



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2002  
of the Condition and Affairs of the

## Medical Health Insuring Corporation of Ohio

NAIC Group Code..... 730, 730 (Current Period) (Prior Period) NAIC Company Code..... 95828 Employer's ID Number..... 34-1442712

Organized under the Laws of OHIO State of Domicile or Port of Entry OHIO Country of Domicile USA

Licensed as Business Type Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [ X ]

Date Incorporated or Organized..... July 13, 1984 Date Commenced Business..... January 1, 1985

Statutory Home Office 2060 E. 9th Street ..... Cleveland ..... Oh ..... 44115-1355  
*(Street and Number) (City or Town, State and Zip Code)*

Address of Main Administrative Office 2060 E. 9th Street ..... Cleveland ..... Oh ..... 44115-1355 216-687-7000  
*(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)*

Mail Address 2060 E. 9th Street ..... Cleveland ..... Oh ..... 44115-1355  
*(Street and Number or P. O. Box) (City or Town, State and Zip Code)*

Primary Location of Books and Records 2060 E. 9th Street ..... Cleveland ..... Oh ..... 44115-1355 216-687-7000  
*(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)*

Internet Website Address www.mmoh.com

Statement Contact Meg Sommers 216-687-7390  
*(Name) (Area Code) (Telephone Number) (Extension)*  
Meg.Sommers@mmoh.com 216-687-1579  
*(E-Mail Address) (Fax Number)*

Policyowner Relations Contact 2060 E. 9th Street..... Cleveland ..... Oh ..... 44115-1355 1-800-700-2583  
*(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)*

### OFFICERS

President ..... KENT W. CLAPP Treasurer ..... VACANT Secretary ..... VACANT

### VICE PRESIDENTS

SUSAN M. TYLER, EVP JOHN S. DORRELL, ESQ

### DIRECTORS OR TRUSTEES

Kent W. Clapp	Paul Beddia	Ralph E. Schey	Glenna Watson
Samuel H. Miller	James V. Patton	David Young	Charles A. Bryan

State of..OHIO.....  
County of...CUYAHOGA..

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.

_____ (Signature) KENT W. CLAPP _____ (Printed Name) President	_____ (Signature) VACANT _____ (Printed Name) Secretary	_____ (Signature) SUSAN M. TYLER _____ (Printed Name) EVP & CFO
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Subscribed and sworn to before me this

.....day of ....., 2003

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.....

**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
<b>A&amp;H Premiums Due and Unpaid</b>						
0299998. Premiums due and unpaid not individually listed.....	1,889,963	136,332				2,026,295
0299999. Total group.....	1,889,963	136,332	0	0	0	2,026,295
0599999. Accident and health premiums due and unpaid (Page 2, Line 10).....	1,889,963	136,332	0	0	0	2,026,295

**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
<b>Health Care Receivables</b>						
Cleveland Clinic Health Systems.....				990,773	990,773	
Medco Health.....	151,500				151,500	
University Mednet.....	132,025					132,025
0499999. Receivables not individually listed.....	14,929					14,929
0599999. Gross health care receivables.....	298,454	0	0	990,773	1,142,273	146,954

**EXHIBIT 5 - CLAIMS PAYABLE (REPORTED AND UNREPORTED)**

**Aging Analysis of Unpaid Claims**

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
<b>Claims Payable (Reported)</b>						
0599999. Unreported claim and other claim reserves.....						22,411,522
0799999. Total claims payable.....						22,411,522
0899999. Accrued medical incentive pool.....						275,000

**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

**NONE**

**EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Amounts Due To Parent, Subsidiaries and Affiliates</b>				
Medical Mutual of Ohio.....	Administrative services including billing, accounting, marketing, etc.....	461,588	461,588	
0199999. Individually listed payables.....		461,588	461,588	0
0399999. Total gross payables.....		461,588	461,588	0

