richard George Schultz _____ (Printed Name) Secretary	_____ (Signature) Glen Ray Derback _____ (Printed Name) Treasurer
--	--	--

Subscribed and sworn to before me this
.....day of, 2003
.....
Colorado Notary
NOTARY PUBLIC (Seal)

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

Subscribed and sworn to before me this
.....day of, 2003
.....
Missouri Notary
NOTARY PUBLIC (Seal)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds.....	3,851,265		3,851,265	4,360,876
2. Stocks:				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate:				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.0 encumbrances).....			(a) .0	
4.2 Properties held for the production of income (less \$.0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.0 encumbrances).....			.0	
5. Cash (\$.....1,011,448, Schedule E, Part 1) and short-term investments (\$.....585,793, Schedule DA, Part 2).....	1,597,241		1,597,241	280,381
6. Other long-term invested assets.....			.0	
7. Receivable for securities.....			.0	
8. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
9. Subtotal cash and invested assets (Lines 1 to 8).....	5,448,506	.0	5,448,506	4,641,257
10. Accident and health premiums due and unpaid.....			.0	
11. Health care receivables.....			.0	
12. Amounts recoverable from reinsurers.....	2,211,000		2,211,000	9,346,788
13. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
14. Investment income due and accrued.....	38,139		38,139	40,045
15. Amounts due from parent, subsidiaries and affiliates.....	58,481	58,481	.0	58,481
16. Amounts receivable relating to uninsured accident and health plans.....			.0	
17. Furniture and equipment.....			.0	51,808
18. Amounts due from agents.....			.0	
19. Federal and foreign income tax recoverable and interest thereon (including \$.0 net deferred tax asset).....			.0	
20. Electronic data processing equipment and software.....			.0	7,062
21. Other nonadmitted assets.....	29,688	29,688	.0	
22. Aggregate write-ins for other than invested assets.....	.0	.0	.0	.0
23. Total assets (Lines 9 plus 10 through 22).....	7,785,814	88,169	7,697,645	14,145,441

DETAILS OF WRITE-INS

0801. ....			.0	
0802. ....			.0	
0803. ....			.0	
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).....	.0	.0	.0	.0
2201. ....			.0	
2202. ....			.0	
2203. ....			.0	
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) \$.0 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 \$.....1,460,503 reinsurance ceded).....	141,509	12,138	153,647	360,939
2. Accrued medical incentive pool and bonus payments.....			0	
3. Unpaid claims adjustment expenses.....	8,632		8,632	19,939
4. Aggregate policy reserves.....			0	
5. Aggregate claim reserves.....			0	
6. Premiums received in advance.....			0	
7. General expenses due or accrued.....	136,192		136,192	335,911
8. Federal and foreign income tax payable and interest thereon (including \$.....0 (on realized capital gains (losses)) (including \$.....96,618 net deferred tax liability).....	96,618		96,618	82,333
9. Amounts withheld or retained by company for the account of others.....			0	
10. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
11. Amounts due to parent, subsidiaries and affiliates.....	129,271		129,271	998,307
12. Payable for securities.....			0	
13. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers).....			0	
14. Reinsurance in unauthorized companies.....			0	
15. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
16. Liability for amounts held under uninsured accident and health plans.....			0	
17. Aggregate write-ins for other liabilities (including \$.....0 current).....	1,878,902	0	1,878,902	7,393,132
18. Total liabilities (Lines 1 to 17).....	2,391,124	12,138	2,403,262	9,190,561
19. Common capital stock.....	XXX	XXX	3,400,000	3,400,000
20. Preferred capital stock.....	XXX	XXX		
21. Gross paid in and contributed surplus.....	XXX	XXX	6,305,000	6,305,000
22. Surplus notes.....	XXX	XXX		
23. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
24. Unassigned funds (surplus).....	XXX	XXX	(4,410,617)	(4,750,120)
25. Less treasury stock, at cost:				
25.1 .....0.000 shares common (value included in Line 19 \$.....0).....	XXX	XXX		
25.2 .....0.000 shares preferred (value included in Line 20 \$.....0).....	XXX	XXX		
26. Total capital and surplus (Lines 19 to 24 less Line 25).....	XXX	XXX	5,294,383	4,954,880
27. Total liabilities, capital and surplus (Lines 18 and 26).....	XXX	XXX	7,697,645	14,145,441

DETAILS OF WRITE-INS

1701. Reinsurance payable.....	1,878,902		1,878,902	7,393,132
1702.			0	
1703.			0	
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).....	1,878,902	0	1,878,902	7,393,132
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	62,384	134,757
2. Net premium income.....	XXX	3,073,498	4,983,102
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Total revenues (Lines 2 to 6).....	XXX	3,073,498	4,983,102
Medical and Hospital:			
8. Hospital/medical benefits.....	329,224	4,167,395	13,240,342
9. Other professional services.....	328,730	4,161,144	7,190,690
10. Outside referrals.....	47,324		
11. Emergency room and out-of-area.....	46,638	599,040	1,097,980
12. Prescription drugs.....		2,056,302	
13. Aggregate write-ins for other medical and hospital.....	0	0	0
14. Incentive pool and withhold adjustments.....			
15. Subtotal (Lines 8 to 14).....	751,916	10,983,881	21,529,012
Less:			
16. Net reinsurance recoveries.....		9,875,316	19,394,056
17. Total medical and hospital (Lines 15 minus 16).....	751,916	1,108,565	2,134,956
18. Claims adjustment expenses.....		(11,306)	19,939
19. General administrative expenses.....		1,901,797	4,005,460
20. Increase in reserves for accident and health contracts.....			(121,444)
21. Total underwriting deductions (Lines 17 through 20).....	751,916	2,999,056	6,038,911
22. Total underwriting gain or (loss) (Lines 7 minus 21).....	XXX	74,442	(1,055,809)
23. Net investment income earned.....		317,830	615,938
24. Net realized capital gains or (losses).....			146,604
25. Net investment gains or (losses) (Lines 23 plus 24).....	0	317,830	762,542
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (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	392,272	(293,267)
29. Federal and foreign income taxes incurred.....	XXX	92,151	(88,412)
30. Net income (loss) (Lines 28 minus 29).....	XXX	300,121	(204,855)

DETAILS OF WRITE-INS

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

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
31. Capital and surplus prior reporting year.....	4,954,880	4,617,156
GAINS AND LOSSES TO CAPITAL AND SURPLUS		
32. Net income or (loss) from Line 30.....	300,121	(204,855)
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.....	(14,285)	14,232
37. Change in nonadmitted assets.....	55,679	647,664
38. Change in unauthorized reinsurance.....		
39. Change in treasury stock.....		
40. Change in surplus notes.....		
41. Cumulative effect of changes in accounting principles.....		(448,894)
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.....		
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.....	(2,012)	329,577
46. Net change in capital and surplus (Lines 32 to 45).....	339,503	337,724
47. Capital and surplus end of reporting year (Line 31 plus 46).....	5,294,383	4,954,880

