



ANNUAL STATEMENT

For the Year Ended December 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

QualChoice Health Plan, Inc.

NAIC Group Code	0000 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	10001	Employer's ID Number	34-1737469
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States of America					
Incorporated	08/24/1993		Commenced Business	09/13/1993		
Statutory Home Office	6000 Parkland Blvd. <small>(Street and Number)</small>			Cleveland, Oh 44124 <small>(City, or Town, State and Zip Code)</small>		
Main Administrative Office	6000 Parkland Blvd. <small>(Street and Number)</small>			Cleveland, Oh 44124 <small>(City or Town, State and Zip Code)</small>		(440)460-0093 <small>(Area Code) (Telephone Number)</small>
Mail Address	6000 Parkland Blvd. <small>(Street and Number or P.O. Box)</small>			Cleveland, Oh 44124 <small>(City, or Town, State and Zip Code)</small>		(440)460-4000 <small>(Area Code) (Telephone Number)(Extension)</small>
Primary Location of Books and Records	6000 Parkland Blvd. <small>(Street and Number)</small>			Cleveland, Oh 44124 <small>(City, or Town, State and Zip Code)</small>		(440)460-0093 <small>(Area Code) (Telephone Number)</small>
Internet Website Address	www.qchp.com					
Statement Contact	Teri J. Schaffer <small>(Name)</small>			(440)460-4039 <small>(Area Code)(Telephone Number)(Extension)</small>		(440)460-4000 <small>(Fax Number)</small>
Policyowner Relations Contact	6000 Parkland Blvd. <small>(Street and Number)</small>			Cleveland, OH 44124 <small>(City, or Town, State and Zip Code)</small>		(440)460-0093 <small>(Area Code) (Telephone Number)(Extension)</small>

OFFICERS

President Thomas A. Sullivan
 VP and General Counsel Rebecca Nedelkoff Holland
 Sr. VP of Operations and CFO Karen Fifer Ferry

VICE PRESIDENTS

Todd W. Locke M.D. Bryan R. James

DIRECTORS OR TRUSTEES

Fred Rothstein M.D. Jon Schurmeier Margaret W. Wong Martin I. Resnick M.D. Kevin V. Roberts.	Donna J. Sexton-Cicero M.D. James L. Bayman Richard A. Horvitz Cathy M. Lewis
--	--

State of Ohio
 County of Cuyahoga ss

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

_____ (Signature) Thomas A. Sullivan (Printed Name) President	_____ (Signature) Rebecca Nedelkoff Holland (Printed Name) VP and General Counsel	_____ (Signature) (Printed Name)
---	---	--

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

 (Notary Signature)

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 0000

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code: 10001

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal Flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health	371,946,266	371,310,063			325,313,702	324,103,937	45,080,840	591,650	361,578	361,578	10,486,369	2,791,971
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H												
15.2 Non-cancelable A & H												
15.3 Guaranteed renewable A & H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A & H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)	371,946,266	371,310,063			325,313,702	324,103,937	45,080,840	591,650	361,578	361,578	10,486,369	2,791,971

24 Grand Total

DETAILS OF WRITE-INS

3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. TOTALS (Lines 3101 through 3303 plus 3398) (Line 33 above)												

(a) Finance and service charges not included in Lines 1 to 34 \$.....

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 0000

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Company Code: 10001

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal Flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health	371,946,266	371,310,063			325,313,702	324,103,937	45,080,840	591,650	361,578	361,578	10,486,369	2,791,971
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H												
15.2 Non-cancelable A & H												
15.3 Guaranteed renewable A & H												
15.4 Non-renewable for stated reasons only												
15.5 Other accident only												
15.6 All other A & H												
15.7 Federal employees health benefits program premium												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business												
34. TOTALS (a)	371,946,266	371,310,063			325,313,702	324,103,937	45,080,840	591,650	361,578	361,578	10,486,369	2,791,971

DETAILS OF WRITE-INS

3301												
3302												
3303												
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. TOTALS (Lines 3101 through 3303 plus 3398) (Line 33 above)												

(a) Finance and service charges not included in Lines 1 to 34 \$.....

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10	
2.2	Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13	
4.2	Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	NONE
6.	Increase (decrease) by foreign exchange adjustment	
6.1	Totals, Part 1, Column 11	
6.2	Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	
8.	Book/adjusted carrying value at the end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, current period)	

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	NONE
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period	

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	NONE
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1 Class 1	10,573,832	5,106,368	9,593,133	1,315,506	5,089	26,593,928	41.14	23,286,316	39.15	26,593,929	
1.2 Class 2	4,553	15,785	15,286	20,565	5,757	61,946	0.10			61,946	
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 TOTALS	10,578,385	5,122,153	9,608,419	1,336,071	10,846	26,655,874	41.23	23,286,316	39.15	26,655,875	
2. ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 TOTALS											
3. STATES, TERRITORIES AND POSSESSIONS ETC., GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1 Class 1		2,534,851				2,534,851	3.92			2,534,851	
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 TOTALS		2,534,851				2,534,851	3.92			2,534,851	
4. POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 TOTALS											
5. SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUARANTEED, SCHEDULES D & DA (Group 5)											
5.1 Class 1	642,729	2,067,369	1,974,803	984,428		5,669,329	8.77	7,995,253	13.44	5,669,330	
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 TOTALS	642,729	2,067,369	1,974,803	984,428		5,669,329	8.77	7,995,253	13.44	5,669,330	