**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.....	8,418,640	4.8	156,287	22.2		8,418,640
2. Intermediaries.....	89,058	0.1	5,074	0.7		89,058
3. All other providers.....	221,607	0.1	541,478	77.0		221,607
4. Total capitation payments.....	8,729,305	5.0	702,839	100.0	0	8,729,305
Other Payments:						
5. Fee-for-service.....	2,258,238	1.3	XXX	XXX		2,258,238
6. Contractual fee payments.....	158,333,225	90.2	XXX	XXX		158,333,225
7. Bonus/withhold arrangements - fee-for-service.....		0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments.....	4,691,712	2.7	XXX	XXX		4,691,712
9. Non-contingent salaries.....	1,455,374	0.8	XXX	XXX		1,455,374
10. Aggregate cost arrangements.....		0.0	XXX	XXX		
11. All other payments.....	23,814	0.0	XXX	XXX		23,814
12. Total other payments.....	166,762,363	95.0	XXX	XXX	0	166,762,363
13. Total (Line 4 plus Line 12).....	175,491,668	100.0	XXX	XXX	0	175,491,668

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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
<b>Transactions with Intermediaries</b>					
N/A.....	Mercy Health Systems PHO.....	34,213	N/A.....		
N/A.....	Access Medical Services.....	2,748	N/A.....		
N/A.....	Meridia PHO.....	(23)	N/A.....		
N/A.....	Childrens Hospital Medical Ctr (Akron).....	52,230	N/A.....		
N/A.....	Akron General Managed Care.....	(110)	N/A.....		
9999999. Totals.....		89,058	XXX.....	XXX.....	XXX.....

**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.....						.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....						.0
6. Total.....	0	0	.0	.0	.0	.0

**NONE**



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION.....Medical Health Insuring Corporation of Ohio

2. DIVISION....Cleveland, Oh

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

(Location)

NAIC Group Code.....730

NAIC Company Code.....95828

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior year.....	100,860	505	86,902	81			7,417		5,955	
2. First quarter.....	76,819	464	70,865	79			5,411			
3. Second quarter.....	74,880	372	69,118	76			5,314			
4. Third quarter.....	65,421	321	59,741	74			5,285			
5. Current year.....	59,579	352	53,877	71			5,279			
6. Current year member months.....	838,733	4,749	768,196	910			64,878			
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician.....	524,143	5,319	472,646	1,440			39,257		5,481	
8. Non-physician.....	152,091	1,505	136,309	246			12,386		1,645	
9. Totals.....	676,234	6,824	608,955	1,686	0	0	51,643	0	7,126	0
10. Hospital patient days incurred.....	31,702	575	28,421	249			2,457			
11. Number of inpatient admissions.....	7,194	125	6,546	40			483			
12. Premiums collected.....	204,688,820	2,312,400	185,724,569	149,486			15,867,653		634,712	
13. Premiums earned.....	200,967,480	2,277,422	182,915,202	147,225			15,627,631			
14. Amount paid for provision of health care services.....	175,491,668	3,880,829	157,706,532	112,692			12,840,926		950,689	
15. Amount incurred for provision of health care services.....	167,847,080	4,095,846	151,042,740	118,675			12,694,465		(104,646)	

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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION.....Medical Health Insuring Corporation of Ohio

2. DIVISION....Cleveland, Oh

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

(Location)

NAIC Group Code.....730

NAIC Company Code.....95828

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior year.....	100,860	505	86,902	81			7,417		5,955	
2. First quarter.....	76,819	464	70,865	79			5,411			
3. Second quarter.....	74,880	372	69,118	76			5,314			
4. Third quarter.....	65,421	321	59,741	74			5,285			
5. Current year.....	59,579	352	53,877	71			5,279			
6. Current year member months.....	838,733	4,749	768,196	910			64,878			
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician.....	524,143	5,319	472,646	1,440			39,257		5,481	
8. Non-physician.....	152,091	1,505	136,309	246			12,386		1,645	
9. Totals.....	676,234	6,824	608,955	1,686	0	0	51,643	0	7,126	0
10. Hospital patient days incurred.....	31,702	575	28,421	249			2,457			
11. Number of inpatient admissions.....	7,194	125	6,546	40			483			
12. Premiums collected.....	204,688,820	2,312,400	185,724,569	149,486			15,867,653		634,712	
13. Premiums earned.....	200,967,480	2,277,422	182,915,202	147,225			15,627,631			
14. Amount paid for provision of health care services.....	175,491,668	3,880,829	157,706,532	112,692			12,840,926		950,689	
15. Amount incurred for provision of health care services.....	167,847,080	4,095,846	151,042,740	118,675			12,694,465		(104,646)	

