



ANNUAL STATEMENT

For the Year Ending December 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

HOMETOWN INSURANCE GROUP, INC.

NAIC Group Code	3058 <small>(Current Period)</small>	0000 <small>(Prior Period)</small>	NAIC Company Code	11224	Employer's ID Number	34-1956845
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]			
Date Incorporated or Organized	10/30/2001		Date Commenced Business	02/13/2002		
Statutory Home Office	100 Lillian Gish Blvd., Suite 301 <small>(Street and Number)</small>		Massillon, OH 44647 <small>(City, or Town, State and Zip Code)</small>			
Main Administrative Office	100 Lillian Gish Blvd., Suite 301 <small>(Street and Number)</small>					
	Massillon, OH 44647 <small>(City or Town, State and Zip Code)</small>		(877)236-2289 <small>(Area Code) (Telephone Number)</small>			
Mail Address	100 Lillian Gish Blvd., P.O. Box 4816 <small>(Street and Number or P.O. Box)</small>		Massillon, OH 44648 <small>(City, or Town, State and Zip Code)</small>			
Primary Location of Books and Records	100 Lillian Gish Blvd., Suite 301 <small>(Street and Number)</small>					
	Massillon, OH 44647 <small>(City, or Town, State and Zip Code)</small>		(877)236-2289 <small>(Area Code) (Telephone Number)</small>			
Internet Website Address	www.hometownhealthnet.com					
Statement Contact	John F. Strah <small>(Name)</small>		(330)834-2203 <small>(Area Code)(Telephone Number)(Extension)</small>			
	JStrah@Hometownhealthnet.com <small>(E-Mail Address)</small>		(330)834-2040 <small>(Fax Number)</small>			
Policyowner Relations Contact	100 Lillian Gish Blvd., P.O. Box 4816 <small>(Street and Number)</small>					
	Massillon, OH 44648 <small>(City, or Town, State and Zip Code)</small>		(877)236-2289 <small>(Area Code) (Telephone Number)(Extension)</small>			

OFFICERS

President William C. Epling
Secretary Richard J. Streck M.D.
Treasurer John F. Strah

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

<p style="text-align: center;">Michael Gallucci Calvin Warren Jr., M.D. Alan J. Bleyer J. Gregory Feczko D.O. Ramon Martinez #</p>	<p style="text-align: center;">Clifford Isroff Thomas Stover M.D. William C. Epling Richard J. Streck M.D.</p>
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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.

<p>_____ <small>(Signature)</small> William C. Epling <small>(Printed Name)</small> President</p>	<p>_____ <small>(Signature)</small> Richard J. Streck, MD <small>(Printed Name)</small> Secretary</p>	<p>_____ <small>(Signature)</small> John F. Strah <small>(Printed Name)</small> Treasurer</p>
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- 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 February, 2003

03/01/2003

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(Notary Public Signature)

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
0299998 Premium due and unpaid not individually listed	170,492			3,789	3,789	170,492
0299999 Total group	170,492			3,789	3,789	170,492
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 10) ..	170,492			3,789	3,789	170,492

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
N O N E						
0599999 Health care receivables

EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	110,008	248,479				358,487
0499999 Subtotals	110,008	248,479				358,487
0599999 Unreported claims and other claim reserves						1,756,514
0699999 Total Amounts Withheld						
0799999 Total Claims Payable						2,115,001
0899999 Accrued Medical Incentive Pool						

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
Hometown Health Network				200,000	200,000		
0199999 Total - Individually listed receivables				200,000	200,000		
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable				200,000	200,000		

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
Hometown Health Plan	Broker Fees paid out of plan, expensed to HIG	81,721	81,721	
0199999 Total - Individually listed payables	X X X	81,721	81,721	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	81,721	81,721	

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	427,008	4.392	19,892	70.469		427,008
2. Intermediaries						
3. All other providers	9,860	0.101	8,336	29.531		9,860
4. Total capitation payments	436,868	4.494	28,228	100.000		436,868
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	9,285,154	95.506	X X X	X X X	1,749,957	7,535,197
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	9,285,154	95.506	X X X	X X X	1,749,957	7,535,197
13. Total (Line 4 plus Line 12)	9,722,022	100.000	X X X	X X X	1,749,957	7,972,065

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EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999			X X X	X X X	X X X

EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						

N O N E



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 3058

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 11224

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter	7,987		7,987							
4. Third Quarter	8,495		8,495							
5. Current Year	8,543	12	8,531							
6. Current Year Member Months	73,424	12	73,412							
Total Member Ambulatory Encounters for Year:										
7. Physician	29,203	5	29,198							
8. Non-Physician	6,204		6,204							
9. Total	35,407	5	35,402							
10. Hospital Patient Days Incurred	1,604		1,604							
11. Number of Inpatient Admissions	372		372							
12. Premiums Collected	12,521,157	2,041	12,519,116							
13. Premiums Earned	12,725,709	2,074	12,723,635							
14. Amount Paid for Provision of Health Care Services	9,628,796	1,574	9,627,222							
15. Amount of Incurred for Provision of Health Care Services	11,743,796	1,919	11,741,877							