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Class 1		568,557	862,364			1,430,921	2.21	547,713	0.92	1,430,921	
6.2 Class 2		1,299,097	2,150,853			3,449,950	5.34	2,330,082	3.92	3,449,951	
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 TOTALS		1,867,654	3,013,217			4,880,871	7.55	2,877,795	4.84	4,880,872	
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Class 1	292,838	5,559,713	6,881,134	92,193	779,865	13,605,743	21.05	12,269,032	20.63	13,605,743	
7.2 Class 2	876,129	6,963,367	3,458,814			11,298,310	17.48	13,056,088	21.95	11,298,311	
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 TOTALS	1,168,967	12,523,080	10,339,948	92,193	779,865	24,904,053	38.52	25,325,120	42.57	24,904,054	
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 TOTALS											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. TOTAL BONDS CURRENT YEAR											
10.1 Class 1	11,509,399	15,836,858	19,311,434	2,392,127	784,954	49,834,772	77.09	X X X	X X X	49,834,774	
10.2 Class 2	880,682	8,278,249	5,624,953	20,565	5,757	14,810,206	22.91	X X X	X X X	14,810,208	
10.3 Class 3								X X X	X X X		
10.4 Class 4								X X X	X X X		
10.5 Class 5						(c)		X X X	X X X		
10.6 Class 6						(c)		X X X	X X X		
10.7 TOTALS	12,390,081	24,115,107	24,936,387	2,412,692	790,711	(b) 64,644,978	100.00	X X X	X X X	64,644,982	
10.8 Line 10.7 as a % of Column 6	19.17	37.30	38.57	3.73	1.22	100.00	X X X	X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR											
11.1 Class 1	12,187,966	17,724,632	11,490,568	2,673,601	21,547	X X X	X X X	44,098,314	74.13	44,098,314	
11.2 Class 2		10,433,447	4,952,723			X X X	X X X	15,386,170	25.87	15,386,170	
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						X X X	X X X	(c)			
11.7 TOTALS	12,187,966	28,158,079	16,443,291	2,673,601	21,547	X X X	X X X	(b) 59,484,484	100.00	59,484,484	
11.8 Line 11.7 as a % of Col. 8	20.49	47.34	27.64	4.49	0.04	X X X	X X X	100.00	X X X	100.00	
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Class 1	11,509,399	15,836,858	19,311,434	2,392,128	784,955	49,834,774	77.09	44,098,314	74.13	49,834,774	X X X
12.2 Class 2	880,683	8,278,249	5,624,954	20,565	5,757	14,810,208	22.91	15,386,170	25.87	14,810,208	X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 TOTALS	12,390,082	24,115,107	24,936,388	2,412,693	790,712	64,644,982	100.00	59,484,484	100.00	64,644,982	X X X
12.8 Line 12.7 as a % of Col. 6	19.17	37.30	38.57	3.73	1.22	100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	19.17	37.30	38.57	3.73	1.22	100.00	X X X	X X X	X X X	100.00	X X X
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Class 1										X X X	
13.2 Class 2										X X X	
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$..... current year, \$..... prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$..... current year, \$..... prior year of bonds with 5* designations and \$..... current year, \$..... prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
1. U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1 Issuer Obligations	9,867,575	1,644,346	5,945,269			17,457,190	27.00	19,409,196	32.63	17,457,190	
1.2 Single Class Mortgage-Backed/Asset-Backed Bonds	710,810	3,477,807	3,663,150	1,336,071	10,846	9,198,684	14.23	3,877,120	6.52	9,198,684	
1.7 TOTALS	10,578,385	5,122,153	9,608,419	1,336,071	10,846	26,655,874	41.23	23,286,316	39.15	26,655,874	
2. ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 TOTALS											
3. STATES, TERRITORIES AND POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Bonds		2,534,851				2,534,851	3.92			2,534,851	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 TOTALS		2,534,851				2,534,851	3.92			2,534,851	
4. POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined											
4.6 Other											
4.7 TOTALS											
5. SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUAR., SCH. D & DA (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Bonds	642,729	2,067,369	1,974,803	984,428		5,669,329	8.77			5,669,330	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined								7,995,253	13.44		
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 TOTALS	642,729	2,067,369	1,974,803	984,428		5,669,329	8.77	7,995,253	13.44	5,669,330	

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Issuer Obligations		1,867,654	3,013,217			4,880,871	7.55	2,877,794	4.84	4,880,871	
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS		1,867,654	3,013,217			4,880,871	7.55	2,877,794	4.84	4,880,871	
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Issuer Obligations	876,129	11,713,893	10,083,716		779,865	23,453,603	36.28	23,642,641	39.75	23,453,604	
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other	292,838	809,187	256,232	92,193		1,450,450	2.24	1,682,479	2.83	1,450,450	
7.7 TOTALS	1,168,967	12,523,080	10,339,948	92,193	779,865	24,904,053	38.52	25,325,120	42.57	24,904,054	
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 TOTALS											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10.7	Total From Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed
10. TOTAL BONDS CURRENT YEAR											
10.1 Issuer Obligations	10,743,704	15,225,893	19,042,202		779,865	45,791,664	70.84	X X X	X X X	45,791,665	
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds	1,353,539	8,080,027	5,637,953	2,320,499	10,846	17,402,864	26.92	X X X	X X X	17,402,865	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other	292,838	809,187	256,232	92,193		1,450,450	2.24	X X X	X X X	1,450,450	
10.7 TOTALS	12,390,081	24,115,107	24,936,387	2,412,692	790,711	64,644,978	100.00	X X X	X X X	64,644,980	
10.8 Line 10.7 as a % of Column 6	19.17	37.30	38.57	3.73	1.22	100.00		X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR											
11.1 Issuer Obligations	10,703,449	23,086,980	12,139,202					X X X	X X X	45,929,631	77.21
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds	383,242	1,318,780	1,255,189	898,362	21,547			X X X	X X X	3,877,120	6.52
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined	845,649	2,825,091	2,696,306	1,628,208				X X X	X X X	7,995,254	13.44
11.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined								X X X	X X X		
11.6 Other	255,626	927,228	352,594	147,031				X X X	X X X	1,682,479	2.83
11.7 TOTALS	12,187,966	28,158,079	16,443,291	2,673,601	21,547			X X X	X X X	59,484,484	100.00
11.8 Line 11.7 as a % of Column 8	20.49	47.34	27.64	4.49	0.04			X X X	X X X	100.00	
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Issuer Obligations	10,743,705	15,225,894	19,042,202		779,865	45,791,666	70.84	X X X	X X X	45,929,631	77.21
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds	1,353,539	8,080,027	5,637,953	2,320,499	10,846	17,402,864	26.92	X X X	X X X	3,877,120	6.52
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined									X X X	7,995,253	13.44
12.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											
12.6 Other	292,838	809,187	256,232	92,193		1,450,450	2.24		X X X	1,682,479	2.83
12.7 TOTALS	12,390,082	24,115,108	24,936,387	2,412,692	790,711	64,644,980	100.00	X X X	X X X	59,484,483	100.00
12.8 Line 12.7 as a % of Column 6	19.17	37.30	38.57	3.73	1.22	100.00		X X X	X X X	100.00	
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	19.17	37.30	38.57	3.73	1.22	100.00		X X X	X X X	100.00	
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Column 6								X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10								X X X	X X X	X X X	

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	11,649,612	11,649,612			
2. Cost of short-term investments acquired	55,790,347	55,790,347			
3. Increase (decrease) by adjustment					
4. Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments					
6. Consideration received on disposal of short-term investments	57,033,218	57,033,218			
7. Book/adjusted carrying value, current year	10,406,741	10,406,741			
8. Total valuation allowance					
9. Subtotal (Lines 7 plus 8)	10,406,741	10,406,741			
10. Total nonadmitted amounts					
11. Statement value (Lines 9 minus 10)	10,406,741	10,406,741			
12. Income collected during year	193,759	193,759			
13. Income earned during year	184,557	184,557			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

34 Schedule DB Part A Verification - NONE

34 Schedule DB Part B Verification - NONE

35 Schedule DB Part C Verification - NONE

35 Schedule DB Part D Verification - NONE

35 Schedule DB Part E Verification - NONE

36 Schedule DB Part F Sn 1 - Sum Replicated Assets - NONE

37 Schedule DB Part F Sn 2 - Recon Replicated Assets - NONE

38 Schedule F Part 1 Assumed Reinsurance - NONE

39 Schedule F Part 2 Reinsurance Effected - NONE

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Co. Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15- [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
Authorized - Affiliates - U.S. Intercompany Pooling																			
58-0828824	66346	Munich American Reassur Co	GA		3,305	228				1,242					1,470			1,470	
0199999 Total - Authorized - Affiliates - U.S. Intercompany Pooling						3,305	228			1,242					1,470			1,470	
0499999 Total - Authorized - Affiliates						3,305	228			1,242					1,470			1,470	
0599998 Total - Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
0599999 Total - Authorized - Other U.S. Unaffiliated Insurers																			
0899998 Total - Authorized - Other Non-U.S. Insurers (Under \$100,000)																			
0899999 Total - Authorized - Other Non-U.S. Insurers																			
0999999 Total - Authorized						3,305	228			1,242					1,470			1,470	
1499998 Total - Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
1499999 Total - Unauthorized - Other U.S. Unaffiliated Insurers																			
1799998 Total - Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																			
1799999 Total - Unauthorized - Other Non-U.S. Insurers																			
1899999 Total - Unauthorized																			
1999999 Total - Authorized and Unauthorized						3,305	228			1,242					1,470			1,470	
2099999 Total - Protected Cells																			
9999999 Totals						3,305	228			1,242					1,470			1,470	

