ANNUAL STATEMENT

For the Year Ending December 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

Community Care Plan

NAIC Group Code 0000 (Current Period), 0000 (Prior Period) NAIC Company Code 52619 Employer's ID Number 38-3128143

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States of America

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

Date Incorporated or Organized 07/27/1993 Date Commenced Business 06/01/1996

Statutory Home Office 2100 Raybrood Dr. SE (Street and Number), Grand Rapids, MI 49546 (City, or Town, State and Zip Code)

Main Administrative Office 2100 Raybrook Dr. SE (Street and Number)
Grand Rapids, MI 49546 (City or Town, State and Zip Code) (616)252-4592 (Area Code) (Telephone Number)

Mail Address PO Box 7069 (Street and Number or P.O. Box), Grand Rapids, MI 49510-7069 (City, or Town, State and Zip Code)

Primary Location of Books and Records 2100 Raybrook Dr. SE (Street and Number)
Grand Rapids, MI 49546 (City, or Town, State and Zip Code) (616)252-4592 (Area Code) (Telephone Number)

Internet Website Address www.communitycareplan.org

Statement Contact keith Sherwood (Name) (616)252-4592 (Area Code)(Telephone Number)(Extension)
keithsherwood@metrogr.org (E-Mail Address) (616)252-4552 (Fax Number)

Policyowner Relations Contact
(Street and Number)
(City, or Town, State and Zip Code) (Area Code) (Telephone Number)(Extension)

OFFICERS

President	Keith Sherwood
Secretary	Frank E Belsito DO
Treasurer	William R Baxter

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Willaim C Cunningham DO
Robert Smedes
Ruth Cupp
Frank E Belsito DO
Michael Faas
Carlos Bolds

State of Michigan
County of Kent 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)	(Signature)	(Signature)
Keith Sherwood	William R Baxter	Douglas Phillips
(Printed Name)	(Printed Name)	(Printed Name)
President	Treasurer	Assistant Secretary

a. Is this an original filing? Yes[X] No[ ]
b. If no, 1. State the amendment number 0
2. Date filed
3. Number of pages attached 0

Subscribed and sworn to before me this
_____ day of _____, 2003

(Notary Public Signature)

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
NONE						
0599999 Accident and health premiums due and unpaid (Page 2, Line 10)	0	0	0	0	0	0

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
Receivables not inidvidually listed						
State of Michigan	644,755	0	0	0	0	644,755
PBM Vendor	469,798	0	0	0	0	469,798
0499999 Total - Receivables not inidvidually listed	149,370	0	0	0	0	149,370
0599999 Health care receivables	1,263,923	0	0	0	0	1,263,923

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						
Advance PCS	231,568	0	0	0	0	231,568
0199999 Total - Individually Listed Claims Payable	231,568	0	0	0	0	231,568
0299999 Aggregate Accounts Not Individually Listed - Uncovered	0	0	0	0	0	0
0399999 Aggregate Accounts Not Individually Listed - Covered	0	0	0	0	0	0
0499999 Subtotals	231,568	0	0	0	0	231,568
0599999 Unreported claims and other claim reserves						6,799,323
0699999 Total Amounts Withheld						0
0799999 Total Claims Payable						7,030,891
0899999 Accrued Medical Incentive Pool						75,773

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
	NONE						
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
Metropolitan Hospital		214,352	214,352	0
0199999 Total - Individually listed payables	X X X	214,352	214,352	0
0299999 Payables not individually listed	X X X	0	0	0
0399999 Total gross payables	X X X	214,352	214,352	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	3,839,469	7.654	427,648	100.000	3,839,469	0
2. Intermediaries	0	0.000	0	0.000	0	0
3. All other providers	0	0.000	0	0.000	0	0
4. Total capitation payments	3,839,469	7.654	427,648	100.000	3,839,469	0
Other Payments:						
5. Fee-for-service	7,201,930	14.357	X X X	X X X	0	7,201,930
6. Contractual fee payments	12,275,635	24.472	X X X	X X X	12,275,635	0
7. Bonus/withhold arrangements - fee-for-service	44,244	0.088	X X X	X X X	0	44,244
8. Bonus/withhold arrangements - contractual fee payments	26,562,399	52.953	X X X	X X X	26,562,399	0
9. Non-contingent salaries	0	0.000	X X X	X X X	0	0
10. Aggregate cost arrangements	0	0.000	X X X	X X X	0	0
11. All other payments	238,910	0.476	X X X	X X X	238,910	0
12. Total other payments	46,323,118	92.346	X X X	X X X	39,076,944	7,246,174
13. Total (Line 4 plus Line 12)	50,162,587	100.000	X X X	X X X	42,916,413	7,246,174