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**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.....	0
9. Total valuation allowance.....	_____
10. Subtotal (Lines 8 plus 9).....	0
11. Total nonadmitted amounts.....	_____
12. Statement value, current period (Page 2, real estate lines, current period).....	0

**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.....	0
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.....	0
10. Total valuation allowance.....	_____
11. Subtotal (Lines 9 plus 10).....	0
12. Total nonadmitted amounts.....	_____
13. Statement value of mortgages owned at end of current period.....	0

**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.....	0
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.....	0
10. Total valuation allowance.....	_____
11. Subtotal (Lines 9 plus 10).....	0
12. Total nonadmitted amounts.....	_____
13. Statement value of long-term invested assets at end of current period.....	0

**NONE**

**SCHEDULE D - PART 1A - SECTION 1**

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

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Class 1.....		10,546,424				10,546,424	51.7			10,546,424	
1.2 Class 2.....						0	0.0				
1.3 Class 3.....						0	0.0				
1.4 Class 4.....						0	0.0				
1.5 Class 5.....						0	0.0				
1.6 Class 6.....						0	0.0				
1.7 Totals.....	0	10,546,424	0	0	0	10,546,424	51.7	0		10,546,424	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Class 1.....						0	0.0				
2.2 Class 2.....						0	0.0				
2.3 Class 3.....						0	0.0				
2.4 Class 4.....						0	0.0				
2.5 Class 5.....						0	0.0				
2.6 Class 6.....						0	0.0				
2.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>3. States, Territories and Possessions, etc., Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Class 1.....						0	0.0				
3.2 Class 2.....						0	0.0				
3.3 Class 3.....						0	0.0				
3.4 Class 4.....						0	0.0				
3.5 Class 5.....						0	0.0				
3.6 Class 6.....						0	0.0				
3.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Class 1.....						0	0.0				
4.2 Class 2.....						0	0.0				
4.3 Class 3.....						0	0.0				
4.4 Class 4.....						0	0.0				
4.5 Class 5.....						0	0.0				
4.6 Class 6.....						0	0.0				
4.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>5. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Class 1.....						0	0.0				
5.2 Class 2.....						0	0.0				
5.3 Class 3.....						0	0.0				
5.4 Class 4.....						0	0.0				
5.5 Class 5.....						0	0.0				
5.6 Class 6.....						0	0.0				
5.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0

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

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting 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 Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Class 1.....		502,382				502,382	2.5			502,382	
6.2 Class 2.....						0	0.0				
6.3 Class 3.....						0	0.0				
6.4 Class 4.....						0	0.0				
6.5 Class 5.....						0	0.0				
6.6 Class 6.....						0	0.0				
6.7 Totals.....	0	502,382	0	0	0	502,382	2.5	0		502,382	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Class 1.....		9,346,014				9,346,014	45.8	40,885,909	100.0	9,346,014	
7.2 Class 2.....						0	0.0				
7.3 Class 3.....						0	0.0				
7.4 Class 4.....						0	0.0				
7.5 Class 5.....						0	0.0				
7.6 Class 6.....						0	0.0				
7.7 Totals.....	0	9,346,014	0	0	0	9,346,014	45.8	40,885,909	100.0	9,346,014	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Class 1.....						0	0.0				
8.2 Class 2.....						0	0.0				
8.3 Class 3.....						0	0.0				
8.4 Class 4.....						0	0.0				
8.5 Class 5.....						0	0.0				
8.6 Class 6.....						0	0.0				
8.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Class 1.....						0	0.0				
9.2 Class 2.....						0	0.0				
9.3 Class 3.....						0	0.0				
9.4 Class 4.....						0	0.0				
9.5 Class 5.....						0	0.0				
9.6 Class 6.....						0	0.0				
9.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0