DETAILS OF WRITE-INS

4501. Prior year adjustment to net worth.....	(2,012)	329,577
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).....	(2,012)	329,577

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums and revenues collected net of reinsurance.....	3,073,498	4,983,102
2. Claims and claims adjustment expenses.....	1,315,858	10,171,375
3. General administrative expenses paid.....	2,101,516	3,685,978
4. Other underwriting income (expenses).....		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4).....	(343,876)	(8,874,251)
6. Net Investment income.....	323,049	663,701
7. Other income (expenses).....		7,393,132
8. Federal and foreign income taxes (paid) recovered.....	(92,151)	88,412
9. Net cash from operations (Lines 5 to 8).....	(112,978)	(729,006)
CASH FROM INVESTMENTS		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds.....	966,876	5,986,742
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).....	966,876	5,986,742
11. Cost of investments acquired (long-term only):		
11.1 Bonds.....	460,578	781,490
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).....	460,578	781,490
12. Net cash from investments (Line 10.8 minus Line 11.7).....	506,298	5,205,252
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in.....		
13.2 Net transfers from affiliates.....		1,432,897
13.3 Borrowed funds received.....		
13.4 Other cash provided.....	1,794,588	539,620
13.5 Total (Lines 13.1 to 13.4).....	1,794,588	1,972,517
14. Cash applied:		
14.1 Dividends to stockholders paid.....		
14.2 Net transfers to affiliates.....	869,036	7,286,115
14.3 Borrowed funds repaid.....		
14.4 Other applications.....	2,012	
14.5 Total (Lines 14.1 to 14.4).....	871,048	7,286,115
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5).....	923,540	(5,313,598)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15).....	1,316,860	(837,352)
17. Cash and short-term investments:		
17.1 Beginning of year.....	280,381	1,117,733
17.2 End of year (Line 16 plus Line 17.1).....	1,597,241	280,381

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (medical and hospital).....	12,368,202		9,294,704	3,073,498
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.....				0
8. Other.....				0
9. Totals.....	12,368,202	0	9,294,704	3,073,498

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Medical and 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.....	13,158,574	13,158,574							
1.2 Reinsurance assumed.....	0								
1.3 Reinsurance ceded.....	11,842,717	11,842,717							
1.4 Net.....	1,315,857	1,315,857	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses.....	0								
3. Claim liability December 31, current year from Part 2A:									
3.1 Direct.....	1,614,150	1,614,150							
3.2 Reinsurance assumed.....	0								
3.3 Reinsurance ceded.....	1,460,503	1,460,503							
3.4 Net.....	153,647	153,647	0	0	0	0	0	0	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.....	2,211,000	2,211,000							
7. Claim liability December 31, prior year from Part 2A:									
7.1 Direct.....	3,788,843	3,788,843							
7.2 Reinsurance assumed.....	0								
7.3 Reinsurance ceded.....	3,427,904	3,427,904							
7.4 Net.....	360,939	360,939	0	0	0	0	0	0	0
8. Claim reserve December 31, prior year from Part 2D:									
8.1 Direct.....	0								
8.2 Reinsurance assumed.....	0								
8.3 Reinsurance ceded.....	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.....	9,346,788	9,346,788							
11. Incurred benefits:									
11.1 Direct.....	10,983,881	10,983,881	0	0	0	0	0	0	0
11.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0
11.3 Reinsurance ceded.....	2,739,528	2,739,528	0	0	0	0	0	0	0
11.4 Net.....	8,244,353	8,244,353	0	0	0	0	0	0	0
12. Incurred medical incentive pools and bonuses.....	0	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Medical and 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.....	302,388	302,388							
1.2 Reinsurance assumed.....	0								
1.3 Reinsurance ceded.....	272,149	272,149							
1.4 Net.....	30,239	30,239	0	0	0	0	0	0	0
2. Incurred but unreported:									
2.1 Direct.....	1,311,762	1,311,762							
2.2 Reinsurance assumed.....	0								
2.3 Reinsurance ceded.....	1,188,354	1,188,354							
2.4 Net.....	123,408	123,408	0	0	0	0	0	0	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.....	1,614,150	1,614,150	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	1,460,503	1,460,503	0	0	0	0	0	0	0
4.4 Net.....	153,647	153,647	0	0	0	0	0	0	0

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 December 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).....	295,059	1,020,798	2,475	151,172	297,534	360,939
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.....					.0	
8. Other.....					.0	
9. Subtotal.....	295,059	1,020,798	2,475	151,172	297,534	360,939
10. Medical incentive pools, accruals and disbursements.....					.0	
11. Totals.....	295,059	1,020,798	2,475	151,172	297,534	360,939

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

SECTION A - PAID CLAIMS - HOSPITAL AND MEDICAL

Year in Which Losses Were Incurred	Net Amounts Paid				
	1 1998	2 1999	3 2000	4 2001	5 2002
1. Prior.....					
2. 1998.....					
3. 1999.....	XXX				
4. 2000.....	XXX	XXX	15,606	3,686	74
5. 2001.....	XXX	XXX	XXX	16,420	221
6. 2002.....	XXX	XXX	XXX	XXX	1,021

SECTION B - INCURRED CLAIMS - HOSPITAL AND MEDICAL

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.....					
2. 1998.....					
3. 1999.....	XXX				
4. 2000.....	XXX	XXX	15,606	3,686	74
5. 2001.....	XXX	XXX	XXX	16,422	224
6. 2002.....	XXX	XXX	XXX	XXX	1,169

SECTION C - INCURRED YEAR CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claim Payments	3 Claim Adjustment Expense Payments	4 Percent (Col. 3/2)	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claim Adjustment Expense	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 Percent (Col. 9/1)
1. Prior to 1998.....	XXX			XXX	0	XXX			0	XXX
2. 1998.....	5,608			0.0	0	0.0			0	0.0
3. 1999.....	13,479			0.0	0	0.0			0	0.0
4. 2000.....	17,877	19,366		0.0	19,366	108.3			19,366	108.3
5. 2001.....	4,983	16,641	(3)	(0.0)	16,638	333.9	3	.1	16,642	334.0
6. 2002.....	3,074	1,021	(9)	(0.9)	1,012	32.9	151	.8	1,171	38.1
7. Total (Lines 1 through 6).....	XXX	37,028	(12)	XXX	37,016	XXX	154	.9	37,179	XXX
8. Total (Lines 2 through 6).....	45,021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

