



ANNUAL STATEMENT

For the Year Ended December 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

PRIMETIME MEDICAL INSURANCE COMPANY

NAIC Group Code 1204 , 1204 NAIC Company Code 10694 Employer's ID Number 34-1809738
(Current Period) (Prior Period)

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

Country of Domicile United States of America

Incorporated 09/26/1995 Commenced Business 10/05/1995

Statutory Home Office 2600 SIXTH STREET SW , CANTON, OH 44710
(Street and Number) (City, or Town, State and Zip Code)

Main Administrative Office 2600 SIXTH STREET SW
(Street and Number)

CANTON, OH 44710 (330)438-6360-4057
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 2600 SIXTH STREET SW , CANTON, OH 44710
(Street and Number or P.O. Box) (City, or Town, State and Zip Code)

Primary Location of Books and Records 2600 SIXTH STREET SW
(Street and Number)

CANTON, OH 44710 (330)438-6360-4057
(City, or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address _____

Statement Contact MARK DAVID LAUTZENHEISER (330)363-3362
(Name) (Area Code)(Telephone Number)(Extension)

mlautzenheiser@aultman.com (330)580-6658
(E-Mail Address) (Fax Number)

Policyowner Relations Contact _____
(Street and Number)

(City, or Town, State and Zip Code) (Area Code) (Telephone Number)(Extension)

OFFICERS

President RICK L HAINES
 Secretary WILLIAM S ALFORD DO
 Treasurer CHRISTOPHER E REMARK
 Executive Vice President EDWARD J ROTH III

VICE PRESIDENTS

DIRECTORS

JOHN B HUMPHREY JR MD
 WILLIAM A HAMMERSTROM
 GREGORY HABAN MD
 MARK WRIGHT

RAYMOND L CANDAGE MD
 EILEEN W GOOD
 MICHAEL A RICH MD

State of Ohio
 County of Stark 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)
 Rick L. Haines
(Printed Name)
 President

(Signature)
 George E. Film
(Printed Name)
 Controller

(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: 1204

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code: 10694

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	114,986,376	114,986,376			104,776,920	100,064,801	7,960,605				1,369,874	430,173
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)	114,986,376	114,986,376			104,776,920	100,064,801	7,960,605				1,369,874	430,173

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 \$.....

24 Grand Total

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)



NAIC Group Code: 1204

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Company Code: 10694

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												
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13. Group accident and health	114,986,376	114,986,376			104,776,920	100,064,801	7,960,605				1,369,874	430,173
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)	114,986,376	114,986,376			104,776,920	100,064,801	7,960,605				1,369,874	430,173

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 \$.....