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**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 Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>											
10.1 Class 1.....	0	20,394,820	0	0	0	20,394,820	100.0	XXX	XXX	20,394,820	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.....	0	20,394,820	0	0	0	20,394,820	100.0	XXX	XXX	20,394,820	0
10.8 Line 10.7 as a % of Col. 6.....	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1.....	40,455,278	430,631				XXX	XXX	40,885,909	100.0	40,885,909	
11.2 Class 2.....						XXX	XXX	0	0.0		
11.3 Class 3.....						XXX	XXX	0	0.0		
11.4 Class 4.....						XXX	XXX	0	0.0		
11.5 Class 5.....						XXX	XXX	0	0.0		
11.6 Class 6.....						XXX	XXX	0	0.0		
11.7 Totals.....	40,455,278	430,631	0	0	0	XXX	XXX	40,885,909	100.0	40,885,909	0
11.8 Line 11.7 as a % of Col. 8.....	98.9	1.1	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1.....		20,394,820				20,394,820	100.0	40,885,909	100.0	20,394,820	XXX
12.2 Class 2.....						0	0.0	0	0.0	0	XXX
12.3 Class 3.....						0	0.0	0	0.0	0	XXX
12.4 Class 4.....						0	0.0	0	0.0	0	XXX
12.5 Class 5.....						0	0.0	0	0.0	0	XXX
12.6 Class 6.....						0	0.0	0	0.0	0	XXX
12.7 Totals.....	0	20,394,820	0	0	0	20,394,820	100.0	40,885,909	100.0	20,394,820	XXX
12.8 Line 12.7 as a % of Col. 6.....	0.0	100.0	0.0	0.0	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.....	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1.....						0	0.0	0	0.0	XXX	0
13.2 Class 2.....						0	0.0	0	0.0	XXX	0
13.3 Class 3.....						0	0.0	0	0.0	XXX	0
13.4 Class 4.....						0	0.0	0	0.0	XXX	0
13.5 Class 5.....						0	0.0	0	0.0	XXX	0
13.6 Class 6.....						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

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- (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 current year, \$.....0 prior year of bonds with Z\* designation. 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 are 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\* designation. "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/Adjusting 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 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>												
1.1 Issuer Obligations.....			10,546,424				10,546,424	51.7			10,546,424	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities.....							0	0.0				
1.7 Totals.....		0	10,546,424	0	0	0	10,546,424	51.7	0		10,546,424	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>												
2.1 Issuer Obligations.....							0	0.0				
2.2 Single Class Mortgage-Backed/Asset-Backed Securities.....							0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
2.3 Defined.....							0	0.0				
2.4 Other.....							0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:												
2.5 Defined.....							0	0.0				
2.6 Other.....							0	0.0				
2.7 Totals.....		0	0	0	0	0	0	0.0	0		0	0
<b>3. States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 3)</b>												
3.1 Issuer Obligations.....							0	0.0				
3.2 Single Class Mortgage-Backed/Asset-Backed Securities.....							0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
3.3 Defined.....							0	0.0				
3.4 Other.....							0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:												
3.5 Defined.....							0	0.0				
3.6 Other.....							0	0.0				
3.7 Totals.....		0	0	0	0	0	0	0.0	0		0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>												
4.1 Issuer Obligations.....							0	0.0				
4.2 Single Class Mortgage-Backed/Asset-Backed Securities.....							0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
4.3 Defined.....							0	0.0				
4.4 Other.....							0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:												
4.5 Defined.....							0	0.0				
4.6 Other.....							0	0.0				
4.7 Totals.....		0	0	0	0	0	0	0.0	0		0	0
<b>5. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>												
5.1 Issuer Obligations.....							0	0.0				
5.2 Single Class Mortgage-Backed/Asset-Backed Securities.....							0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
5.3 Defined.....							0	0.0				
5.4 Other.....							0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:												
5.5 Defined.....							0	0.0				
5.6 Other.....							0	0.0				
5.7 Totals.....		0	0	0	0	0	0	0.0	0		0	0