12.HM

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicare Supp.
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicare Supp.
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicare Supp.
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Dental
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Dental
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Dental
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Vision
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Vision
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Vision
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Fed Emp Health
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Fed Emp Health
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Fed Emp Health
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicare
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Medicaid
NONE**

**U & I Ex.-Pt.2C-Sn A-Paid Claims-Other
NONE**

**U & I Ex.-Pt.2C-Sn B-Incurred Claims-Other
NONE**

**U & I Ex.-Pt.2C-Sn C-Expense Ratio-Other
NONE**

**U & I Ex.-Pt.2D
NONE**

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	1 Claim Adjustment Expenses	2 General Administrative Expenses	3 Investment Expenses	4 Total
1. Rent (\$.....0 for occupancy of own building).....		146,284		146,284
2. Salaries, wages and other benefits.....	(10,334)	1,141,074		1,130,740
3. Commissions (less \$.....0 ceded plus \$.....0 assumed).....				.0
4. Legal fees and expenses.....		23,637		23,637
5. Certifications and accreditation fees.....				.0
6. Auditing, actuarial and other consulting services.....		15,811		15,811
7. Traveling expenses.....		28,059		28,059
8. Marketing and advertising.....		13,669		13,669
9. Postage, express and telephone.....	(633)	87,708		87,075
10. Printing and office supplies.....		46,953		46,953
11. Occupancy, depreciation and amortization.....	(339)	90,923		90,584
12. Equipment.....		49,080		49,080
13. Cost or depreciation of EDP equipment and software.....		48,263		48,263
14. Outsourced services including EDP, claims, and other services.....				.0
15. Boards, bureaus and association fees.....		9,108		9,108
16. Insurance, except on real estate.....		7,482		7,482
17. Collection and bank service charges.....		8,969		8,969
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.....		125		125
23.2 State premium taxes.....		93,740		93,740
23.3 Regulatory authority licenses and fees.....				.0
23.4 Payroll taxes.....				.0
23.5 Other (excluding federal income and real estate taxes).....				.0
24. Investment expenses not included elsewhere.....			912	912
25. Aggregate write-ins for expenses.....	0	90,912	0	90,912
26. Total expenses incurred (Lines 1 to 25).....	(11,306)	1,901,797	912	(a).....1,891,403
27. Add expenses unpaid December 31, prior year.....	19,939	335,911		355,850
28. Less expenses unpaid December 31, current year.....	8,633	136,192		144,825
29. Amounts receivable relating to uninsured accident and health plans, prior year.....				.0
30. Amounts receivable relating to uninsured accident and health plans, current year.....				.0
31. Total expenses paid (Lines 26 plus 27 minus 28 minus 29 plus 30).....	0	2,101,516	912	2,102,428

DETAILS OF WRITE-INS

2501. Miscellaneous expenses.....		90,912		90,912
2502. ....				.0
2503. ....				.0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	.0
2599. TOTALS (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	90,912	0	90,912

(a) Includes management fees of \$.....1,808,844 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....22,784	.....26,224
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....289,332	.....283,538
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).....1,613	.....2,058
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....6,922	.....6,922
10. Total gross investment income.....	.....320,651	.....318,742
11. Investment expenses.....	.....	(g).....912
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....912
17. Net investment income (Line 10 minus Line 16).....	.....	.....317,830

DETAILS OF WRITE-INS

0901. Miscellaneous interest income.....	6,922	6,922
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	6,922	6,922
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....	0

- (a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4 Net Gain or (Loss) from Change in Difference Between Basis Book/ Adjusted Carrying and Admitted Values	5 Total
	Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Increases (Decreases) by Adjustment		
1. U.S. government bonds.....	0
1.1 Bonds exempt from U.S. tax.....	0
1.2 Other bonds (unaffiliated).....	0
1.3 Bonds of affiliates.....	0
2.1 Preferred stocks (unaffiliated).....	0
2.11 Preferred stocks of affiliates.....	0
2.2 Common stocks (unaffiliated).....	0
2.21 Common stocks of affiliates.....	0
3. Mortgage loans.....	0
4. Real estate.....	0
5. Contract loans.....	0
6. Cash/short-term investments.....	0
7. Derivative instruments.....	0
8. Other invested assets.....	0
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	0	0	0	0	0

DETAILS OF WRITE-INS

0901.					0
0902.					0
0903.					0
0998. Summary of remaining write-ins for Line 9 from overflow page..	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

EXHIBIT 1 - ANALYSIS OF NONADMITTED ASSETS AND RELATED ITEMS

	1 End of Current Year	2 End of Prior Year	3 Change for Year (Increase) or Decrease
1. Summary of Items, Page 2, Lines 10 to 16 and 19 to 20, Column 2.....	58,481		(58,481)
2. Other nonadmitted assets:			
2.1 Bills receivable.....			.0
2.2 Leasehold improvements.....		37,053	37,053
2.3 Cash advanced to or in hands of officers and agents.....			.0
2.4 Loans on personal security, endorsed or not.....			.0
2.5 Commuted commissions.....			.0
3. Total (Lines 2.1 to 2.5).....	.0	37,053	37,053
4. Aggregate write-ins for other than invested assets.....	29,688	106,795	77,107
5. Total (Line 1 plus Lines 3 and 4).....	88,169	143,848	55,679

DETAILS OF WRITE-INS

0401. Other non-admitted assets.....	29,688	106,795	77,107
0402. ....			.0
0403. ....			.0
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).....	29,688	106,795	77,107

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.....	8,099	6,312	4,968	4,411	4,047	62,384
2. Provider service organizations.....						
3. Preferred provider organizations.....						
4. Point of service.....						
5. Indemnity only.....						
6. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
7. Total.....	8,099	6,312	4,968	4,411	4,047	62,384

DETAILS OF WRITE-INS

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

The financial statements of One Health Plan of Ohio, Inc. are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Insurance Department 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 Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP, none of which apply to the Company.

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contract or policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments and bonds are stated at amortized cost (constant yield method) or market value as authorized in the Valuation of Securities Manual. Significant changes in estimated cash flows from the original purchase assumptions are accounted for using the retrospective method for loan-backed bonds and structured securities.
- (2) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54, Individual and Group Accident and Health Contracts.

2. Accounting Changes and Corrections of Errors

A. There were no material changes in accounting principles and/or correction of errors for the prior year.

B. The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Ohio. Effective January 1, 2001, the State of Ohio required that insurance companies domiciled in the State of Ohio prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures manual – Version effective January 1, 2001 subject to any deviations prescribed or permitted by the State of Ohio.