NOTE: Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 Name of Company	2 Commission Rate	3 Ceded Premium
1)
2)
3)
4)
5)

SCHEDULE F - PART 4

Aging of Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						12	13	
				5	Overdue							11
					6	7	8	9	10			
Federal ID Number	NAIC Co. Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 - 29 Days	30-90 Days	91-120 Days	Over 120 Days	Total Overdue Columns 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Percentage Overdue Col. 10/Col. 11	Percentage More Than 120 Days Overdue Col. 9/Col. 11
Authorized - Affiliates - U.S. Intercompany Pooling												
58-0828824 ...	66346 ..	Munich American Reassur Co	Georgia	199		29			29	228	13	
0199999 Total - Authorized - Affiliates - U.S. Intercompany Pooling				199		29			29	228	13	
0499999 Total - Authorized - Affiliates				199		29			29	228	13	
0999999 Total - Authorized				199		29			29	228	13	
1999999 Total - Authorized and Unauthorized				199		29			29	228	13	
2099999 Total - Protected Cells												
9999999 Totals				199		29			29	228	13	

42 Schedule F Part 5 Unauthorized Reinsurance NONE

43 Schedule F Part 6 Overdue Authorized Reins NONE

44 Schedule F Part 7 Overdue Reinsurance NONE

SCHEDULE F - PART 8

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 9)	91,443,120		91,443,120
2. Agents' balances or uncollected premiums (Line 10)	6,534,099		6,534,099
3. Funds held by or deposited with reinsured companies (Line 11)			
4. Reinsurance recoverable on loss and loss adjustment expense payments (Line 14)	227,721		227,721
5. Other assets (Lines 12 and 13 and 15 through 25)	3,976,956		3,976,956
6. Net amount recoverable from reinsurers			
7. TOTALS (Line 28)	102,181,896		102,181,896
LIABILITIES (Page 3)			
8. Losses and loss adjustment expenses (Lines 1 through 3)	44,200,047		44,200,047
9. Taxes, expenses, and other obligations (Lines 4 through 8)	3,070,114		3,070,114
10. Unearned premiums (Line 9)	13,708,521		13,708,521
11. Advance premiums (Line 10)			
12. Dividends declared and unpaid (Line 11.1 and 11.2)			
13. Ceded reinsurance premiums payable (net of ceded commissions) (Line 12)			
14. Funds held by company under reinsurance treaties (Line 13)			
15. Amounts withheld or retained by company for account of others (Line 14)			
16. Provision for reinsurance (Line 16)			
17. Other liabilities (Lines 15 and 17 through 23)	3,339,505		3,339,505
18. TOTAL Liabilities (Line 26 minus Line 25)	64,318,187		64,318,187
19. Surplus as regards policyholders (Line 35)	37,863,709	X X X	37,863,709
20. TOTALS (Line 36)	102,181,896		102,181,896

Note: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [] No [X]

If yes, give full explanation:

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit Accident & Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
										9	10	11	12	13	14	15	16	17	18
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	368,641,724	X X X	368,641,724	X X X		X X X		X X X		X X X		X X X		X X X		X X X		X X X
2.	Premiums earned	367,005,521	X X X	367,005,521	X X X		X X X		X X X		X X X		X X X		X X X		X X X		X X X
3.	Incurred claims	321,173,079	87.5	321,173,079	87.5														
4.	Increase in contract reserves																		
5.	Commissions (a)	10,486,369	2.9	10,486,369	2.9														
6.	General insurance expenses	26,216,281	7.1	26,216,281	7.1														
7.	Taxes, licenses and fees	2,791,971	0.8	2,791,971	0.8														
8.	Total expenses incurred	39,494,621	10.8	39,494,621	10.8														
9.	Aggregate write-ins for deductions	3,374,826	0.9	3,374,826	0.9														
10.	Gain from underwriting before dividends or refunds	2,962,995	0.8	2,962,995	0.8														
11.	Dividends or refunds																		
12.	Gain from underwriting after dividends or refunds	2,962,995	0.8	2,962,995	0.8														
DETAILS OF WRITE-INS																			
0901.	Provision for Bad Debt	2,758,607	100.0	2,758,607	100.0														
0902.	Consulting Services	11,609	100.0	11,609	100.0														
0903.	Investment Fees	243,032	100.0	243,032	100.0														
0998.	Summary of remaining write-ins for Line 9 from overflow page	361,578	0.1	361,578	0.1														
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	3,374,826	0.9	3,374,826	0.9														

(a) Includes \$..... reported as "Contract, membership and other fees retained by agents."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	13,708,521	13,708,521							
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	13,708,521	13,708,521							
5. Total premium reserves, prior year	12,072,318	12,072,318							
6. Increase in total premium reserves	1,636,203	1,636,203							
B. Contract Reserves:									
1. Additional reserves									
2. Reserve for future contingent benefits (deferred maternity and other similar benefits)									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year	44,156,848	44,156,848							
2. Total prior year	46,290,605	46,290,605							
3. Increase	(2,133,757)	(2,133,757)							
PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claim Paid During the Year:									
1.1 On claims incurred prior to current year	33,198,203	33,198,203							
1.2 On claims incurred during current year	290,108,633	290,108,633							
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year	1,172,598	1,172,598							
2.2 On claims incurred during current year	42,984,250	42,984,250							
3. Test:									
3.1 Lines 1.1 and 2.1	34,370,801	34,370,801							
3.2 Claim reserves and liabilities, December 31, prior year	46,290,605	46,290,605							
3.3 Line 3.1 minus Line 3.2	(11,919,804)	(11,919,804)							
PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	3,304,572	3,304,572							
2. Premiums earned									
3. Incurred claims	1,688,488	1,688,488							
4. Commissions									

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Claims incurred	306,680,791		14,047,017	320,727,808
2. Beginning claim reserve	44,939,580		1,351,025	46,290,605
3. Ending claim reserve	42,331,753		1,825,094	44,156,847
4. Claims paid	309,288,618		13,572,948	322,861,566
B. Assumed Reinsurance:				
5. Claims incurred				
6. Beginning claim reserve				
7. Ending claim reserve				
8. Claims Paid				
C. Ceded Reinsurance:				
9. Claims incurred	1,688,488			1,688,488
10. Beginning claim reserve				
11. Ending claim reserve				
12. Claims Paid	1,688,488			1,688,488
D. Net:				
13. Claims incurred	304,992,303		14,047,017	319,039,320
14. Beginning claim reserve	44,939,580		1,351,025	46,290,605
15. Ending claim reserve	42,331,753		1,825,094	44,156,847
16. Claims Paid	307,600,130		13,572,948	321,173,078