**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 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Issuer Obligations.....		502,382				502,382	2.5			502,382	
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined.....						0	0.0				
6.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
6.5 Defined.....						0	0.0				
6.6 Other.....						0	0.0				
6.7 Totals.....	0	502,382	0	0	0	502,382	2.5	0		502,382	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Issuer Obligations.....		9,346,014				9,346,014	45.8	40,885,909	100.0	9,346,014	
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined.....						0	0.0				
7.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
7.5 Defined.....						0	0.0				
7.6 Other.....						0	0.0				
7.7 Totals.....	0	9,346,014	0	0	0	9,346,014	45.8	40,885,909	100.0	9,346,014	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Issuer Obligations.....						0	0.0				
8.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Issuer Obligations.....						0	0.0				
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined.....						0	0.0				
9.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
9.5 Defined.....						0	0.0				
9.6 Other.....						0	0.0				
9.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0

**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 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>10. Total Bonds Current Year</b>											
10.1 Issuer Obligations.....	0	20,394,820	0	0	0	20,394,820	100.0	XXX	XXX	20,394,820	0
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other.....	0	0	0	0	0	0	0.0	XXX	XXX	0	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.....	0	20,394,820	0	0	0	20,394,820	100.0	XXX	XXX	20,394,820	0
10.8 Line 10.7 as a % of Col. 6.....	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations.....	40,455,278	430,631				XXX	XXX	40,885,909	100.0	40,885,909	
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						XXX	XXX	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined.....						XXX	XXX	0	0.0		
11.4 Other.....						XXX	XXX	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
11.5 Defined.....						XXX	XXX	0	0.0		
11.6 Other.....						XXX	XXX	0	0.0		
11.7 Totals.....	40,455,278	430,631	0	0	0	XXX	XXX	40,885,909	100.0	40,885,909	0
11.8 Line 11.7 as a % of Col. 8.....	98.9	1.1	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations.....		20,394,820				20,394,820	100.0	40,885,909	100.0	20,394,820	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined.....						0	0.0	0	0.0	0	XXX
12.4 Other.....						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
12.5 Defined.....						0	0.0	0	0.0	0	XXX
12.6 Other.....						0	0.0	0	0.0	0	XXX
12.7 Totals.....	0	20,394,820	0	0	0	20,394,820	100.0	40,885,909	100.0	20,394,820	XXX
12.8 Line 12.7 as a % of Col. 6.....	0.0	100.0	0.0	0.0	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.....	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations.....						0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined.....						0	0.0	0	0.0	XXX	0
13.4 Other.....						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	XXX	0
13.6 Other.....						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

**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.....	40,455,278			40,455,278	
2. Cost of short-term investments acquired.....	.0				
3. Increase (decrease) by adjustment.....	(40,455,278)			(40,455,278)	
4. Increase (decrease) by foreign exchange adjustment.....	.0				
5. Total profit (loss) on disposal of short-term investments.....	.0				
6. Consideration received on disposal of short-term investments.....	.0				
7. Book/adjusted carrying value, current year.....	(0)	.0	.0	(0)	.0
8. Total valuation allowance.....	.0				
9. Subtotal (Lines 7 plus 8).....	(0)	.0	.0	(0)	.0
10. Total nonadmitted amounts.....	.0				
11. Statement value (Lines 9 minus 10).....	(0)	.0	.0	(0)	.0
12. Income collected during year.....	.0				
13. Income earned during year.....	.0				