Accounting changes adopted to conform to the provisions of the NAIC Accounting Practices and Procedures manual – version effective January 1, 2001 are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods. As a result of these changes, the Company reported a change of accounting principle, as an adjustment that decreased surplus, of \$(448,894) as of January 1, 2001. Included in this total adjustment is a decrease in surplus of approximately \$(96,565) related to deferred tax assets and a decrease in surplus of approximately \$(352,329) related to premium receivable.

NOTES TO FINANCIAL STATEMENTS

3. Business Combinations and Goodwill

NONE

4. Discontinued Operations

NONE

5. Investments

NONE

6. Joint Ventures, Partnerships and Limited Liability Companies

NONE

7. Investment Income

A. Due and accrued income was excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

B. The total amount excluded was \$0.

8. Derivative Instruments

NONE

9. Income Taxes

A. The net deferred tax asset/(liability) at December 31 and the change from the prior year are comprised of the following components:

	2002	2001	Change
1. Total gross deferred tax assets	\$ 30,859	\$ 0	\$ 30,859
2. Total deferred tax liabilities	(127,477)	(82,333)	(45,144)
3. Net deferred tax assets (liability)	(96,618)	(82,333)	(14,285)
4. Deferred tax assets non-admitted in accordance with SSAP No.10	0	0	0
5. Admitted deferred tax asset (liability)	\$ (96,618)	\$ (82,333)	\$ (14,285)

The change in deferred income taxes reported in surplus before consideration of non-admitted assets is comprised of the following components:

	2002	2001	Change
6. Net deferred tax asset (liability)	\$ (96,618)	\$ (82,333)	\$ (14,285)
7. Tax-effect of unrealized gains losses	0	0	0
8. Net tax effect without unrealized gains and losses	\$ (96,618)	\$ (82,333)	\$ (14,285)
9. Change in deferred income tax	\$ (96,618)	\$ (82,333)	\$ (14,285)

B. Unrecognized deferred tax liabilities:

(1) There are no temporary differences for which deferred tax liabilities are not recognized.

NOTES TO FINANCIAL STATEMENTS

C. Current income taxes incurred consist of the following major components:

	December 2002	December 2001
1. Current year tax expense (benefit) (exclusive of items 2 and 3 below)	\$ 129,181	\$ (88,412)
2. Tax credits	0	0
3. Prior year adjustments	(37,030)	0
4. Current income taxes incurred	\$ 92,151	\$ (88,412)

Deferred income tax assets and liabilities consist of the following major components:

Deferred tax assets:

	2002	2001	Change
5. Investments	\$ 0	\$ 0	\$ 0
6. Fixed assets	0	0	0
7. Other non-admitted assets	30,859	0	30,859
8. Other	0	0	0
9. Total deferred tax assets	30,859	0	30,859
10. Non-admitted deferred tax assets	0	0	0
11. Admitted deferred tax assets	\$ 30,859	\$ 0	\$ 30,859

Deferred tax liabilities:

12. Investments	(22,161)	0	(22,161)
13. Fixed assets	(4,919)	(82,333)	77,414
14. Other	(100,396)	0	(100,396)
15. Total deferred tax liabilities	(127,477)	(82,333)	(45,144)
16. Net admitted deferred tax asset (liability)	\$ (96,618)	\$ (82,333)	\$ (14,285)

D. The Company's income tax incurred and change in deferred income tax differs from the amount obtained by applying the federal statutory rate of 35% to income before income taxes as follows:

	2002
1. Current income taxes incurred	\$ 92,151
2. Change in deferred income tax (without tax on unrealized gains and losses)	14,285
3. Total income tax reported	\$ 106,436
4. Income before taxes	\$ 392,272
	35%
5. Expected income tax expense (benefit) at 35% statutory rate	137,295
6. Increase (decrease) in actual tax reported resulting from:	
a. Non-deductible expenses for meals, penalties, and lobbying	0
b. Deferred tax benefit on non-admitted assets	(30,859)
c. Tax credits	0
d. Prior year adjustments	0
7. Total income tax reported	\$ 106,436

E. Operating loss carryforwards:

- (1) As of December 31, 2002, there are no operating loss or tax credit carryforwards available for tax purposes.
- (2) The amount of federal income taxes incurred that are available for recoupment in the event of future net losses are \$Ø for 2001, and \$Ø for 2000.

NOTES TO FINANCIAL STATEMENTS

- F. Consolidated federal income tax return:
- (1) The Company's federal income tax returns consolidated with the following entities:
 GWL&A Financial Inc.
 Great-West Life & Annuity Insurance Company
 First Great-West Life & Annuity Insurance Company
 Alta Health & Life Insurance Company
 BenefitsCorp, Inc.
 BenefitsCorp Equities, Inc.
 Financial Administrative Services Corp.
 Great-West Benefit Services, Inc.
 Orchard Trust Corporation
 One Benefits, Inc. (and "One Health" subsidiaries)
 National Plan Coordinators
 One Orchard Equities
- (2) A Tax Allocation Agreement exists between the parent of the consolidated group, GWL&A Financial, Inc. and the Company. Allocation is based upon separate return calculations with current credit for net losses. The Company has a policy of settling inter-company balances monthly.

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. One Health Plan of Ohio, Inc. (the Company) is a wholly-owned subsidiary of One Benefits Inc. (ONE), which is a wholly-owned subsidiary of Great-West Life & Annuity Insurance Company (GWL&A), which is a wholly-owned subsidiary of GWL&A Financial, Inc. (GWL&A Financial), a holding company formed in 1998.
- B. NONE
- C. NONE
- D. At December 31, 2002, the Company reported \$95,453 as amounts due to the Parent Company, GWL&A. Due to affiliates represents non-interest bearing amounts, which are due upon demand.
- E. NONE
- F. GWL&A assists the Company with financing and the payment of certain expenses and provides certain administrative and financial services (including administering the Company's investment portfolio) to the Company pursuant to a management agreement. The Company provides utilization review and contracting services to GWL&A under the same agreement. The compensation to all parties is based upon actual cost incurred. Accordingly, the accompanying financial statements are not necessarily indicative of the conditions that would exist or the results of operations that would prevail if the Company were operated as an unaffiliated entity.

Revenues and expenses during 2002 and 2001 under these agreements are as follows:

	2002	2001
Managed care fees	\$ 0	\$ 685,986
Investment management expense	(912)	(6,003)
Administrative expenses	(1,807,932)	(2,594,239)

- G. All outstanding shares of the Company are owned by ONE.
- H. NONE
- I. NONE
- J. NONE

11. Debt

NONE

NOTES TO FINANCIAL STATEMENTS

12. EMPLOYEE BENEFIT PLANS

The Company participates in a defined benefit pension plan sponsored by GWL&A. In addition, the Company provides health benefits to retired employees through a medical plan sponsored by GWL&A. The Company has no legal obligation for benefits under these plans. GWL&A allocates amounts to the Company based on salary ratios and based on GWL&A expense for such plans. The Company's share of net expense for the defined benefit pension plan was \$9,600 and \$10,016 for 2002 and 2001, respectively. No employer contributions were made to the medical plan in 2002 and 2001.