51	Schedule P - Part 1A -	NONE
52	Schedule P - Part 1B -	NONE
53	Schedule P - Part 1C -	NONE
54	Schedule P - Part 1D -	NONE
55	Schedule P - Part 1E -	NONE
56	Schedule P - Part 1F Sn 1 -	NONE
57	Schedule P - Part 1F Sn 2 -	NONE
58	Schedule P - Part 1G -	NONE
59	Schedule P - Part 1H Sn 1 -	NONE
60	Schedule P - Part 1H Sn 2 -	NONE
61	Schedule P - Part 1I -	NONE
62	Schedule P - Part 1J -	NONE
63	Schedule P - Part 1K -	NONE

SCHEDULE P - PART 1L OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported - Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior ...	X X X ...	X X X ...	X X X ...	885,560	10,912						874,648	X X X ..
2. 2001 ...	318,227	3,504	314,723	282,900	1,653						281,247	X X X ..
3. 2002 ...	370,333	3,328	367,005	290,112	1,688						288,424	X X X ..
4. Totals ..	X X X ...	X X X ...	X X X ...	1,458,572	14,253						1,444,319	X X X ..

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior ...			1,162									1,162	
2. 2001 ...													
3. 2002 ...	4,817		39,102	1,242			362					43,039	
4. Totals ..	4,817		40,264	1,242			362					44,201	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount												
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid											
1. Prior ...	X X X ...	X X X ...	X X X ...	X X X ...	X X X ...	X X X ...			X X X ...													
2. 2001 ...	284,062	1,653	282,409	89.264	47.175	89.733				1,162												
3. 2002 ...	334,393	2,930	331,463	90.295	88.041	90.316				42,677	362											
4. Totals ..	X X X ...	X X X ...	X X X ...	X X X ...	X X X ...	X X X ...			X X X ...	43,839	362											

65	Schedule P - Part 1M -	NONE
66	Schedule P - Part 1N -	NONE
67	Schedule P - Part 1O -	NONE
68	Schedule P - Part 1P -	NONE
69	Schedule P - Part 1R Sn 1 -	NONE
70	Schedule P - Part 1R Sn 2 -	NONE
71	Schedule P - Part 1S -	NONE
72	Schedule P - Part 2A -	NONE
72	Schedule P - Part 2B -	NONE
72	Schedule P - Part 2C -	NONE
72	Schedule P - Part 2D -	NONE
72	Schedule P - Part 2E -	NONE
73	Schedule P - Part 2F Sn 1 -	NONE
73	Schedule P - Part 2F Sn 2 -	NONE
73	Schedule P - Part 2G -	NONE
73	Schedule P - Part 2H Sn 1 -	NONE
73	Schedule P - Part 2H Sn 2 -	NONE

SCHEDULE P - PART 2I

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX								
2. 2001	XXX	XXX	XXX	XXX				XXX				XXX
3. 2002	XXX	XXX	XXX	XXX				XXX	XXX		XXX	XXX
4. TOTALS												

NONE

SCHEDULE P - PART 2J

AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX								
2. 2001	XXX	XXX	XXX	XXX				XXX				XXX
3. 2002	XXX	XXX	XXX	XXX				XXX	XXX		XXX	XXX
4. TOTALS												

NONE

SCHEDULE P - PART 2K

FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX								
2. 2001	XXX	XXX	XXX	XXX				XXX				XXX
3. 2002	XXX	XXX	XXX	XXX				XXX	XXX		XXX	XXX
4. TOTALS												

NONE

SCHEDULE P - PART 2L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	883,927	877,297	874,648	(2,649)	(9,279)
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	296,201	282,409	(13,792)	XXX
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	331,463	XXX	XXX
4. TOTALS											(16,441)	(9,279)

SCHEDULE P - PART 2M

INTERNATIONAL

1. Prior												
2. 1993												
3. 1994	XXX											
4. 1995	XXX	XXX										
5. 1996	XXX	XXX	XXX									
6. 1997	XXX	XXX	XXX	XXX								
7. 1998	XXX	XXX	XXX	XXX								
8. 1999	XXX	XXX	XXX	XXX								
9. 2000	XXX	XXX	XXX	XXX								
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. TOTALS												

NONE

75	Schedule P - Part 2N -	NONE
75	Schedule P - Part 2O -	NONE
75	Schedule P - Part 2P -	NONE
76	Schedule P - Part 2R Sn 1 -	NONE
76	Schedule P - Part 2R Sn 2 -	NONE
76	Schedule P - Part 2S -	NONE
77	Schedule P - Part 3A -	NONE
77	Schedule P - Part 3B -	NONE
77	Schedule P - Part 3C -	NONE
77	Schedule P - Part 3D -	NONE
77	Schedule P - Part 3E -	NONE
78	Schedule P - Part 3F Sn 1 -	NONE
78	Schedule P - Part 3F Sn 2 -	NONE
78	Schedule P - Part 3G -	NONE
78	Schedule P - Part 3H Sn 1 -	NONE
78	Schedule P - Part 3H Sn 2 -	NONE

SCHEDULE P - PART 3I

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3J

AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000				
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3K

FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000			XXX	XXX
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	000	875,428	874,648	XXX	XXX
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	251,187	281,247	XXX	XXX
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	288,424	XXX	XXX

SCHEDULE P - PART 3M

INTERNATIONAL

1. Prior	000										XXX	XXX
2. 1993											XXX	XXX
3. 1994	XXX										XXX	XXX
4. 1995	XXX	XXX									XXX	XXX
5. 1996	XXX	XXX	XXX								XXX	XXX
6. 1997	XXX	XXX	XXX	XXX							XXX	XXX
7. 1998	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

80	Schedule P - Part 3N -	NONE
80	Schedule P - Part 3O -	NONE
80	Schedule P - Part 3P -	NONE
81	Schedule P - Part 3R Sn 1 -	NONE
81	Schedule P - Part 3R Sn 2 -	NONE
81	Schedule P - Part 3S -	NONE
82	Schedule P - Part 4A -	NONE
82	Schedule P - Part 4B -	NONE
82	Schedule P - Part 4C -	NONE
82	Schedule P - Part 4D -	NONE
82	Schedule P - Part 4E -	NONE
83	Schedule P - Part 4F Sn 1 -	NONE
83	Schedule P - Part 4F Sn 2 -	NONE
83	Schedule P - Part 4G -	NONE
83	Schedule P - Part 4H Sn 1 -	NONE
83	Schedule P - Part 4H Sn 2 -	NONE

SCHEDULE P - PART 4I - SPECIAL PROPERTY
(FIRE ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 1993	2 1994	3 1995	4 1996	5 1997	6 1998	7 1999	8 2000	9 2001	10 2002
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4J

AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4K

FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39,837		
2. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,348	1,162
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38,222

SCHEDULE P - PART 4M

INTERNATIONAL

1. Prior										
2. 1993										
3. 1994	XXX									
4. 1995	XXX	XXX								
5. 1996	XXX	XXX	XXX							
6. 1997	XXX	XXX	XXX	XXX						
7. 1998	XXX	XXX	XXX	XXX	XXX					
8. 1999	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