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

**Medical Health Insuring Corporation of Ohio**

**SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS**

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Owned

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year).....	_____	
2.	Cost/option premium (Section 2, Column 7).....	_____	
3.	Increase/(decrease) by adjustment (Section 1, Column 12) plus (Section 3, Column 13).....	_____	
4.	Gain/(loss) on termination:		
4.1	Recognized (Section 3, Column 14).....	<b>NONE</b>	
4.2	Used to adjust basis of hedged item (Section 3, Column 15).....	_____	0
5.	Consideration received on terminations (Section 3, Column 12).....	_____	
6.	Used to adjust basis on open contracts (Section 1, Column 13).....	_____	
7.	Disposition of deferred amount on contracts terminated in prior year:		
7.1	Recognized.....	_____	
7.2	Used to adjust basis of hedged item.....	_____	0
8.	Aggregate write-in book value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7).....	_____	<u>0</u>

**SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS**

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Written

1.	Aggregate write-in book value, December 31, prior year (Line 8, prior year).....	_____	
2.	Consideration received (Section 2, Column 7).....	_____	
3.	Increase/(decrease) by adjustment (Section 1, Column 12) plus (Section 3, Column 13).....	_____	
4.	Gain/(loss) on termination:		
4.1	Recognized (Section 3, Column 14).....	_____	
4.2	Used to adjust basis (Section 3, Column 15).....	_____	0
5.	Consideration paid on terminations (Section 3, Column 12).....	_____	
6.	Used to adjust basis on open contracts (Section 1, Column 13).....	_____	
7.	Disposition of deferred amount on contracts terminated in prior year:		
7.1	Recognized.....	<b>NONE</b>	
7.2	Used to adjust basis.....	_____	0
8.	Aggregate write-in book value, December 31, current year (Lines 1 + 2 + 3 - 4 - 5 - 6 - 7).....	_____	<u>0</u>

**Medical Health Insuring Corporation of Ohio**

**SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS**

Verification Between Years of Aggregate Write-in Book Value on Swaps and Forwards

1. Aggregate write-in book value, December 31, prior year (Line 8, prior year).....	_____
2. Cost or (consideration received) (Section 2, Column 7).....	_____
3. Increase/(decrease) by adjustment (Section 1, Column 12) plus (Section 3, Column 13).....	_____
4. Gain/(loss) on termination:	
4.1 Recognized (Section 3, Column 14).....	_____
4.2 Used to adjust basis of hedged item (Section 3, Column 15).....	_____ <b>NONE</b> _____ 0
5. Consideration received (or paid) on terminations (Section 3, Column 12).....	_____
6. Used to adjust basis of hedged item on open contracts (Section 1, Column 13).....	_____
7. Disposition of deferred amount on contracts terminated in prior year:	
7.1 Recognized.....	_____
7.2 Used to adjust basis of hedged item.....	_____ 0
8. Aggregate write-in book value, December 31, current year (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7).....	_____ <u>0</u>

**SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS**

Verification Between Years of Aggregate Write-in Book Value on Futures Contracts and Insurance Futures Contracts

1. Aggregate write-in book value, December 31, prior year (Line 8, prior year).....	_____
2. Change in total variation margin on open contracts (difference between years - Section 1, Column 6).....	_____
3.1 Change in variation margin on open contracts used to adjust basis of hedged item (Section 1, Column 11).....	_____
3.2 Change in variation margin on open contracts recognized (difference between years - Section 1, Column 10).....	_____
4.1 Variation margin on contracts terminated during the year (Section 3, Column 6).....	_____
4.2 Less:	
4.21 Gain/(loss) recognized in current year (Section 3, Column 11).....	_____ <b>NONE</b> _____
4.22 Gain/(loss) used to adjust basis of hedge (Section 3, Column 12).....	_____ 0
4.3 Subtotal (Line 4.1 minus Line 4.2).....	_____ 0
5.1 Net additions to cash deposits (Section 2, Column 7).....	_____
5.2 Less: Net reductions to cash deposits (Section 3, Column 9).....	_____ 0
6. Subtotal (Lines 1 - 2 + 3.1 + 3.2 - 4.3 + 5.2).....	_____ 0
7. Disposition of gain/(loss) on contracts terminated in prior year:	
7.1 Recognized.....	_____
7.2 Used to adjust basis of hedged item.....	_____ 0
8. Aggregate write-in book value, December 31, current year (Lines 6 + 7.1 + 7.2).....	_____ <u>0</u>

