



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2002
 OF THE CONDITION AND AFFAIRS OF THE
QualMed Plans for Health of Ohio and West Virginia, Inc.

NAIC Group Code 0623 0623 NAIC Company Code 95687 Employer's ID Number 25-1803681
(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 [] Dental Service Corporation []
 Vision Service Corporation [] Other [] Health Maintenance Organization [X]
 Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated 09/30/1996 Commenced Business 03/31/1997

Statutory Home Office 1835 Market Street, 10th Floor, Philadelphia, PA 19103-2968
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office PO Box 904
(Street and Number)
Shelton, CT 06484-0944 800-848-4747
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 904, Shelton, CT 06484-0944
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 21650 Oxnard Street, 24th Floor
(Street and Number)
Woodland Hills, CA 91367-7824 818-676-6793
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.health.net

Statement Contact Carmela Camino 818-676-6793
(Name) (Area Code) (Telephone Number) (Extension)
Carmela.Camino@health.net 818-676-7140
(E-mail Address) (FAX Number)

Policyowner Relations Contact PO Box 904
(Street and Number)
Shelton, CT 06484-0944 800-848-4747
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

President Joseph R. Singer MD Secretary Eileen O'Donnell Esq #
 Chief Financial Officer Marc M. Stein

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Kenneth B. Allen Esq John W. Hannon Sr. Joseph R. Singer MD

State of Pennsylvania } ss
 County of Philadelphia

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

Joseph R. Singer, MD
 President

Eileen O'Donnell, Esq.
 Secretary

Marc M. Stein
 Chief Financial Officer

Subscribed and sworn to before me this
23rd day of January, 2003

- a. Is this an original filing? Yes [X] No []
 b. If no
 1. State the amendment number
 2. Date filed 02/28/2003
 3. Number of pages attached

John D. Toth
 Notary Public
 March 8, 2006

Exhibit 3 - A&H Premiums Due and Unpaid

NONE

Exhibit 4 - Health Care Receivables

NONE

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE QualMed Plans for Health of Ohio and West Virginia, Inc.

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 .....	.0	.0.0		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers .....	.0	.0.0		.0.0		
4. Total capitation payments .....	.0	.0.0	0	.0.0	0	.0
Other Payments:						
5. Fee-for-service	2,541	34.1	XXX	XXX		2,541
6. Contractual fee payments	4,907	65.9	XXX	XXX		4,907
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments .....	.0	.0.0	XXX	XXX		
12. Total other payments	7,447	100.0	XXX	XXX	0	7,447
13. TOTAL (Line 4 plus Line 12)	7,447	100 %	XXX	XXX	0	7,447

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	6 Intermediary's Total Adjusted Capital	7 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

23

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE QualMed Plans for Health of Ohio and West Virginia, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

QualMed Plans for Health of Ohio and West Virginia, Inc.

2. DIVISION

(LOCATION)

NAIC Group Code 0623

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2002

NAIC Company Code 95687

	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	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Premiums Collected	0									
13. Premiums Earned	0									
14. Amount Paid for Provision of Health Care Services	7,447		7,447							
15. Amount Incurred for Provision of Health Care Services	7,447		7,447							

34.OH



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE QualMed Plans for Health of Ohio and West Virginia, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

QualMed Plans for Health of Ohio and West Virginia, Inc.

2. DIVISION

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2002							NAIC Company Code	95687
0623			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	1	2	3	4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0	0	0	0	0	0	0	0	0	0	
2. First Quarter	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Premiums Collected	0	0	0	0	0	0	0	0	0	0	
13. Premiums Earned	0	0	0	0	0	0	0	0	0	0	
14. Amount Paid for Provision of Health Care Services	7,447	0	7,447	0	0	0	0	0	0	0	
15. Amount Incurred for Provision of Health Care Services	7,447	0	7,447	0	0	0	0	0	0	0	

34.GT

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.....
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 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).....

NONE

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.....
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.....

NONE

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.....
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.....

NONE

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE QualMed Plans for Health of Ohio and West Virginia, Inc.

SCHEDULE D - PART 1A - SECTION 1

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

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 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	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE QualMed Plans for Health of Ohio and West Virginia, Inc.