85	Schedule P - Part 4N -	NONE
85	Schedule P - Part 4O -	NONE
85	Schedule P - Part 4P -	NONE
86	Schedule P - Part 4R Sn 1 -	NONE
86	Schedule P - Part 4R Sn 2 -	NONE
86	Schedule P - Part 4S -	NONE
87	Schedule P - Part 5A Sn 1 -	NONE
87	Schedule P - Part 5A Sn 2 -	NONE
87	Schedule P - Part 5A Sn 3 -	NONE
88	Schedule P - Part 5B Sn 1 -	NONE
88	Schedule P - Part 5B Sn 2 -	NONE
88	Schedule P - Part 5B Sn 3 -	NONE
89	Schedule P - Part 5C Sn 1 -	NONE
89	Schedule P - Part 5C Sn 2 -	NONE
89	Schedule P - Part 5C Sn 3 -	NONE
90	Schedule P - Part 5D Sn 1 -	NONE
90	Schedule P - Part 5D Sn 2 -	NONE
90	Schedule P - Part 5D Sn 3 -	NONE
91	Schedule P - Part 5E Sn 1 -	NONE
91	Schedule P - Part 5E Sn 2 -	NONE
91	Schedule P - Part 5E Sn 3 -	NONE
92	Schedule P - Part 5F Sn 1A -	NONE
92	Schedule P - Part 5F Sn 2A -	NONE
92	Schedule P - Part 5F Sn 3A -	NONE
93	Schedule P - Part 5F Sn 1B -	NONE
93	Schedule P - Part 5F Sn 2B -	NONE
93	Schedule P - Part 5F Sn 3B -	NONE
94	Schedule P - Part 5H Sn 1A -	NONE
94	Schedule P - Part 5H Sn 2A -	NONE
94	Schedule P - Part 5H Sn 3A -	NONE
95	Schedule P - Part 5H Sn 1B -	NONE
95	Schedule P - Part 5H Sn 2B -	NONE
95	Schedule P - Part 5H Sn 3B -	NONE
96	Schedule P - Part 5R Sn 1A -	NONE
96	Schedule P - Part 5R Sn 2A -	NONE
96	Schedule P - Part 5R Sn 3A -	NONE
97	Schedule P - Part 5R Sn 1B -	NONE
97	Schedule P - Part 5R Sn 2B -	NONE
97	Schedule P - Part 5R Sn 3B -	NONE
98	Schedule P - Part 6C Sn 1 -	NONE
98	Schedule P - Part 6C Sn 2 -	NONE
98	Schedule P - Part 6D Sn 1 -	NONE
98	Schedule P - Part 6D Sn 2 -	NONE
99	Schedule P - Part 6E Sn 1 -	NONE
99	Schedule P - Part 6E Sn 2 -	NONE
99	Schedule P - Part 6H Sn 1A -	NONE
99	Schedule P - Part 6H Sn 2A -	NONE
100	Schedule P - Part 6H Sn 1B -	NONE
100	Schedule P - Part 6H Sn 2B -	NONE
100	Schedule P - Part 6M Sn 1 -	NONE
100	Schedule P - Part 6M Sn 2 -	NONE
101	Schedule P - Part 6N Sn 1 -	NONE
101	Schedule P - Part 6N Sn 2 -	NONE
101	Schedule P - Part 6O Sn 1 -	NONE
101	Schedule P - Part 6O Sn 2 -	NONE
102	Schedule P - Part 6R Sn 1A -	NONE
102	Schedule P - Part 6R Sn 2A -	NONE
102	Schedule P - Part 6R Sn 1B -	NONE
102	Schedule P - Part 6R Sn 2B -	NONE
103	Schedule P - Part 7A Sn 1 -	NONE
103	Schedule P - Part 7A Sn 2 -	NONE
103	Schedule P - Part 7A Sn 3 -	NONE
104	Schedule P - Part 7A Sn 4 -	NONE
104	Schedule P - Part 7A Sn 5 -	NONE

105 Schedule P - Part 7B Sn 1 - NONE

105 Schedule P - Part 7B Sn 2 - NONE

105 Schedule P - Part 7B Sn 3 - NONE

106 Schedule P - Part 7B Sn 4 - NONE

106 Schedule P - Part 7B Sn 5 - NONE

106 Schedule P - Part 7B Sn 6 - NONE

106 Schedule P - Part 7B Sn 7 - NONE

SCHEDULE P INTERROGATORIES

1. What is the extended loss and expense reserve - direct and assumed - for the following classes? An example of an extended loss and expense reserve is the actuarial reserve for the free - tail coverage arising upon death, disability or retirement in most medical malpractice policies. Such a liability is to be reported here even if it was not reported elsewhere in Schedule P, but otherwise reported as a liability item on Page 3. Show the full reserve amount, not just the change during the current year.

Years in which premiums were earned and losses were incurred	1 Medical Malpractice	2 Other Liability	3 Products Liability
1.01 Prior			
1.02 1993			
1.03 1994			
1.04 1995			
1.05 1996			
1.06 1997			
1.07 1998			
1.08 1999			
1.09 2000			
1.10 2001			
1.11 2002			
1.12 Totals			

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes[X] No[]

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes[X] No[]

4. Do any lines in Schedule P include reserves which are reported gross of any discount to present value of future payments, but are reported net of such discounts on page 10? Yes[] No[X]
 If Yes, proper reporting must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.
 Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
 Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for: (in thousands of dollars)

5.1 Fidelity		\$
5.2 Surety		\$

6. Claim count information is reported (check one).

6.1 per claim		.....
6.2 per claimant		.....

If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes which have occurred which must be considered when making such analyses? Yes[] No[X]

7.2 An extended statement may be attached.

SCHEDULE Y (continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 10001 ..	.. 34-1737469 ..	Qualchoice Health Plan Inc .....	.....	.....	.....	.....	.. (26,216,281)	.....	.....	.....	.. (26,216,281)	.....
.....	.. 34-1656735 ..	QualChoice, Inc .....	.....	.. 3,400,000	.....	.....	.. 26,216,281	.....	.....	.....	.. 29,616,281	.....
.....	.. 34-1567805 ..	University Hospitals Health System .....	.....	.. (3,400,000)	.....	.....	.....	.....	.....	.....	.. (3,400,000)	.....
9999999 Totals										X X X	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
MARCH FILING	
1. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed by March 1?	No
2. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
3. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	No
4. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
5. Will an actuarial opinion be file by March 1?	Yes
6. Will the SVO Compliance Certification be filed by March 1?	Yes
7. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	No
8. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
9. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
10. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
11. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	No
APRIL FILING	
12. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	Yes
13. Will Management's Discussion and Analysis be filed by April 1?	Yes
14. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	No
15. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
16. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
17. Will the Investment Risk Interrogatories be filed by April 1?	Yes
MAY FILING	
18. Will this company be included in a combined annual statement which is file with the NAIC by May 1?	No
JUNE FILING	
19. Will an audited financial report be filed by June 1?	Yes

Explanations:

Bar Codes:

Supplement A to Schedule T



Schedule SIS



Financial Guaranty Insurance Exhibit



Medicare Supplement Insurance Experience Exhibit



Trusteed Surplus Statement



Premiums Attributed to Protected Cells Exhibit



Credit Insurance Exhibit



LTC Experience Reporting Form C



Statement (Annual, quarterly and combined)



OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
0897. Summary of remaining write-ins for Line 8 (Lines 0804 through 0896) .....	.....	.....	.....	.....
2504. Prepaid Expense	67,918	.....	67,918	.....
2505. 0 .....	.....	.....	.....	.....
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) ..	67,918	.....	67,918	.....