GWLA sponsors a defined contribution 401(k) retirement plan, which provides eligible participants with the opportunity to defer up to 15% of base compensation. GWL&A matches 50% of the first 5% of participant pre-tax contributions. For employees hired after January 1, 1999, the Company matches 50% of the first 8% of participant pre-tax contributions. Company contributions for the years ended December 31, 2002 and 2001 totaled \$5,200 and \$15,135, respectively.

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

- (1) One Health Plan of Ohio, Inc. has 10,000 shares authorized, 340 shares issued and 9,660 shares outstanding.
- (2) There is no preferred stock.
- (3) There are no restrictions placed on the portion of the Company's profits that may be paid as ordinary dividends to stockholders.
- (4) There are no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (5) NONE
- (6) NONE
- (7) NONE
- (8) NONE
- (9) The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

a. unrealized gains and losses	\$	0
b. non-admitted asset values	\$	88,169
c. provision for reinsurance	\$	0
- (10) NONE
- (11) NONE
- (12) NONE

14. Contingencies

NONE

15. Leases

- A. (1) NONE
- (2) The Company leases office facilities under non-cancelable operating leases. Future minimum lease payments as of December 31, 2002 under such leases are as follows:

2003	55,986
2004	47,133
Total	\$ 103,119

- (3) NONE
- B. NONE

NOTES TO FINANCIAL STATEMENTS

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 Extinguishments of Liabilities.
- NONE
18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans.
- NONE
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
- The Company does not have direct premiums written through or produced by managing general agents or third party administrators.
20. Other Items
- NONE
21. Events Subsequent
- NONE
22. Reinsurance
- A. The Company does not have an unsecured aggregate recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premium with any individual reinsurers, authorized or unauthorized, that exceeds 3% of the Company's policyholder surplus.
- B. The Company does not have reinsurance recoverable on paid and unpaid (including IBNR) losses in dispute by reason of notification, arbitration or litigation that exceeds 5% of the ceding company's policyholders surplus or in aggregate does not exceed 10% of the ceding company's policyholder surplus.
- C. NONE
- D. The Company does not have uncollectible reinsurance written off during the year reported for losses incurred, loss adjustment expenses incurred, premiums earned or any other means.
- E. NONE
- F. (1) The Company does not have retroactive reinsurance agreements, therefore, there is no transfer of liability.
(2) The Company does not have contracts of reinsurance covering losses that have occurred prior to inception of the contract.
23. Retrospectively Rated Contracts
- NONE
24. Salvage and Subrogation
- NONE

NOTES TO FINANCIAL STATEMENTS

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years has decreased by \$844,457 from \$3,808,782 in 2001 to \$2,964,325 in 2002 as a result of re-estimation of unpaid claims and claims adjustment expenses on commercial lines of business. This increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The Company does not have any retrospectively rated policies, and therefore, no premium adjustments were made as a result of the claims adjustments.

26. One Health Plan of Ohio is licensed as an HIC. One Health Plan of Ohio contracts with independent professional associations, medical groups, Physician Hospital Organizations, hospitals, ancillary providers and individual physicians for the provision of medical services to its members. One Health Plan of Ohio pays negotiated fees or capitation for services provided by the providers. Enrollment in One Health Plan of Ohio is primarily through contracts with employer groups.

27. Minimum Net Worth

In accordance with the requirements of the State of Ohio, the Company must maintain a minimum net worth equal to the greater of risk-based or \$1,700,000. In addition, Ohio law also requires that the Company maintain total admitted assets equal to at least 110% of the liabilities of the Company.

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.....	862,192	15.8	862,192	15.8
1.2 U.S. government agency and corporate obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies.....		0.0		0.0
1.22 Issued by U.S. government sponsored agencies.....		0.0		0.0
1.3 Foreign government (including Canada, excluding mortgage-backed securities).....		0.0		0.0
1.4 Securities issued by states, territories and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations.....		0.0		0.0
1.42 Political subdivisions of states, territories & possessions & political subdivisions general obligations..		0.0		0.0
1.43 Revenue and assessment obligations.....	2,989,073	54.9	2,989,073	54.9
1.44 Industrial development and similar obligations.....		0.0		0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Guaranteed by GNMA.....		0.0		0.0
1.512 Issued by FNMA and FHLMC.....		0.0		0.0
1.513 Privately issued.....		0.0		0.0
1.52 CMOs and REMICs:				
1.521 Issued by FNMA and FHLMC.....		0.0		0.0
1.522 Privately issued and collateralized by MBS issued or guaranteed by GNMA, FNMA or FHLMC.....		0.0		0.0
1.523 All other privately issued.....		0.0		0.0
2. Other debt and other fixed income securities (excluding short-term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO).....		0.0		0.0
2.2 Unaffiliated foreign securities.....		0.0		0.0
2.3 Affiliated securities.....		0.0		0.0
3. Equity interests:				
3.1 Investments in mutual funds.....		0.0		0.0
3.2 Preferred stocks:				
3.21 Affiliated.....		0.0		0.0
3.22 Unaffiliated.....		0.0		0.0
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated.....		0.0		0.0
3.32 Unaffiliated.....		0.0		0.0
3.4 Other equity securities:				
3.41 Affiliated.....		0.0		0.0
3.42 Unaffiliated.....		0.0		0.0
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated.....		0.0		0.0
3.52 Unaffiliated.....		0.0		0.0
4. Mortgage loans:				
4.1 Construction and land development.....		0.0		0.0
4.2 Agricultural.....		0.0		0.0
4.3 Single family residential properties.....		0.0		0.0
4.4 Multifamily residential properties.....		0.0		0.0
4.5 Commercial loans.....		0.0		0.0
5. Real estate investments:				
5.1 Property occupied by company.....		0.0		0.0
5.2 Property held for production of income (includes \$.....0 of property acquired in satisfaction of debt).....		0.0		0.0
5.3 Property held for sale (\$.....0 including property acquired in satisfaction of debt).....		0.0		0.0
6. Policy loans.....		0.0		0.0
7. Receivables for securities.....		0.0		0.0
8. Cash and short-term investments.....	1,597,241	29.3	1,597,241	29.3
9. Other invested assets.....		0.0		0.0
10. Total invested assets.....	5,448,506	100.0	5,448,506	100.0

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 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 No N/A

1.3 State regulating? Ohio

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

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. _____ 12/31/2000

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. _____ 12/31/2000

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). _____ 08/17/2001

3.4 By what department or departments? Ohio Department of Insurance, Office of Financial Regulation

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 a 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