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
		NONE			
9999999		0	X X X	X X X	X X X

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	53,405	0	8,720	0	44,685	0
2.	Medical furniture, equipment and fixtures	0	0	0	0	0	0
3.	Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4.	Durable medical equipment	0	0	0	0	0	0
5.	Other property and equipment	0	0	0	0	0	0
6.	Total	53,405	0	8,720	0	44,685	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 0000 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code 52619

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	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	30,636	0	0	0	0	0	0	0	30,636	0
2. First Quarter	33,291	0	0	0	0	0	0	0	33,291	0
3. Second Quarter	35,142	0	0	0	0	0	0	0	35,142	0
4. Third Quarter	37,856	0	0	0	0	0	0	0	37,856	0
5. Current Year	38,375	0	0	0	0	0	0	0	38,375	0
6. Current Year Member Months	427,648	0	0	0	0	0	0	0	427,648	0
Total Member Ambulatory Encounters for Year:										
7. Physician	68,738	0	0	0	0	0	0	0	68,738	0
8. Non-Physician	3,075	0	0	0	0	0	0	0	3,075	0
9. Total	71,813	0	0	0	0	0	0	0	71,813	0
10. Hospital Patient Days Incurred	99,175	0	0	0	0	0	0	0	99,175	0
11. Number of Inpatient Admissions	2,871	0	0	0	0	0	0	0	2,871	0
12. Premiums Collected	55,413,678	0	0	0	0	0	0	0	55,413,678	0
13. Premiums Earned	55,413,678	0	0	0	0	0	0	0	55,413,678	0
14. Amount Paid for Provision of Health Care Services	50,162,587	0	0	0	0	0	0	0	50,162,587	0
15. Amount of Incurred for Provision of Health Care Services	50,606,565	0	0	0	0	0	0	0	50,606,565	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 0000 BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR NAIC Company Code 52619

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	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	30,636	0	0	0	0	0	0	0	30,636	0
2. First Quarter	33,291	0	0	0	0	0	0	0	33,291	0
3. Second Quarter	35,142	0	0	0	0	0	0	0	35,142	0
4. Third Quarter	37,856	0	0	0	0	0	0	0	37,856	0
5. Current Year	38,375	0	0	0	0	0	0	0	38,375	0
6. Current Year Member Months	427,648	0	0	0	0	0	0	0	427,648	0
Total Member Ambulatory Encounters for Year:										
7. Physician	68,738	0	0	0	0	0	0	0	68,738	0
8. Non-Physician	3,075	0	0	0	0	0	0	0	3,075	0
9. Total	71,813	0	0	0	0	0	0	0	71,813	0
10. Hospital Patient Days Incurred	99,175	0	0	0	0	0	0	0	99,175	0
11. Number of Inpatient Admissions	2,871	0	0	0	0	0	0	0	2,871	0
12. Premiums Collected	55,413,678	0	0	0	0	0	0	0	55,413,678	0
13. Premiums Earned	55,413,678	0	0	0	0	0	0	0	55,413,678	0
14. Amount Paid for Provision of Health Care Services	50,162,587	0	0	0	0	0	0	0	50,162,587	0
15. Amount of Incurred for Provision of Health Care Services	50,606,565	0	0	0	0	0	0	0	50,606,565	0