24 Ohio

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

	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	400,670	8,049,344	1,905,217			10,355,230	100.00	9,538,530	100.00	10,355,230	
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 TOTALS	400,670	8,049,344	1,905,217			10,355,230	100.00	9,538,530	100.00	10,355,230	
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											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 TOTALS											
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											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 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)
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 TOTALS											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Class 1											
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 TOTALS											
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	400,670	8,049,344	1,905,217			10,355,230	100.00	X X X	X X X	10,355,230	
10.2 Class 2								X X X	X X X		
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	400,670	8,049,344	1,905,217			(b) 10,355,230	100.00	X X X	X X X	10,355,230	
10.8 Line 10.7 as a % of Column 6	3.87	77.73	18.40			100.00	X X X	X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR											
11.1 Class 1	1,090,000	5,435,142	3,013,388			X X X	X X X	9,538,530	100.00	9,538,530	
11.2 Class 2						X X X	X X X				
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	1,090,000	5,435,142	3,013,388			X X X	X X X	(b) 9,538,530	100.00	9,538,530	
11.8 Line 11.7 as a % of Col. 8	11.43	56.98	31.59			X X X	X X X	100.00	X X X	100.00	
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Class 1	400,670	8,049,344	1,905,217			10,355,231	100.00	9,538,530	100.00	10,355,230	X X X
12.2 Class 2											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	400,670	8,049,344	1,905,217			10,355,231	100.00	9,538,530	100.00	10,355,230	X X X
12.8 Line 12.7 as a % of Col. 6	3.87	77.73	18.40			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	3.87	77.73	18.40			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	400,670	8,049,344	1,905,217			10,355,231	100.00	9,538,530	100.00	10,355,230	
1.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
1.7 TOTALS	400,670	8,049,344	1,905,217			10,355,231	100.00	9,538,530	100.00	10,355,230	
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											
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											
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											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 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
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Issuer Obligations											
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											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Issuer Obligations											
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											
7.7 TOTALS											
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 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											
10. TOTAL BONDS CURRENT YEAR											
10.1 Issuer Obligations	400,670	8,049,344	1,905,217			10,355,231	100.00	X X X	X X X	10,355,230	
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds								X X X	X X X		
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								X X X	X X X		
10.7 TOTALS	400,670	8,049,344	1,905,217			10,355,231	100.00	X X X	X X X	10,355,230	
10.8 Line 10.7 as a % of Column 6	3.87	77.73	18.40			100.00	X X X	X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR											
11.1 Issuer Obligations	1,090,000	5,435,142	3,013,388			X X X	X X X	9,538,530	100.00	9,538,530	
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						X X X	X X X				
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						X X X	X X X				
11.7 TOTALS	1,090,000	5,435,142	3,013,388			X X X	X X X	9,538,530	100.00	9,538,530	
11.8 Line 11.7 as a % of Column 8	11.43	56.98	31.59			X X X	X X X	100.00	X X X	100.00	
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Issuer Obligations	400,670	8,049,344	1,905,217			10,355,231	100.00	9,538,530	100.00	10,355,231	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											X X X
12.6 Other											X X X
12.7 TOTALS	400,670	8,049,344	1,905,217			10,355,231	100.00	9,538,530	100.00	10,355,231	X X X
12.8 Line 12.7 as a % of Column 6	3.87	77.73	18.40			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, Column 6, Section 10	3.87	77.73	18.40			100.00	X X X	X X X	X X X	100.00	X X X
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	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	X X X	

33	Schedule DA Part 2 -	NONE
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

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 Federal ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
Total Reinsurance Ceded By Portfolio					
36-0947200	62413	CONTINENTAL ASSURANCE CO	06/01/1991 .	.....	..... 777,578
0199999 Total Reinsurance Ceded By Portfolio .....					..... 777,578
0299999 Total Reinsurance Assumed By Portfolio .....					.....

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																			
36-0947200	62413	CONTINENTAL ASSURANCE CO	CHICAGO ILLINOIS		778														
0199999 Total - Authorized - Affiliates - U.S. Intercompany Pooling						778													
0499999 Total - Authorized - Affiliates						778													
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						778													
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						778													
2099999 Total - Protected Cells																			
9999999 Totals						778													

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)

41 Schedule F Part 4 Aging Ceded Reinsurance - NONE

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)	22,061,274		22,061,274
2. Agents' balances or uncollected premiums (Line 10)	643,825		643,825
3. Funds held by or deposited with reinsured companies (Line 11)			
4. Reinsurance recoverable on loss and loss adjustment expense payments (Line 14)			
5. Other assets (Lines 12 and 13 and 15 through 25)	5,854,814		5,854,814
6. Net amount recoverable from reinsurers			
7. TOTALS (Line 28)	28,559,913		28,559,913
LIABILITIES (Page 3)			
8. Losses and loss adjustment expenses (Lines 1 through 3)	7,960,605		7,960,605
9. Taxes, expenses, and other obligations (Lines 4 through 8)	486,908		486,908
10. Unearned premiums (Line 9)			
11. Advance premiums (Line 10)	7,880,375		7,880,375
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)	4,581,027		4,581,027
18. TOTAL Liabilities (Line 26 minus Line 25)	20,908,915		20,908,915
19. Surplus as regards policyholders (Line 35)	7,650,997	X X X	7,650,997
20. TOTALS (Line 36)	28,559,912		28,559,912