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 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 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	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
6.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1	744,470	33,861	12,168	757	.0	791,256	100.0	104,093	100.0	791,256	.0
7.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
7.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
7.7 Totals	744,470	33,861	12,168	757	0	791,256	100.0	104,093	100.0	791,256	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
8.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
9.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE QualMed Plans for Health of Ohio and West Virginia, Inc.

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 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	744,470	33,861	12,168	757	.0	791,256	100.0	XXX	XXX	791,256	.0
10.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.7 Totals	744,470	33,861	12,168	757	.0	791,256	100.0	XXX	XXX	791,256	.0
10.8 Line 10.7 as a % of Col. 6	94.1	4.3	1.5	0.1	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	19,739	27,310	38,083	18,961	.0	XXX	XXX	104,093	100.0	104,093	.0
11.2 Class 2	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.3 Class 3	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.4 Class 4	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.5 Class 5	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.6 Class 6	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.7 Totals	19,739	27,310	38,083	18,961	.0	XXX	XXX	104,093	100.0	104,093	.0
11.8 Line 11.7 as a % of Col. 8	19.0	26.2	36.6	18.2	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	744,470	33,861	12,168	757	.0	791,256	100.0	104,093	100.0	791,256	XXX
12.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.7 Totals	744,470	33,861	12,168	757	.0	791,256	100.0	104,093	100.0	791,256	XXX
12.8 Line 12.7 as a % of Col. 6	94.1	4.3	1.5	0.1	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	94.1	4.3	1.5	0.1	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.7 Totals	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	XXX	.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	0.0

(a) Includes \$0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$0 current year, \$0 prior year of bonds with Z designations and \$0 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 \$0 current year, \$0 prior year of bonds with 5* designations and \$0, current year, \$0 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.

69

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE QualMed Plans for Health of Ohio and West Virginia, Inc.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	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 Col. 6 as a % of Line 10.7	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
1.7 Totals	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
2.2 Single Class Mortgage-Backed/Asset-Backed Securities	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
2.4 Other	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
2.5 Defined	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
2.6 Other	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
2.7 Totals	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
3.2 Single Class Mortgage-Backed/Asset-Backed Securities	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
3.4 Other	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
3.5 Defined	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
3.6 Other	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
3.7 Totals	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
4.2 Single Class Mortgage-Backed/Asset-Backed Securities	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
4.4 Other	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
4.5 Defined	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
4.6 Other	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
4.7 Totals	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Issuer Obligations	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
5.2 Single Class Mortgage-Backed/Asset-Backed Securities	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
5.4 Other	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
5.5 Defined	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
5.6 Other	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
5.7 Totals	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE QualMed Plans for Health of Ohio and West Virginia, Inc.

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

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	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 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
6.2 Single Class Mortgage-Backed/Asset-Based Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
6.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
6.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	727,026	0	0	0	0	727,026	91.9	0	0.0	727,026	0
7.2 Single Class Mortgage-Backed/Asset-Based Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
7.4 Other	17,444	33,861	12,168	757	0	64,230	8.1	104,093	100.0	64,230	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
7.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
7.7 Totals	744,470	33,861	12,168	757	0	791,256	100.0	104,093	100.0	791,256	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	0	0
9.2 Single Class Mortgage-Backed/Asset-Based Securities	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
9.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	0
9.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE QualMed Plans for Health of Ohio and West Virginia, Inc.

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

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	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 Col. 6 as a % of Line 10.7	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	727,026	0	0	0	0	727,026	91.9	XXX	XXX	727,026	0
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	17,444	33,861	12,168	757	0	64,230	8.1	XXX	XXX	64,230	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	744,470	33,861	12,168	757	0	791,256	100.0	XXX	XXX	791,256	0
10.8 Line 10.7 as a % of Col. 6	94.1	4.3	1.5	0.1	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	19,739	27,310	38,083	18,961	0	XXX	XXX	104,093	100.0	104,093	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	19,739	27,310	38,083	18,961	0	XXX	XXX	104,093	100.0	104,093	0
11.8 Line 11.7 as a % of Col. 8	19.0	26.2	36.6	18.2	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	727,026	0	0	0	0	727,026	91.9	0	0.0	727,026	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.4 Other	17,444	33,861	12,168	757	0	64,230	8.1	104,093	100.0	64,230	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	744,470	33,861	12,168	757	0	791,256	100.0	104,093	100.0	791,256	XXX
12.8 Line 12.7 as a % of Col. 6	94.1	4.3	1.5	0.1	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	94.1	4.3	1.5	0.1	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
13.5 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE QualMed Plans for Health of Ohio and West Virginia, Inc.