**SCHEDULE DB - PART E - VERIFICATION**

Verification of Statement Value and Fair Value of Open Contracts

		Statement Value
1. Part A, Section 1, Column 10.....	_____	
2. Part B, Section 1, Column 10.....	_____	
3. Part C, Section 1, Column 10.....	_____	
4. Part D, Section 1, Column 9 - 12.....	_____	
5. Lines (1) - (2) + (3) + (4).....	_____	0
6. Part E, Section 1, Column 4.....	_____	
7. Part E, Section 1, Column 5.....	_____	
8. Lines (5) - (6) - (7).....	_____ <b>NONE</b> _____	0
		Fair Value
9. Part A, Section 1, Column 11.....	_____	
10. Part B, Section 1, Column 11.....	_____	
11. Part C, Section 1, Column 11.....	_____	
12. Part D, Section 1, Column 9.....	_____	
13. Lines (9) - (10) + (11) + (12).....	_____	0
14. Part E, Section 1, Column 7.....	_____	
15. Part E, Section 1, Column 8.....	_____	
16. Lines (13) - (14) - (15).....	_____	<u>0</u>

**SCHEDULE DB - PART F - SECTION 1**

Summary of Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
1 Replication RSAT Number	2 Description	3 NAIC Designation or Other Description	4 Statement Value	5 Fair Value	Derivative Instruments Open		Cash Instrument(s) Held				
					6 Description	7 Fair Value	8 CUSIP	9 Description	10 Statement Value	11 Fair Value	12 NAIC Designation or Other Description

**NONE**

**SCHEDULE DB - PART F - SECTION 2**

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory.....			0	0	0	0	0	0	0	0
2. Add: Opened or acquired transactions.....									0	0
3. Add: Increases in replicated asset statement value.....	XXX		XXX		XXX		XXX		XXX	0
4. Less: Closed or disposed of transactions.....									0	0
5. Less: Positions disposed of for failing effectiveness criteria.....									0	0
6. Less: Decreases in replicated (synthetic) asset statement value.....	XXX		XXX	<b>NONE</b>	XXX		XXX		XXX	0
7. Ending inventory.....	0	0	0	0	0	0	0	0	0	0

**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

**NONE**

**Medical Health Insuring Corporation of Ohio**

**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
<b>Accident and Health - Non-Affiliates</b>						
22039.....	13-2673100.....	.....01/01/2002	General Reinsurance Corporation.....	Stamford, CT 06904-2353.....	.....79,972	.....
0599999	Total - Non-Affiliates.....				.....79,972	.....0
0699999	Total - Accident and Health.....				.....79,972	.....0
0799999	Totals - Life, Annuity and Accident and Health.....				.....79,972	.....0

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance 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 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
<b>Non-Affiliates</b>												
22039.....	13-2673100.....	01/01/2002	General Reinsurance Corporation.....	Stamford, CT 06904-2353.....	SSL/A.....	75,480						
0299999.	Total - Non-Affiliates.....					75,480	0	0	0	0	0	0
0399999.	Totals.....					75,480	0	0	0	0	0	0

