EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 2479 BUSINESS IN THE STATE OF OHIO DURING THE YEAR NAIC Company Code 95163

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health Benefits Plan			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	2,499					2,499				
2. First Quarter	3,686					3,686				
3. Second Quarter	3,607					3,607				
4. Third Quarter	3,517					3,517				
5. Current Year	3,547					3,547				
6. Current Year Member Months	43,413					43,413				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	2,068					2,068				
9. TOTAL	2,068					2,068				
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	773,717					773,717				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	773,717					773,717				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	298,187					298,187				
18. Amount Incurred for Provision of Health Care Services	304,587					304,587				

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0