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 .....	.0	.0	.0	.0	.0
2. Cost of short-term investments acquired	727,026	727,026	.0	.0	.0
3. Increase (decrease) by adjustment .....	.0	.0	.0	.0	.0
4. Increase (decrease) by foreign exchange adjustment .....	.0	.0	.0	.0	.0
5. Total profit (loss) on disposal of short-term investments .....	.0	.0	.0	.0	.0
6. Consideration received on disposal of short-term investments .....	.0	.0	.0	.0	.0
7. Book/adjusted carrying value, current year	727,026	727,026	.0	.0	.0
8. Total valuation allowance .....	.0	.0	.0	.0	.0
9. Subtotal (Lines 7 plus 8)	727,026	727,026	.0	.0	.0
10. Total nonadmitted amounts .....	.0	.0	.0	.0	.0
11. Statement value (Lines 9 minus 10)	727,026	727,026	.0	.0	.0
12. Income collected during year	4,895	4,895	.0	.0	.0
13. Income earned during year	4,895	4,895	.0	.0	.0

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

.....

43

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

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.....	0	0	20	66	126
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total medical and hospital expenses.....	7	24	10,754	15,581	29,307
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	112	297	159
7. Claims payable.....	8	4	684	2,543	7,490
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 9)	2,076,767		2,076,767
2. Amounts recoverable from reinsurers (Line 12)	0		0
3. Accident and health premiums due and unpaid (Line 10).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	1,611		1,611
6. Total assets (Line 23)	2,078,378	0	2,078,378
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	7,820	0	7,820
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 6).....	0		0
10. Reinsurance in unauthorized companies (Line 14).....	0		0
11. All other liabilities (Balance).....	114,921		114,921
12. Total liabilities (Line 18).....	122,741	0	122,741
13. Total capital and surplus (Line 26).....	1,955,637	XXX	1,955,637
14. Total liabilities, capital and surplus (Line 27)	2,078,378	0	2,078,378
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance	0		
18. Reinsurance recoverable on paid losses	0		
19. Other ceded reinsurance recoverables	0		
20. Total ceded reinsurance recoverables	0		
21. Premiums receivable	0		
22. Unauthorized reinsurance	0		
23. Other ceded reinsurance payables/offsets	0		
24. Total ceded reinsurance payable/offsets	0		
25. Total net credit for ceded reinsurance	0		

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
0000	68-0295375	HEALTH NET PHARMACEUTICAL SERVICES					(1,963)				(1,963)	
95687	25-1803681	QUALMED PLANS FOR HEALTH OF OHIO & WEST VIRGINIA, INC					1,963				1,963	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

56

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual 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 filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- 1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?..... Yes [] No [X]
- 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?..... Yes [] No [X]
- 3. Will an actuarial certification be filed by March 1?..... Yes [X] No []
- 4. Will the Risk-based Capital Report be filed with the NAIC by March 1?..... Yes [X] No []
- 5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?..... Yes [X] No []
- 6. Will the SVO Compliance Certification be filed by March 1? Yes [X] No []

APRIL FILING

- 7. Will Management's Discussion and Analysis be filed by April 1?..... Yes [X] No []
- 8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?..... Yes [] No [X]
- 9. Will the Investment Risks Interrogatories be filed by April 1? Yes [X] No []

JUNE FILING

- 10. Will an audited financial report be filed by June 1 with the state of domicile? SEE EXPLANATION

EXPLANATIONS:

10. The HMO qualifies for an exemption from audited financial statements as outlined in the 2002 NAIC Annual Statement instructions for Health insurers, page 30, section 4. The HMO has no direct premiums and no policyholders as of December 31, 2002.

BAR CODE:

- 1. 
9 5 6 8 7 2 0 0 2 3 6 0 5 8 0 0 0
- 2. 
9 5 6 8 7 2 0 0 2 4 6 0 0 0 0 0 0
- 8. 
9 5 6 8 7 2 0 0 2 3 3 0 5 8 0 0 0

OVERFLOW PAGE FOR WRITE-INS