**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	Total (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

**NONE**

**Medical Health Insuring Corporation of Ohio**

**SCHEDULE S - PART 5**

Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2002	2 2001	3 2000	4 1999	5 1998
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	75	102			
2. Title XVIII - Medicare.....					
3. Title XIX - Medicaid.....		938	3,415	3,067	495
4. Commissions and reinsurance expense allowance.....					
5. Total medical and hospital expenses.....	423	282	157	961	176
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....					
7. Claims payable.....					
8. Reinsurance recoverable on paid losses.....	80				
9. Experience rating refunds due or unpaid.....					
10. Commissions and reinsurance expense allowances unpaid.....					
11. Unauthorized reinsurance offset.....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 9).....	55,118,569		55,118,569
2. Amounts recoverable from reinsurers (Line 12).....	79,972	(79,972)	0
3. Accident and health premiums due and unpaid (Line 10).....	2,026,295		2,026,295
4. Net credit for ceded reinsurance.....	XXX	79,972	79,972
5. All other admitted assets (balance).....	1,235,034		1,235,034
6. Totals assets (Line 23).....	58,459,870	0	58,459,870
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	22,411,522		22,411,522
8. Accrued medical incentive pool and bonus payments (Line 2).....	275,000		275,000
9. Premiums received in advance (Line 6).....	460,667		460,667
10. Reinsurance in unauthorized companies (Line 14).....			0
11. All other liabilities (balance).....	5,598,713		5,598,713
12. Total liabilities (Line 18).....	28,745,902	0	28,745,902
13. Total capital and surplus (Line 26).....	29,713,968	XXX	29,713,968
14. Total liabilities, capital and surplus (Line 27).....	58,459,870	0	58,459,870
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance.....	0		
18. Reinsurance recoverable on paid losses.....	79,972		
19. Other ceded reinsurance recoverables.....	0		
20. Total ceded reinsurance recoverables.....	79,972		
21. Premiums receivable.....	0		
22. Unauthorized reinsurance.....	0		
23. Other ceded reinsurance payables/offsets.....	0		
24. Total ceded reinsurance payables/offsets.....	0		
25. Total net credit for ceded reinsurance.....	79,972		

**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)
<b>Affiliated Transactions</b>												
95828.....	34-1442712.....	Medical Health Insuring Corporation of Ohio.....	.....	.....	.....	.....	(16,111,000)	.....	.....	.....	(16,111,000)	.....
29076.....	34-0648820.....	Medical Mutual of Ohio.....	.....	.....	.....	.....	16,111,000	.....	.....	.....	16,111,000	.....
9999999	Control Totals.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....0	.....0

**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.

**MARCH FILING**

1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
3. Will an actuarial certification be filed with this statement by March 1?
4. Will the Risk-Based Capital Report be filed with the NAIC by March 1?
5. Will the Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?
6. Will the SVO Compliance Certification be filed by March 1?

**RESPONSES**

YES
YES
YES
YES
YES
YES

**APRIL FILING**

7. Will Management's Discussion and Analysis be filed by April 1?
8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?
9. Will the Investment Risk Interrogatories be filed by April 1?

YES
NO
YES

**JUNE FILING**

10. Will an audited financial report be filed by June 1?

YES
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**EXPLANATIONS:**

**BAR CODE:**



**Overflow Page for Write-Ins**

**Additional Write-ins for Liabilities:**

	Current Year			Prior year
	1 Covered	2 Uncovered	3 Total	4 Total
1704. Other Liabilities.....	1,380,990		1,380,990	756,863
1797. Summary of remaining write-ins for Line 17.....	1,380,990	0	1,380,990	756,863

**Overflow Page for Write-Ins**



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Ohio

NAIC Group Code.....730

NAIC Company Code.....95828

Address (City, State and Zip Code).....East 9th Street, Cleveland, Ohio 44115-1356

Person Completing This Exhibit.....Linda Dorado

Telephone Number.....216-687-6424

Title.....Manager, Health Care Economics

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			
<b>Individual Policies</b>																			
	HM9001	P	No	246	03/15/1990		03/29/1990	12/31/1991	Medicare Gold	147,225	118,675	80.6	71			0.0			
0199999	Total Policy Experience on Individual Policies									147,225	118,675	80.6	71	0	0	0.0			0

**MED360**

**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..... 216-687-6424
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".