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident & Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
0904. Loss Adjustment Expenses	361,578	100.0	361,578	100.0														
0997. Summary of remaining write-ins for Line 09 (Lines 0904 thru 0996)	361,578	0.1	361,578	0.1														



Designate the type of health care providers reported on this page:
Hospitals

SUPPLEMENT "A" TO SCHEDULE T EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN Allocated by States and Territories

	States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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)								
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)								
58.	TOTALS								
DETAILS OF WRITE-INS									
5701									
5702									
5703									
5798.	Summary of remaining write-ins for Line 57 from overflow page								
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)								

NONE



Designate the type of health care providers reported on this page:

Physicians, including surgeons and osteopaths

SUPPLEMENT "A" TO SCHEDULE T EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Allocated by States and Territories

	States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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)								
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)								
58.	TOTALS								

NONE

DETAILS OF WRITE-INS

5701									
5702									
5703									
5798.	Summary of remaining write-ins for Line 57 from overflow page								
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)								



Designate the type of health care providers reported on this page:

Medical malpractice policies effective prior to January 1, 1976

SUPPLEMENT "A" TO SCHEDULE T EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Allocated by States and Territories

	States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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)								
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)								
58.	TOTALS								

NONE

DETAILS OF WRITE-INS									
5701									
5702									
5703									
5798.	Summary of remaining write-ins for Line 57 from overflow page								
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)								



Designate the type of health care providers reported on this page:

Other health care professionals, including dentists

SUPPLEMENT "A" TO SCHEDULE T EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN

Allocated by States and Territories

	States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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)								
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)								
58.	TOTALS								

NONE

DETAILS OF WRITE-INS

5701									
5702									
5703									
5798.	Summary of remaining write-ins for Line 57 from overflow page								
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)								



Designate the type of health care providers reported on this page:
Other health care facilities

SUPPLEMENT "A" TO SCHEDULE T EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN Allocated by States and Territories

	States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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)								
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)								
58.	TOTALS								
DETAILS OF WRITE-INS									
5701									
5702									
5703									
5798.	Summary of remaining write-ins for Line 57 from overflow page								
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)								

NONE

FG-1	Financial Guaranty Insurance Title Page -	NONE
FG-2	Financial Guaranty Insurance Exh. Pt. 1 -	NONE
FG-2	Financial Guaranty Insurance Exh. Pt. 2 -	NONE
FG-3	Financial Guaranty Insurance Exh. Pt. 3A -	NONE
FG-4	Financial Guaranty Insurance Exh. Pt. 3B -	NONE
FG-5	Financial Guaranty Insurance Exh. Pt. 3C -	NONE
FG-6	Financial Guaranty Insurance Exh. Pt. 3D -	NONE
FG-7	Financial Guaranty Insurance Exh. Pt. 3E -	NONE
FG-8	Financial Guaranty Insurance Exh. Pt. 3F -	NONE
FG-9	Financial Guaranty Insurance Exh. Pt. 4A -	NONE
FG-9	Financial Guaranty Insurance Exh. Pt. 4B -	NONE
FG-10	Financial Guaranty Insurance Exh. Pt. 4C -	NONE
FG-10	Financial Guaranty Insurance Exh. Pt. 4D -	NONE
FG-11	Financial Guaranty Insurance Exh. Pt. 4E -	NONE
FG-11	Financial Guaranty Insurance Exh. Pt. 4F -	NONE
FG-12	Financial Guaranty Insurance Exh. Pt. 4G -	NONE
FG-12	Financial Guaranty Insurance Exh. Pt. 4H -	NONE
FG-13	Financial Guaranty Insurance Exh. Pt. 4I -	NONE
FG-13	Financial Guaranty Insurance Exh. Pt. 5A -	NONE
FG-13	Financial Guaranty Insurance Exh. Pt. 5B -	NONE
FG-13	Financial Guaranty Insurance Exh. Pt. 5C -	NONE
FG-14	Financial Guaranty Insurance Exh. Pt. 6A -	NONE
FG-14	Financial Guaranty Insurance Exh. Pt. 6B -	NONE
FG-14	Financial Guaranty Insurance Exh. Pt. 6C -	NONE
FG-15	Financial Guaranty Insurance Exh. Pt. 7 -	NONE



NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

SCHEDULE SIS

STOCKHOLDER INFORMATION SUPPLEMENT

REQUIRED BY QUESTION 2 SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES
(PROPERTY AND CASUALTY BLANK), QUESTION 1 (LIFE AND ACCIDENT AND HEALTH BLANK),
AND QUESTION 1 (TITLE INSURANCE BLANK)

TO ANNUAL STATEMENT OF THE

QualChoice Health Plan, Inc.

COMPANY

FOR THE YEAR ENDED
DECEMBER 31, 2002

GENERAL INSTRUCTIONS

The Stockholder Information Supplement shall be completed by all stock companies incorporated in the U.S.A., which have 100 or more stockholders. Such supplement shall be filed with the Insurance Commissioner of the company's domiciliary state as a part of its Annual Statement. The information required to be contained in this supplement is to be furnished to the best of the knowledge of the company. Where appropriate, the company should obtain the required information, in writing, from its Directors or Officers and from any person known to the company to be the official owner of more than 10% of any class of its equity securities.

The term "officer" means a President, Vice-President, Treasurer, Actuary, Secretary, Controller and any other person who performs for the company functions corresponding to those performed by the foregoing officers.

FINANCIAL REPORTING TO STOCKHOLDERS

1. Did the company distribute to its stockholders prior to the Annual Meeting during the year an Annual Report for the prior year? Yes[] No[X]
If answer is "Yes" attach copy. If answer is "No" explain in detail below. Attach separate sheet if necessary.:

 2. Will the company distribute to its stockholders prior to the Annual Meeting during the following year an Annual Report for the current year? Yes[] No[X]
If answer is "Yes" a copy of the report shall forwarded to the Insurance Commissioner of the company's domiciliary state at the same time as it is distributed to stockholders. If answer is "No" explain in detail below. Attach separate sheet if necessary.:

 3. If an Annual Report to stockholders was distributed for the prior year; (1) was such distribution prior to or contemporaneous with the solicitation of proxies in respect of the Annual Meeting? Yes[] No[X]
If answer is "No" explain in detail below. Attach separate sheet if necessary.:
- (2) Did it contain the following financial statements (indicate answer in Column A) and were such financial statements prepared substantially on the basis (individual or consolidated) as required to be present in the Company's Annual Statement (indicate answer in Column B)?