4.12 renewals? Yes No

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

4.22 renewals? Yes No

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No

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

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

7.2 If yes,
7.21 State the percentage of foreign control.100.000 %

7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity
Canadian	Corporation

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?
Deloitte & Touche LLP
Suite 3600, 555 Seventeenth Street, Denver, Colorado 80202-3942
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?
James L McCallen - Valuation Actuary (officer of the parent of the reporting entity)
8515 East Orchard Road, Greenwood Village, Colorado 80111
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 [] No []
- 10.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 10.4 If answer to (10.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

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 is 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 \$.....0
- 14.12 To stockholders not officers \$.....0
- 14.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 14.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 14.21 To directors or other officers \$.....0
- 14.22 To stockholders not officers \$.....0
- 14.23 Trustees, supreme or grand (Fraternal only) \$.....0
- 15.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 15.2 If yes, state the amount thereof at December 31 of the current year:
- 15.21 Rented from others \$.....0
- 15.22 Borrowed from others \$.....0
- 15.23 Leased from others \$.....0
- 15.24 Other \$.....0
- Disclose in the Notes to Financial the nature of each obligation.
- 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 \$.....0
- 16.22 Amount paid as expenses \$.....0
- 16.23 Other amounts paid \$.....0

GENERAL INTERROGATORIES (continued)

INVESTMENT

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

Class	1 Number of Shares Authorized	2 Number of Shares Outstanding	3 Par Value Per Share	4 Redemption Price If Callable	5 Is Dividend Rate Limited?	6 Are Dividends Cumulative?
Preferred.....	.....	.....	.....	.....	Yes [] No [].....	Yes [] No [].....
Common.....	10,000,000	9,660,000	NPV.....	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 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	\$.....0
19.22 Subject to repurchase agreements	\$.....0
19.23 Subject to reverse repurchase agreements	\$.....0
19.24 Subject to dollar repurchase agreements	\$.....0
19.25 Subject to reverse dollar repurchase agreements	\$.....0
19.26 Pledged as collateral	\$.....0
19.27 Placed under option agreements	\$.....0
19.28 Letter stock or securities restricted as to sale	\$.....0
19.29 Other	\$.....0

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

19.31	_____
19.32	_____
19.33	_____
19.34	_____
19.35	_____
19.36	_____
19.37	_____
19.38	_____
19.39	_____

For categories (19.21) and (19.23) above, and for any 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 [X]

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

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 [X]

21.2 If yes, state the amount thereof at December 31 of the current year: \$.....0

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 [X] 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
The Bank of New York	One Wall Street, NY NY 10286

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? \$.....0

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? \$.....0

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? \$.....0

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	\$.....0	
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$.....0	
1.31 Reason for excluding		
<hr/>		
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$.....0	
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$.....0	
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:		
<hr/>		
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 [X]	No []
4.1 Does the reporting entity have stop-loss reinsurance?	Yes []	No [X]
4.2 If no, explain:		
<u>A 90% quota-share reinsurance agreement exists with Great-West Life & Annuity Insurance Company. Due to this agreement, there is no maximum retained risk per individual other than the 10% of claims retained by the company.</u>		
4.3 Maximum retained risk (see instructions):		
4.31 Comprehensive medical	\$.....250,000	
4.32 Medical only	\$.....0	
4.33 Medicare supplement	\$.....0	
4.34 Dental	\$.....0	
4.35 Other limited benefit plan	\$.....0	
4.36 Other	\$.....0	
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: <u>See page 58.</u>		
<hr/>		
6.1 Does the reporting entity set up its claim liability for provider services on a service data base?	Yes [X]	No []
6.2 If no, give details:		
<hr/>		
7. Provide the following information regarding participating providers:		
7.1 Number of providers at start of reporting year	.....11,920	
7.2 Number of providers at end of reporting year	.....10,965	
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 the rate guarantees between 15-36 months	\$.....0	
8.22 Business with rate guarantees over 36 months	\$.....0	
9.1 Does the reporting entity have Bonus/withhold arrangements in its provider contracts?	Yes []	No [X]
9.2 If yes:		
9.21 Maximum amount payable bonuses	\$.....0	
9.22 Amount actually paid for year bonuses	\$.....0	
9.23 Maximum amount payable withholds	\$.....0	
9.24 Amount actually paid for year withholds	\$.....0	
10. List service areas in which reporting entity is licensed to operate:		
<div style="text-align: center;">1</div> <div style="text-align: center;">Name of Service Area</div> <div style="text-align: center;">STATE OF OHIO</div>		

FIVE-YEAR HISTORICAL DATA

	1 2002	2 2001	3 2000	4 1999	5 1998
Balance Sheet Items (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 23).....	7,697,645	14,145,441	13,772,755	7,648,576	3,964,132
2. Total liabilities (Page 3, Line 18).....	2,403,262	9,190,561	9,155,599	5,199,476	2,426,137
3. Statutory surplus.....	1,894,383	1,554,880			
4. Total capital and surplus (Page 3, Line 26).....	5,294,383	4,954,880	4,617,156	2,449,100	1,537,995
Income Statement Items (Page 4)					
5. Total revenues (Line 7).....	3,073,498	4,983,102	19,263,558	14,657,085	6,792,320
6. Total medical and hospital expenses (Line 17).....	1,108,565	21,529,012	17,238,222	13,985,506	5,167,632
7. Total administrative expenses (Line 19).....	1,901,797	4,005,460	4,926,378	3,876,796	3,083,515
8. Net underwriting gain (loss) (Line 22).....	74,442	(1,055,809)			
9. Net investment gain (loss) (Line 25).....	317,830	762,542			
10. Total other income (Lines 26 plus 27).....					
11. Net income or (loss) (Line 30).....	300,121	(204,855)	(2,901,042)	(3,205,217)	(1,458,827)
Risk-Based Capital Analysis					
12. Total adjusted capital.....	5,294,383	4,954,880	4,617,156	2,449,100	1,537,995
13. Authorized control level risk-based capital.....	258,869	289,076	1,113,587	818,396	282,684
Enrollment (Exhibit 2)					
14. Total members at end of period (Column 5, Line 7).....	4,047	8,099	14,642	11,238	7,073
15. Total member months (Column 6, Line 7).....	62,384	134,757	168,445	116,519	51,650
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5)					
16. Premiums earned (Lines 2 plus 3).....	100.0	100.0	100.0	100.0	100.0
17. Total medical and hospital (Line 17).....	36.1	432.0			
18. Total underwriting deductions (Line 21).....	97.6	121.2			
19. Total underwriting gain (loss) (Line 22).....	2.4	(21.2)			
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
20. Total claims incurred for prior years (Line 11, Col. 5).....	297,534	386,714	2,398,115	1,624,339	
21. Estimated liability of unpaid claims - prior year (Line 11, Col. 6)	360,939	574,333	3,418,032	1,613,200	