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	
		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																			
1.	Premiums written	114,986,376	X X X	114,986,376	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	114,986,376	X X X	114,986,376	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	106,594,590	92.7	106,594,590	92.7														
4.	Increase in contract reserves	777,578	0.7	777,578	0.7														
5.	Commissions (a)																		
6.	General insurance expenses																		
7.	Taxes, licenses and fees																		
8.	Total expenses incurred																		
9.	Aggregate write-ins for deductions																		
10.	Gain from underwriting before dividends or refunds	7,614,208	6.6	7,614,208	6.6														
11.	Dividends or refunds																		
12.	Gain from underwriting after dividends or refunds	7,614,208	6.6	7,614,208	6.6														
DETAILS OF WRITE-INS																			
0901	.....																	
0902	.....																	
0903	.....																	
0998.	Summary of remaining write-ins for Line 9 from overflow page																		
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)																		

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums									
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year									
5. Total premium reserves, prior year									
6. Increase in total premium reserves									
B. Contract Reserves:									
1. Additional reserves	777,578	777,578							
2. Reserve for future contingent benefits (deferred maternity and other similar benefits)									
3. Total contract reserves, current year	777,578	777,578							
4. Total contract reserves, prior year									
5. Increase in contract reserves	777,578	777,578							
C. Claim Reserves and Liabilities:									
1. Total current year	7,960,605	7,960,605							
2. Total prior year	6,143,821	6,143,821							
3. Increase	1,816,784	1,816,784							
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	6,528,903	6,528,903							
1.2 On claims incurred during current year	98,248,903	98,248,903							
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year	7,960,605	7,960,605							
3. Test:									
3.1 Lines 1.1 and 2.1	6,528,903	6,528,903							
3.2 Claim reserves and liabilities, December 31, prior year	6,143,821	6,143,821							
3.3 Line 3.1 minus Line 3.2	385,082	385,082							
PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	777,578	777,578							
2. Premiums earned									
3. Incurred claims									
4. Commissions									

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Claims incurred	106,593,704			106,593,704
2. Beginning claim reserve	6,143,821			6,143,821
3. Ending claim reserve	7,960,605			7,960,605
4. Claims paid	104,776,920			104,776,920
B. Assumed Reinsurance:				
5. Claims incurred				
6. Beginning claim reserve				
7. Ending claim reserve				
8. Claims Paid				
C. Ceded Reinsurance:				
9. Claims incurred				
10. Beginning claim reserve				
11. Ending claim reserve				
12. Claims Paid				
D. Net:				
13. Claims incurred	106,593,704			106,593,704
14. Beginning claim reserve	6,143,821			6,143,821
15. Ending claim reserve	7,960,605			7,960,605
16. Claims Paid	104,776,920			104,776,920

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 ...	.....	.....	.....	.....	.....	.....	.....	.....	... X X X ..
2. 2001 ...	..... 86,502	..... 926	..... 85,576	..... 80,443	.....	.....	.....	.....	.....	.....	..... 80,443	... X X X ..
3. 2002 ...	..... 114,986	..... 778	..... 114,208	..... 106,594	.....	.....	.....	.....	.....	.....	..... 106,594	... X X X ..
4. Totals ..	... X X X ...	... X X X ...	... X X X ...	..... 187,037	.....	.....	.....	.....	.....	.....	..... 187,037	... 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
2. 2001
3. 2002 7,961	.....	.....	.....	.....	.....	.....	.....	.....	..... 7,961	.....
4. Totals 7,961	.....	.....	.....	.....	.....	.....	.....	.....	..... 7,961	.....

	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 ...	..... 80,443	.....	..... 80,443	..... 92.996	.....	..... 94.002	.....	.....	.....	.....	.....
3. 2002 ...	..... 114,555	.....	..... 114,555	..... 99.625	.....	..... 100.304	.....	.....	.....	..... 7,961	.....
4. Totals ..	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	... X X X ...	.....	.....	... X X X ...	..... 7,961	.....