	Column A	Column B
To be answered by Life and A & H Companies:		
a. Statement of Assets, Liabilities, Surplus and Other Funds	Yes[] No[X]	Yes[] No[X]
b. Summary of Operations	Yes[] No[X]	Yes[] No[X]
c. Surplus Account	Yes[] No[X]	Yes[] No[X]
To be answered by Property and Casualty Companies:		
a. Statement of Assets, Liabilities, Surplus and Other Funds	Yes[] No[X]	Yes[] No[X]
b. Statement of Income - Underwriting and Investment Exhibit	Yes[] No[X]	Yes[] No[X]
c. Capital and Surplus Account	Yes[] No[X]	Yes[] No[X]
To be answered by Title Insurance Companies		
a. Statement of Assets, Liabilities, Surplus and Other Funds	Yes[] No[X]	Yes[] No[X]
b. Statement of Income - Operations and Investment Exhibit	Yes[] No[X]	Yes[] No[X]
c. Capital and Surplus Account	Yes[] No[X]	Yes[] No[X]

INFORMATION REGARDING MANAGEMENT AND DIRECTORS (Additional Information)

- (1a) Karen Fifer Ferry ceased employment with QualChoice as of February 25, 2003
 - (1b) All compensation paid to officers and employees is paid by an affiliated entity. The cost is passed back to QualChoice Health Plan, Inc via a monthly administrative charge.
 - (1c) Sections A and B of section 1 are not applicable to QualChoice Health Plan.
-
- (2,4, 5) QualChoice is a closely held company and capital stock is not publically issued.

STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

(See Instructions Below)

1	2	3	Number of Shares				
			4	5	Disposed of During Current Year		
					6	7	8
Name and Title of (a) Each Director and Each Officer with any ownership and (b) any other Owner of more than 10%	Title of Security	Nature of Ownership	Owned at end of Prior Year	Acquired During Current Year	Held Less Than 6 Months	Held 6 Months or More	Owned at End of Current Year
.....

Note: Answer "yes" or "no" as to whether the information concerning the number of shares owned at the end of the year (as shown in Column 8) by each Director and the three highest paid officers whose aggregate direct remuneration exceeded \$100,000 during the year, has been or will be furnished to stockholders in a proxy statement or otherwise? No If answer is "no", explain in detail on a separate sheet.

State the number of stockholders of record of the company at the end of the year. Answer: _____

INSTRUCTIONS FOR STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Column 1

Indicate relationship of the person to the Company, for example: "Director," "Director and Vice-President," "Beneficial owner of more than 10% of the Company's common stock," etc.

Column 2

The statement of the title of a security should be such as to clearly identify the security, even though there may be only one class, for example: "Common stock," "4% convertible preferred stock," etc.

Column 3

Under the "Nature of Ownership" state whether ownership of securities is "direct" or "indirect." If the ownership is indirect, i.e., through a partnership, corporation, trust or other entity, indicate in a footnote or other appropriate manner the name of the medium through which the securities are indirectly owned. The fact that securities are held in the name of a broker or other nominee does not, of itself, constitute indirect ownership. Securities owned indirectly shall be reported on separate lines from those owned directly and from those owned through a different type of indirect ownership.

Columns 4 to 8

In the case of securities owned indirectly, the entire amount of securities owned by the partnership, corporation, trust or other entity shall be stated. There may also be indicated in a footnote or other appropriate manner the extent of the security holder's interest in such partnership, corporation, trust or other entity.

If a transaction in securities of the Company was with the Company or one of its subsidiaries, so state. If it involved the purchase of securities through the exercise of options, so state. If any other purchase or sale was effected otherwise than in the open market, that fact shall be indicated. If the transaction was not a purchase or sale, indicate its character, for example, gift, stock dividend, etc., as the case may be. The foregoing information may be indicated in a footnote or other appropriate manner.

Any additional information deemed relevant by the Company should be included as a footnote or in other appropriate manner.



Trusted Surplus Statement

AFFIDAVIT OF U.S. MANAGERS, GENERAL AGENTS, OR TRUSTEES

_____ being duly sworn, says that he/she is the _____ of the _____ QualChoice Health Plan, Inc. a corporation organized under the laws of _____ entered to transact business in the United States through the State of _____, that this trustee surplus statement together with its related schedules appended hereto is a true statement of the trustee surplus of said corporation, that the several items of assets, as hereinafter enumerated, are the absolute property of said corporation, free and clear from any liens or claims thereon, except as hereinafter stated, and that each and all of the hereinafter mentioned assets are held in the United States by Insurance Departments and Officers of the various States of the United States and Trustees as hereinafter indicated, and that the assets, liabilities and deductions therefrom reported in this statement are in accordance with the instructions accompanying this statement.

Subscribed and sworn to before me this _____ day of _____ A.D., 2003

AFFIDAVIT OF TRUSTEE - SCHEDULE B

_____ being sworn, say that it is the Trustee of the _____ a corporation organized under the laws of _____ entered to transact business in the United States through the State of _____, located at _____. That the assets listed in Schedule B of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2003

AFFIDAVIT OF TRUSTEE - SCHEDULE C

_____ being sworn, say that it is the Trustee of the _____ a corporation organized under the laws of _____ entered to transact business in the United States through the State of _____, located at _____. That the assets listed in Schedule C of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2003

AFFIDAVIT OF TRUSTEE - SCHEDULE D

_____ being sworn, say that it is the Trustee of the _____ a corporation organized under the laws of _____ entered to transact business in the United States through the State of _____, located at _____. That the assets listed in Schedule D of the following statement are held by it as such Trustee within the United States, and that the said assets are subject to no other claims than those of policyholders and creditors within the United States.

Subscribed and sworn to before me this _____ day of _____ A.D., 2003

TRUSTEED SURPLUS STATEMENT (continued)

ASSETS

SCHEDULE A - DEPOSITS WITH STATE OFFICERS (EXCLUDING SPECIAL DEPOSITS)

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
01.98	Accrued Investment Income		X X X	X X X
01.99	Totals			

SCHEDULE B - DEPOSITS WITH UNITED STATES TRUSTEE

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
2.01	Cash			
2.02	Bonds			
2.03	Preferred Stock			
2.04	Common Stock			
2.05	Mortgage Loans on Real Estate			
2.06	Real Estate			
2.07	Short-Term Investments			
2.08	Other Invested Assets			
2.09	Miscellaneous Assets not included in any of the above categories			
2.98	Accrued Investment Income		X X X	X X X
2.99	TOTALS			

SCHEDULE C - DEPOSITS WITH UNITED STATES TRUSTEE

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
3.01	Cash			
3.02	Bonds			
3.03	Preferred Stock			
3.04	Common Stock			
3.05	Mortgage Loans on Real Estate			
3.06	Real Estate			
3.07	Short-Term Investments			
3.08	Other Invested Assets			
3.09	Miscellaneous Assets not included in any of the above categories			
3.98	Accrued Investment Income		X X X	X X X
3.99	TOTALS			