34 Grand Total



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: 2. DIVISION:
 BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR

NAIC Group Code 3058

NAIC Company Code 11224

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter	7,987		7,987							
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15. Amount of Incurred for Provision of Health Care Services	11,743,796	1,919	11,741,877							

35	Schedule A - Verification -	NONE
35	Schedule B - Verification -	NONE
35	Schedule BA - Verification -	NONE
36	Schedule D - Summary by Country -	NONE
36	Schedule D - Verification -	NONE
37	Schedule D Part 1A Sn 1 - #1 -	NONE
38	Schedule D Part 1A Sn 1 - #2 -	NONE
39	Schedule D Part 1A Sn 1 - #3 -	NONE
40	Schedule D Part 1A Sn 2 - #1 -	NONE
41	Schedule D Part 1A Sn 2 - #2 -	NONE
42	Schedule D Part 1A Sn 2 - #3 -	NONE

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					
2. Cost of short-term investments acquired	1,934,848			1,934,848	
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					
7. Book/adjusted carrying value, current year	1,934,848			1,934,848	
8. Total valuation allowance					
9. Subtotal (Lines 7 plus 8)	1,934,848			1,934,848	
10. Total nonadmitted amounts					
11. Statement value (Lines 9 minus 10)	1,934,848			1,934,848	
12. Income collected during year	19,168			19,168	
13. Income earned during year					

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

44 Schedule DB Part A Verification - NONE

44 Schedule DB Part B Verification - NONE

45 Schedule DB Part C Verification - NONE

45 Schedule DB Part D Verification - NONE

45 Schedule DB Part E Verification - NONE

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

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates											
20532	52-0266645	04/01/2002	Clarendon Natl Ins Co	1177 Avenue of the Americas, New York, NY 10036	QA/A	443,793					
0299999 Total - Non-Affiliates						443,793					
0399999 Totals						443,793					

SCHEDULE S - PART 2**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
39845	48-0921045 ...	04/01/2002	Employers Reins Corp	5200 Metcalf PO Box 2091, Overland Park, KS 66201	72,622	8,569
0599999 Total - Accident and Health, Non-Affiliates					72,622	8,569
0699999 Totals - Accident and Health					72,622	8,569
0799999 Totals - Life, Annuity and Accident and Health					72,622	8,569

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates												
39845	48-0921045	04/01/2002	Employers Reins Corp	5200 Metcalf PO Box 2991, Overland Park, KS 66201	SSL/L	186,451						
0299999 Total - Non-Affiliates						186,451						
0399999 Totals						186,451						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				N O N E									
1199999 Totals (General Account and Separate Accounts combined)													

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2002	2 2001	3 2000	4 1999	5 1998
A. OPERATIONS ITEMS					
1. Premiums	186				
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total medical and hospital expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	73				
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 9)	4,991,850		4,991,850
2. Amounts recoverable from reinsurers (Line 12)	72,622		72,622
3. Accident and health premiums due and unpaid (Line 10)	170,492		170,492
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	158,936		158,936
6. Total assets (Line 23)	5,393,900		5,393,900
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	2,115,000		2,115,000
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 6)	392,258		392,258
10. Reinsurance in unauthorized companies (Line 14)			
11. All other liabilities (Balance)	193,387		193,387
12. Total liabilities (Line 18)	2,700,645		2,700,645
13. Total capital and surplus (Line 26)	2,693,255	X X X	2,693,255
14. Total liabilities, capital and surplus (Line 27)	5,393,900		5,393,900
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

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)
9999999 Totals									X X X			

Schedule Y Part 2 Explanation:

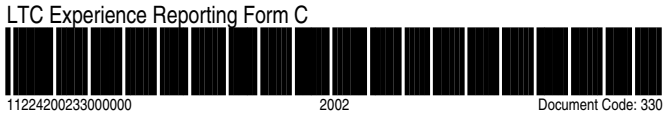
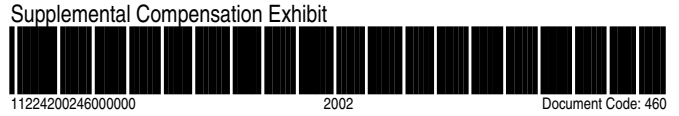
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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 the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	No
3. Will an actuarial certification be filed by March 1?	Yes
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
6. Will the SVO Compliance Certification be filed by March 1?	Yes
APRIL FILING	
7. Will Management's Discussion and Analysis be filed by April 1?	Yes
8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
9. Will the Investment Risks Interrogatories be filed by April 1?	Yes
JUNE FILING	
10. Will an audited financial report be filed by June 1 with the state of domicile?	Yes

Explanations:

Bar Codes:



OVERFLOW PAGE FOR WRITE-INS

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



NAIC Group Code: 3058 NAIC Company Code: 11224
 Address (City, State and Zip Code): Massillon, OH 44647
 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	
NONE																	
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. 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.
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 42 U.S.C. 1395u(h)(3)(B)
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

MS Ohio

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