FIVE-YEAR HISTORICAL DATA (Continued)

	1 2002	2 2001	3 2000	4 1999	5 1998
Investments in Parent, Subsidiaries and Affiliates					
22. Affiliated bonds (Sch. D Summary, Line 25, Col. 1).....					
23. Affiliated preferred stocks (Sch D. Summary, Line 39, Col. 1).....					
24. Affiliated common stocks (Sch D. Summary, Line 53, Col. 2).....					
25. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 11).....					
26. Affiliated mortgage loans on real estate.....					
27. All other affiliated.....					
28. Total of above Lines 22 to 27.....	.0	.0	.0	.0	.0

NONE

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value (a)	3 Actual Cost	4 Par Value of Bonds
BONDS Governments (Including all obligations guaranteed by governments)	1. United States.....	862,192	871,376	941,156	800,000
	2. Canada.....				
	3. Other Countries.....				
	4. Totals.....	862,192	871,376	941,156	800,000
States, Territories and Possessions (Direct and guaranteed)	5. United States.....				
	6. Canada.....				
	7. Other Countries.....				
	8. Totals.....	0	0	0	0
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States.....				
	10. Canada.....				
	11. Other Countries.....				
	12. Totals.....	0	0	0	0
Special Revenue and Special Assessment Obligations and all Non-guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	13. United States.....	2,989,073	2,989,073	2,983,961	2,991,707
	14. Canada.....				
	15. Other Countries.....				
	16. Totals.....	2,989,073	2,989,073	2,983,961	2,991,707
Public Utilities (unaffiliated)	17. United States.....				
	18. Canada.....				
	19. Other Countries.....				
	20. Totals.....	0	0	0	0
Industrial and Miscellaneous and Credit Tenant Loans (Unaffiliated)	21. United States.....				
	22. Canada.....				
	23. Other Countries.....				
	24. Totals.....	0	0	0	0
Parent, Subsidiaries and Affiliates	25. Totals.....				
	26. Total Bonds.....	3,851,265	3,860,449	3,925,117	3,791,707
PREFERRED STOCKS Public Utilities (Unaffiliated)	27. United States.....				
	28. Canada.....				
	29. Other Countries.....				
	30. Totals.....	0	0	0	
Banks, Trust and Insurance Companies (Unaffiliated)	31. United States.....				
	32. Canada.....				
	33. Other Countries.....				
	34. Totals.....	0	0	0	
Industrial and Miscellaneous (Unaffiliated)	35. United States.....				
	36. Canada.....				
	37. Other Countries.....				
	38. Totals.....	0	0	0	
Parent, Subsidiaries and Affiliates	39. Totals.....				
	40. Total Preferred Stocks.....	0	0	0	
COMMON STOCKS Public Utilities (Unaffiliated)	41. United States.....				
	42. Canada.....				
	43. Other Countries.....				
	44. Totals.....	0	0	0	
Banks, Trust and Insurance Companies (Unaffiliated)	45. United States.....				
	46. Canada.....				
	47. Other Countries.....				
	48. Totals.....	0	0	0	
Industrial and Miscellaneous (Unaffiliated)	49. United States.....				
	50. Canada.....				
	51. Other Countries.....				
	52. Totals.....	0	0	0	
Parent, Subsidiaries and Affiliates	53. Totals.....				
	54. Total Common Stocks.....	0	0	0	
	55. Total Stocks.....	0	0	0	
	56. Total Bonds and Stocks..	3,851,265	3,860,449	3,925,117	

(a) The aggregate value of bonds which are valued at other than actual fair value is \$.....2,989,073.

SCHEDULE D - VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of bonds and stocks, prior year.....	4,360,875		6. Foreign exchange adjustment:
2. Cost of bonds and stocks acquired, Column 6, Part 3.....	460,578		6.1 Column 17, Part 1.....
3. Increase (decrease) by adjustment:			6.2 Column 13, Part 2, Section 1.....
3.1 Column 16, Part 1.....	(13,053)		6.3 Column 11, Part 2, Section 2.....
3.2 Column 12, Part 2, Section 1.....			6.4 Column 11, Part 4.....
3.3 Column 10, Part 2, Section 2.....			
3.4 Column 10, Part 4.....	9,741	(3,312)	7. Book/adjusted carrying value at end of current period.....
4. Total gain (loss), Column 14, Part 4.....			3,851,265
5. Deduct consideration for bonds and stocks disposed of, Column 6, Part 4...	966,876		8. Total valuation allowance.....
			3,851,265
			9. Subtotal (Lines 7 plus 8).....
			3,851,265
			10. Total nonadmitted amounts.....
			3,851,265
			11. Statement value of bonds and stocks, current period.....
			3,851,265

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			
			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	12,368,202			
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					
57. Aggregate Other alien.....OT	XXX	XXX	0	0	0	0
58. Total (Direct Business).....	XXX	(a) 1	12,368,202	0	0	0

DETAILS OF WRITE-INS

5701.				
5702.				
5703.				
5798. Summary of remaining write-ins for line 57 from overflow page.....	0	0	0	0
5799. Total (Lines 5701 thru 5703 plus 5798) (Line 57 above).....	0	0	0	0

Explanation of basis of allocation by states, etc., of premiums and annuity considerations.

(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

PART 1 – ORGANIZATIONAL CHART

Paul Desmarais (controls 64.7% of the votes attached to the outstanding voting shares of Power Corporation of Canada)

Power Corporation of Canada

100.0% - 2795957 Canada Inc.

100.0% - 171263 Canada Inc..

67.4% - Power Financial Corporation

82.9% - Great-West Lifeco Inc.

100.0% - GWL&A Financial (Canada) Inc.

100.0% - GWL&A Financial (Nova Scotia) Co.

100.0% - GWL&A Financial Inc.

100.0% - Great-West Life& Annuity Capital I

100.0% - Great-West Life& Annuity Insurance Company -Fed ID #84-0467907, NAIC 68322,CO

100.0% - First Great-West Life & Annuity Insurance Company - Fed ID #93-1225432, NAIC 60214,NY

100.0% - Advised Assets Group, LLC

100.0% - Alta Health & Life Insurance Company - Fed ID #59-1031071, NAIC 67369, IN

100.0% - Alta Agency, Inc.

100.0% - BenefitsCorp, Inc.

100.0% - BenefitsCorp Equities, Inc.

100.0% - BenefitsCorp, Inc. of Wyoming

100.0% - National Plan Coordinators of Delaware, Inc.

100.0% - NPC Administrative Services Corporation

100.0% - NPC Securities, Inc.