SCHEDULE D - DEPOSITS WITH UNITED STATES TRUSTEE

1 Line Number	2 Description	3 Admitted Asset Value	4 Par Value	5 Fair Value
4.01	Cash			
4.02	Bonds			
4.03	Preferred Stock			
4.04	Common Stock			
4.05	Mortgage Loans on Real Estate			
4.06	Real Estate			
4.07	Short-Term Investments			
4.08	Other Invested Assets			
4.09	Miscellaneous Assets not included in any of the above categories			
4.98	Accrued Investment Income		X X X	X X X
4.99	TOTALS			

TRUSTEED SURPLUS STATEMENT (Continued)

LIABILITIES AND TRUSTEED SURPLUS

	1 Current Year
1. Total Liabilities	
ADDITIONS TO LIABILITIES:	
2. Ceded Reinsurance Balances Payable	
3. Agents' Credit Balances	
4. Aggregate Write-ins For Other Additions to Liabilities	
5. Total Additions (Lines 2 + 3 + 4)	
6. Total (Lines 1 + 5)	
DEDUCTIONS FROM LIABILITIES:	
7. Reinsurance Recoverable on Paid Losses and Loss Adjustment Expenses:	
7.1 Authorized Companies	
7.2 Unauthorized Companies	
8. Special State Deposits, not exceeding net liabilities carried in this statement on business in each respective state:	
8.1 Special State Deposits (submit schedule)	
8.2 Accrued interest on Special State Deposits	
9. Agents' balances or uncollected premiums not more than ninety days past due, not exceeding unearned premium reserves carried thereon	
10. Unpaid Reinsurance Premiums Receivable, not exceeding losses and loss adjustment expenses due to reinsured:	
10.1 Authorized Companies	
10.2 Unauthorized Companies	
11. Aggregate write-ins for other deductions from liabilities	
12. Total Deductions (Lines 7 thru 11)	
13. Total Adjusted Liabilities (Line 6 minus Line 12)	
14. Trusteed Surplus	
15. TOTAL	
DETAILS OF WRITE-INS	
0401	
0402	
0403	
0498. Summary of remaining write-ins for Line 4 from overflow page	
0499. TOTALS (Lines 0401 through 0403 plus 0498) (Line 4 above)	
1101	
1102	
1103	
1198. Summary of remaining write-ins for Line 11 from overflow page	
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)	

INDEX TO PROPERTY & CASUALTY ANNUAL STATEMENT

Accident and Health Exhibit (SCH H)	46	Recapitulation of All Premiums (Unearned Premiums) (PT 1A)	07
Aggregate Statement and Market Values of Bonds and Preferred Stocks (SCH DM)	E23	Reinsurance (SCH F)	38
Analysis of Losses and Loss Expenses (SCH P)	49	Replicated (Synthetic) Assets Open (SCH DB, PT F)	36
Analysis of Nonadmitted Assets and Related Items (EX 1) ...	13	Schedule E – Part 2 – Special Deposits	E25
Assets (Admitted)	02	Schedule P – Interrogatories	107
Assumed Reinsurance (SCH F, PT 1)	38	Schedules:	
Bonds (SCH D, PT 1)	E08	A – Real Estate	E01
Bonds – Aggregate Statement and Market Values (SCH DM) ...	E23	B – Mortgage Loans	E04
Bonds – Quality & Maturity Distribution of All Bonds at Statement Values and by Major Types of Issues and NAIC Designations (SCH D, PT 1A, SN 1)	27	BA – Other Long-Term Invested Assets	E06
Bonds – Maturity Distributions of All Bonds at Statement Values by Major Types and Subtypes of Issues (SCH D, PT 1A, SN 2).....	30	D – Bonds and Stocks	E08
Capital and Surplus Account	04	DA – Short-Term Investments	E15
Cash (SCH E, PT 1)	E24	DB – Derivative Instruments	E16
Cash Flow	05	DM – Aggregate Statement and Market Values of Bonds and Preferred Stocks	E23
Ceded Reinsurance (SCH F, PT 3)	40	E – Part 1 – Cash	E24
Collar, Swap and Forward Agreements (SCH DB, PT C)	E19	Part 2 – Special Deposits	E25
Common Stocks (SCH D, PT 2, SN 2)	E10	F – Reinsurance	38
Counterparty Exposure for Derivative Instruments (SCH DB, PT E)	E22	H – Accident and Health Exhibit	46
Detailed Information of Losses and Loss Expenses (SCH P, PT 1)	49	P – Analysis of Losses and Loss Expenses	49
Exhibit of Net Investment Income	12	Y – Information Concerning Activities of Insurer Members of a Holding Company Group	109
Exhibit of Capital Gains (Losses)	12	T – Exhibit of Premiums Written (Allocated by States and Territories)	108
Exhibit of Premiums and Losses – Business in the State of (Separate Page for Each State)	24	Short-Term Investments (SCH DA)	E15
Exhibit of Premiums Written (allocated by each state) (SCH T) ...	108	Special Deposits (SCH E, PT 2)	E25
Exhibit 1 – Analysis of Nonadmitted Assets and Related Items ... Expenses (PT 3)	13	State Page	24
.....	11	Statement of Income	04
Futures Contracts (SCH DB, PT D)	E20	Summary Investment Schedule	15
Five-Year Historical Data	22	Supplemental Exhibits and Schedules Interrogatories	111
General Interrogatories – Part 1	16	Title Page and Jurat	01
General Interrogatories – Part 2	20	Transactions With Any Affiliates (SCH Y, PT 2)	110
History of Bulk and Incurred But Not Reported Reserves (SCH P, PT 4)	50	Underwriting and Investment Exhibits:	
History of Claims (Direct and Assumed): Closed with Loss Payments Outstanding and Reported (SCH P, PT 5)	87	Pt 1 – Premiums Earned	06
History of Incurred Losses and Allocated Expenses (SCH P, PT 2)	50	Pt 1A – Recapitulation of All Premiums	07
History of Loss Sensitive Contracts (SCH P, PT 7)	103	Pt 1B – Premiums Written	08
History of Paid Loss and Allocated Expense Payments (SCH P, PT 3)	50	Pt 2 – Losses Paid and Incurred	09
History of Premiums Earned: Direct and Assumed, and Ceded (SCH P, PT 6)	98	Pt 2A – Unpaid Losses and Loss Adjustment Expenses	10
Holding Company Activities of Insurer Members (SCH Y)	109	Pt 3 – Expenses	11
Liabilities, Surplus and Other Funds	03	Verifications:	
Losses Paid and Incurred (PT 2)	09	Schedule A, B, BA	25
Mortgage Loans (SCH B)	E04	Schedule D – Summary	26
Notes To Financial Statements	14	Schedule DA – Part 2	33
Options, Caps and Floors Owned (SCH DB, PT A)	E16	Schedule DB – Parts A & B	34
Options, Caps and Floors Written (SCH DB, PT B)	E17	Schedule DB – Parts C, D & E	35
Organizational Chart (SCH Y, PT 1)	109		
Other Long-Term Invested Assets (SCH BA)	E06		
Overflow Page for Write-Ins	112		
Portfolio Reinsurance (SCH F, PT 2)	39		
Preferred Stocks (SCH D, PT 2, SN 1)	E09		
Preferred Stocks – Aggregate Statement and Fair Values (SCH DM)	E23		
Premiums Earned (PT 1)	06		
Premiums Written (PT 1B)	08		
Real Estate (SCH A)	E01		