



ANNUAL STATEMENT

For the Year Ending December 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

ProMedica Life Insurance Company

NAIC Group Code 1212 , 1212 NAIC Company Code 11518 Employer's ID Number 010580404
(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

Licensed as business type: Life, Accident & Health[] Property/Casualty[Hospital, Medical & Dental Service or Indemnity[
 Dental Service Corporation[Vision Service Corporation[Health Maintenance Organization[
 Other[Is HMO Federally Qualified? Yes[No[]

Date Incorporated or Organized 04/19/2002 Date Commenced Business 09/26/2002

Statutory Home Office 1901 Indian Wood Circle , Maumee, OH 43537
(Street and Number) (City, or Town, State and Zip Code)

Main Administrative Office 1901 Indian Wood Circle
(Street and Number)

Maumee, OH 43537 (419)887-2500
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1901 Indian Wood Circle , Maumee, OH 43537
(Street and Number or P.O. Box) (City, or Town, State and Zip Code)

Primary Location of Books and Records 1901 Indian Wood Circle
(Street and Number)

Maumee, OH 43537 (419)887-2500
(City, or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.paramounthealthcare.com

Statement Contact Jeffrey William Martin, Mr. (419)887-2959
(Name) (Area Code)(Telephone Number)(Extension)

jeff.martin@promedica.org (419)887-2020
(E-Mail Address) (Fax Number)

Policyowner Relations Contact 1901 Indian Wood Circle
(Street and Number)

Maumee, OH 43537 (419)887-2500
(City, or Town, State and Zip Code) (Area Code) (Telephone Number)(Extension)

OFFICERS

President John Charles Randolph Mr.
 Secretary Jeffrey Craig Kuhn Mr.
 Treasurer Kathleen S. Hanley Ms.
 Chairman Frederick Lurcott Yocum Mr.

VICE PRESIDENTS

Robert James Kolodgy Mr. Mark Henry Moser Mr.
 Neeraj Kumar Kanwal Dr.

DIRECTORS OR TRUSTEES

Alan William Brass Mr. Thomas Henry Gross Dr.
 Harley Jay Kripke Mr. Jeffrey Ray Lewis Dr.
 Christopher Kane Smitley Mr. Harold Lee Dunn Mr.
 Robert Henry Hartwig Dr. Ronald Richard Langenderfer Mr.
 Jane M. Miller Ms.

State of Ohio
 County of Lucas 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)
 John Charles Randolph
(Printed Name)
 President

(Signature)
 Jeffrey Craig Kuhn
(Printed Name)
 Secretary

(Signature)
 Robert James Kolodgy
(Printed Name)
 Treasurer

a. Is this an original filing? Yes[] 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 Public Signature)

18 Exhibit 3 - Accident and Health Premiums - NONE

19 Exhibit 4 - Health Care Receivables - NONE

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
Individually Listed Claims Payable						
0199999 Total - Individually Listed Claims Payable						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						253,037
0699999 Total Amounts Withheld						
0799999 Total Claims Payable						253,037
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							
Paramount HealthCare	154,598					154,598	
0199999 Total - Individually listed receivables	154,598					154,598	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	154,598					154,598	

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
ProMedica Health System	Legal expenses	22,082	15,019	7,063
0199999 Total - Individually listed payables	X X X	22,082	15,019	7,063
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	22,082	15,019	7,063

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service	23,904	100.000	X X X	X X X		23,904
6. Contractual fee payments			X X X	X X X		
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	23,904	100.000	X X X	X X X		23,904
13. Total (Line 4 plus Line 12)	23,904	100.000	X X X	X X X		23,904

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EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description		1	2	3	4	5	6
		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						

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 1212

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

NAIC Company Code 11518

	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										
4. Third Quarter										
5. Current Year	312		312							
6. Current Year Member Months	632		632							
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	153,114		153,114							
12. Premiums Collected										
13. Premiums Earned	307,712		307,712							
14. Amount Paid for Provision of Health Care Services	23,904		23,904							
15. Amount of Incurred for Provision of Health Care Services	276,941		276,941							

34 Grand Total



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

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

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NAIC Company Code 11518

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14. Amount Paid for Provision of Health Care Services	23,904		23,904							
15. Amount of Incurred for Provision of Health Care Services	276,941		276,941							

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
43	Schedule DA Part 2 -	NONE
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
48	Schedule S - Part 1 - Section 2 -	NONE
49	Schedule S - Part 2 -	NONE
50	Schedule S - Part 3 - Section 2 -	NONE
51	Schedule S - Part 4 -	NONE
52	Schedule S - Part 5 -	NONE
53	Schedule S - Part 6 -	NONE

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)
.. 95189 ..	.. 34-1549926 ..	Paramount Health Care .....	.. (3,800,000)	.....	.....	.....	.. (894,412)	.....	.....	.....	.. (4,694,412)	.....
.. 95566 ..	.. 38-3200310 ..	Paramount Care Of MI Inc .....	.....	.. 800,000	.....	.....	.. (944,027)	.....	.....	.....	.. (144,027)	.....
.. 00000 ..	.. 341623220 ..	Paramount Preferred Options .....	.....	.....	.....	.....	.. (125,561)	.....	.....	.....	.. (125,561)	.....
.....	.. 341773766 ..	Promedica Health System .....	.....	.....	.....	.....	.. 1,964,000	.....	.....	.....	.. 1,964,000	.....
.....	.. 341570675 ..	Promedica Insurance Corporation .....	.. 3,800,000	.. (3,800,000)	.....	.....	.....	.....	.....	.....	.....	.....
.. 11518 01-0580404 ..	Promedica Life Ins Co 3,000,000 3,000,000
9999999 Totals	X X X

Schedule Y Part 2 Explanation:

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ANNUAL STATEMENT**