100.0% - NPC of Washington, Inc.

100.0% - P.C. Enrollment Services & Insurance Brokerage, Inc.

100.0% - One Benefits, Inc.

100.0% - One Health Plan of Alaska, Inc.

100.0% - One Health Plan of Arizona, Inc. - Fed ID #84-1466148, NAIC 95797, AZ

100.0% - One of Arizona, Inc.

100.0% - One Health Plan of California, Inc. - Fed ID #93-1142460, NAIC 95379, CA

100.0% - One Health Plan of Colorado, Inc. - Fed ID #84-1340487, NAIC 95412, CO

100.0% - One Health Plan of Florida, Inc. - Fed ID #59-3428587, NAIC 95805, FL

100.0% - One Health Plan of Georgia, Inc. - Fed ID #58-2232269, NAIC 95569, GA

100.0% - One Health Plan of Illinois, Inc. - Fed ID #93-1174749, NAIC 95388, IL

100.0% - One Health Plan of Indiana, Inc. - Fed ID #35-2002533, NAIC 95735, IN

100.0% - One Health Plan of KansasMissouri, Inc. - Fed ID # 48-1214041, NAIC 10253,KS

100.0% - One Health Plan of Maine, Inc.

100.0% - One Health Plan of Massachusetts, Inc. - Fed ID #04-3333755, NAIC 95659, MA

100.0% - One Health Plan of Michigan, Inc.

100.0% - One Health Plan of Minnesota, Inc.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

55.1

- 100.0% - One Health Plan of Nevada, Inc.
- 100.0% - One Health Plan of New Hampshire, Inc.
- 100.0% - One Health Plan of New Jersey, Inc. - Fed ID #22-3487731, NAIC 95806, NJ
- 100.0% - One Health Plan of New York, Inc.
- 100.0% - One Health Plan of North Carolina, Inc. - Fed ID #56-2013583, NAIC 95840, NC
- 100.0% - One Health Plan of Ohio, Inc. - Fed ID #34-1845496, NAIC 95663, OH
- 100.0% - One Health Plan of Oregon, Inc. - Fed ID #93-1227656, NAIC 47080, OR
- 100.0% - One Health Plan of Pennsylvania, Inc. - Fed ID #52-2077170, NAIC 52636, PA
- 100.0% - One Health Plan of South Carolina, Inc.
- 100.0% - One Health Plan of Tennessee, Inc. - Fed ID #62-1655185, NAIC 95719, TN
- 100.0% - One Health Plan of Texas, Inc. - Fed ID #84-1289570, NAIC 95415, TX
- 100.0% - One Health Plan, Inc. – Fed ID #02-0495422, VT
- 100.0% - One Health Plan of Virginia, Inc.
- 100.0% - One Health Plan of Washington, Inc. - Fed ID #91-1786249, NAIC 47081, WA
- 100.0% - One Health Plan of Wisconsin, Inc.
- 100.0% - One Health Plan of Wyoming, Inc.
- 100.0% - One Orchard Equities, Inc.
- 100.0% - Financial Administrative Services Corporation
- 100.0% - GWL Properties, Inc.
 - 50.0% - Westkin Properties Ltd.
- 100.0% - Great-West Benefit Services, Inc.
- 87.43% - Maxim Series Fund, Inc.
- 100.0% - GW Capital Management, LLC.
 - 100.0% - Orchard Capital Management, LLC
 - 100.0% - Greenwood Investments, LLC
- 79.23% - Orchard Series Fund
- 100.0% - Orchard Trust Company
- 100.0% - The Great-West Life Assurance Company - Fed ID #98-0000673, NAIC 80705 (a direct subsidiary of Great-West Lifeco Inc.)
 - 100.0% - Gold Circle Insurance Company
 - 100.0% - GWL Realty Advisors Inc.
 - 100.0% - GWL Investment Management Ltd.
 - 100.0% - 801611 Ontario Ltd.
 - 40.0% - Peel Condominium Corporation No 454
 - 40.0% - Peel Condominium Corporation No 454
 - 100.0% - 118050 Canada Inc.
 - 100.0% - 1213763 Ontario Inc.
 - 100.0% - 681348 Alberta Ltd.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

- 100.0% - The Owners: Condominium Plan No 8510578
- 100.0% - 557140 B.C. Ltd.
 - 50.0% - 3352200 Canadainc.
- 100.0% - 1420731 Ontario Limited
- 100.0% - 1455250 Ontario Limited
- 100.0% - CGWLL Inc.
 - 65.0% - The WalmerRoad LimitedPartnership
- 50.0% - Laurier HouseApartments Limited
- 100.0% - London Insurance Group, Inc.
 - 100.0% - Trivest Insurance Network Limited
 - 100.0% - The Motion Picture Bond Company Inc.
 - 100.0% - London Life Bank & Trust Corporation
 - 100.0% - London Life Insurance Company
 - 100.0% -London LifeInvestment ManagementLtd.
 - 100.0% - 1319399 Ontario Inc.
 - 100.0% - 3853071 Canada Limited
 - 50.0% - Laurier House Apartments Limited
 - 100.0% - 389288 B.C. Ltd.
 - 100.0% - Quadrus Investment Services Ltd.
 - 35.0% - The Walmer Road Limited Partnership
 - 100.0% - 177545 Canada Limited
 - 100.0% - Lonlife Financial Services Limited
 - 82.26% - Derry Road Limited Partnership
 - 100.0% - Lifestyle Retirement Communities Ltd.
 - 100.0% - Lifestyle (Glynwood) Ltd.
 - 100.0% - Lifestyle Retirement Communities (Alberta) Ltd.
 - 38.9% - Shin Fu Life Insurance Company
 - 88.0% - Neighborhood Dental Services Ltd.
 - 66.7% - Dubigest Inc.
 - 66.7% - Vadis Engineering Limited
 - 100.0% - Investissements Caromont Ltee
 - 100.0% - Toronto College Park Ltd.
 - 25.0% - Preferred Vision Services Inc.
 - 100.0% - London Life Financial Corporation
 - 89.4% - London Reinsurance Group, Inc. (10.6% owned by London Life Insurance Company)
 - 100.0% - London Life & General Reinsurance Co. Ltd.
 - 48.1% - Atlas Re II P.L.C.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

- 100.0% - London Life & Casualty Reinsurance Corporation
 - 100.0% - Trabaja Reinsurance Company (TRC)
- 100.0% - LRG (US), Inc.
 - 100.0% - London Life International Reinsurance Corporation
 - 100.0% - London Life Reinsurance Company
 - 100.0% - HRMP, Inc.
 - 51.0% - HRMP (Massachusetts)
 - 60.0% - Disability Management Alternatives
 - 51.0% - International Reinsurance Managers