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
74	Schedule P - Part 2I -	NONE
74	Schedule P - Part 2J -	NONE
74	Schedule P - Part 2K -	NONE
74	Schedule P - Part 2L -	NONE
74	Schedule P - Part 2M -	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
79	Schedule P - Part 3I -	NONE
79	Schedule P - Part 3J -	NONE
79	Schedule P - Part 3K -	NONE
79	Schedule P - Part 3L -	NONE
79	Schedule P - Part 3M -	NONE
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
84	Schedule P - Part 4I -	NONE
84	Schedule P - Part 4J -	NONE
84	Schedule P - Part 4K -	NONE
84	Schedule P - Part 4L -	NONE
84	Schedule P - Part 4M -	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[] No[X]

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[] No[X]

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/(Disburse- ments) 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)
.. 10694 ..	.. 34-1809738 ..	Primetime Medical Ins Co ..	.....	..... 100,000	.....	..... (39,417,547)	..... (200,650)	.....	.....	..... (65,758)	.. (39,583,955)	.....
.....	.. 34-1445390 ..	Aultman Health Foundation ..	.....	..... (100,000)	.....	..... 39,417,547	..... 200,650	.....	.....	..... 65,758	.. 39,583,955	.....
9999999 Totals ..		.....	.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation: The Aultman Health Foundation made a capital contribution of \$100,000 to the Company. The Company paid Aultman Hospital \$39,417,547 in capitated claims for its enrollees. The Company paid \$200,650 to Aultman Health Foundation for management services. The Company paid \$65,758 to Aultman Health Foundation for rent.

OVERFLOW PAGE FOR WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404.
2497. Summary of remaining write-ins for Line 24 (Lines 2404 through 2496)



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

	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	
States, Etc.								
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

	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	
States, Etc.								
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

	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	
States, Etc.								
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:

Other health care professionals, including dentists

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

	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	
States, Etc.								
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:
Other health care facilities

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

	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	
States, Etc.								
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)							



FINANCIAL GUARANTY INSURANCE EXHIBIT

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2002

Of The PRIMETIME MEDICAL INSURANCE COMPANY

NAIC Group Code 1204 NAIC Company Code 10694 Employer's ID Number 34-1809738

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

FG-2, FG-3, FG-4, FG-5, FG-6, FG-7, FG-8, FG-9, FG-10, FG-11, FG-12, FG-13, FG-14, FG-15

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
FOR THE STATE OF OHIO**



NAIC Group Code: 1204 NAIC Company Code: 10694
 Address (City, State and Zip Code): CANTON, OH 44710
 Person Completing This Exhibit:

Title: _____ Telephone: _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Total Experience on Individuals																	
..... No .....			... No ...														
0199999 Total Experience on Individuals																	
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address:
 - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 42 U.S.C. 1395u(h)(3)(B)
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O":

MS Ohio

SIR-2	Supp. Inv. Risk Interr. Pt B -	NONE
SIR-3	Supp. Inv. Risk Interr. Pt C -	NONE
SIR-4	Supp. Inv. Risk Interr. Pt D -	NONE
SIR-5	Supp. Inv. Risk Interr. Pt E -	NONE
SIR-6	Supp. Inv. Risk Interr. Pt F -	NONE
SIS-1	SIS Title -	NONE
SIS-2	SIS Financial Reporting Stockholders -	NONE
SIS-3	SIS Inform. - Management and Directors -	NONE
SIS-4	SIS Beneficial Ownership Securities -	NONE
SVO	SVO Compliance Certification -	NONE
TSS-1	Trusted Surplus Affidavit -	NONE
TSS-2	Trusted Surplus Assets Sch. A -	NONE
TSS-2	Trusted Surplus Assets Sch. B - D -	NONE

SIR-2, SIR-3, SIR-4, SIR-5, SIR-6, SIS-1, SIS-2, SIS-3, SIS-4, SVO, TSS-1, TSS-2

TRUSTEED SURPLUS STATEMENT (Continued)

LIABILITIES AND TRUSTEED SURPLUS

	1 Current Year
1. Total Liabilities	20,908,915
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)	20,908,915
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)	20,908,915
14. Trusteed Surplus	
15. TOTAL	20,908,915
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		