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

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 Column 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	5,978,000	0	0	0	0	5,978,000	100.00	0	0.00	5,978,000	0
1.2 Class 2	0	0	0	0	0	0	0.00	0	0.00	0	0
1.3 Class 3	0	0	0	0	0	0	0.00	0	0.00	0	0
1.4 Class 4	0	0	0	0	0	0	0.00	0	0.00	0	0
1.5 Class 5	0	0	0	0	0	0	0.00	0	0.00	0	0
1.6 Class 6	0	0	0	0	0	0	0.00	0	0.00	0	0
1.7 TOTALS	5,978,000	0	0	0	0	5,978,000	100.00	0	0.00	5,978,000	0
2. ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1 Class 1	0	0	0	0	0	0	0.00	0	0.00	0	0
2.2 Class 2	0	0	0	0	0	0	0.00	0	0.00	0	0
2.3 Class 3	0	0	0	0	0	0	0.00	0	0.00	0	0
2.4 Class 4	0	0	0	0	0	0	0.00	0	0.00	0	0
2.5 Class 5	0	0	0	0	0	0	0.00	0	0.00	0	0
2.6 Class 6	0	0	0	0	0	0	0.00	0	0.00	0	0
2.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0
3. STATES, TERRITORIES AND POSSESSIONS ETC., GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1 Class 1	0	0	0	0	0	0	0.00	0	0.00	0	0
3.2 Class 2	0	0	0	0	0	0	0.00	0	0.00	0	0
3.3 Class 3	0	0	0	0	0	0	0.00	0	0.00	0	0
3.4 Class 4	0	0	0	0	0	0	0.00	0	0.00	0	0
3.5 Class 5	0	0	0	0	0	0	0.00	0	0.00	0	0
3.6 Class 6	0	0	0	0	0	0	0.00	0	0.00	0	0
3.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0
4. POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1 Class 1	0	0	0	0	0	0	0.00	0	0.00	0	0
4.2 Class 2	0	0	0	0	0	0	0.00	0	0.00	0	0
4.3 Class 3	0	0	0	0	0	0	0.00	0	0.00	0	0
4.4 Class 4	0	0	0	0	0	0	0.00	0	0.00	0	0
4.5 Class 5	0	0	0	0	0	0	0.00	0	0.00	0	0
4.6 Class 6	0	0	0	0	0	0	0.00	0	0.00	0	0
4.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	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	0.00	0	0.00	0	0
5.2 Class 2	0	0	0	0	0	0	0.00	0	0.00	0	0
5.3 Class 3	0	0	0	0	0	0	0.00	0	0.00	0	0
5.4 Class 4	0	0	0	0	0	0	0.00	0	0.00	0	0
5.5 Class 5	0	0	0	0	0	0	0.00	0	0.00	0	0
5.6 Class 6	0	0	0	0	0	0	0.00	0	0.00	0	0
5.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0

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 Column 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	0.00	0	0.00	0	0
6.2 Class 2	0	0	0	0	0	0	0.00	0	0.00	0	0
6.3 Class 3	0	0	0	0	0	0	0.00	0	0.00	0	0
6.4 Class 4	0	0	0	0	0	0	0.00	0	0.00	0	0
6.5 Class 5	0	0	0	0	0	0	0.00	0	0.00	0	0
6.6 Class 6	0	0	0	0	0	0	0.00	0	0.00	0	0
6.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Class 1	0	0	0	0	0	0	0.00	0	0.00	0	0
7.2 Class 2	0	0	0	0	0	0	0.00	0	0.00	0	0
7.3 Class 3	0	0	0	0	0	0	0.00	0	0.00	0	0
7.4 Class 4	0	0	0	0	0	0	0.00	0	0.00	0	0
7.5 Class 5	0	0	0	0	0	0	0.00	0	0.00	0	0
7.6 Class 6	0	0	0	0	0	0	0.00	0	0.00	0	0
7.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Class 1	0	0	0	0	0	0	0.00	0	0.00	0	0
8.2 Class 2	0	0	0	0	0	0	0.00	0	0.00	0	0
8.3 Class 3	0	0	0	0	0	0	0.00	0	0.00	0	0
8.4 Class 4	0	0	0	0	0	0	0.00	0	0.00	0	0
8.5 Class 5	0	0	0	0	0	0	0.00	0	0.00	0	0
8.6 Class 6	0	0	0	0	0	0	0.00	0	0.00	0	0
8.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Class 1	0	0	0	0	0	0	0.00	0	0.00	0	0
9.2 Class 2	0	0	0	0	0	0	0.00	0	0.00	0	0
9.3 Class 3	0	0	0	0	0	0	0.00	0	0.00	0	0
9.4 Class 4	0	0	0	0	0	0	0.00	0	0.00	0	0
9.5 Class 5	0	0	0	0	0	0	0.00	0	0.00	0	0
9.6 Class 6	0	0	0	0	0	0	0.00	0	0.00	0	0
9.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0

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 Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. TOTAL BONDS CURRENT YEAR											
10.1 Class 1	5,978,000	0	0	0	0	5,978,000	100.00	XXX	XXX	5,978,000	0
10.2 Class 2	0	0	0	0	0	0	0.00	XXX	XXX	0	0
10.3 Class 3	0	0	0	0	0	0	0.00	XXX	XXX	0	0
10.4 Class 4	0	0	0	0	0	0	0.00	XXX	XXX	0	0
10.5 Class 5	0	0	0	0	0	(c) 0	0.00	XXX	XXX	0	0
10.6 Class 6	0	0	0	0	0	(c) 0	0.00	XXX	XXX	0	0
10.7 TOTALS	5,978,000	0	0	0	0	(b) 5,978,000	100.00	XXX	XXX	5,978,000	0
10.8 Line 10.7 as a % of Column 6	100.00	0.00	0.00	0.00	0.00	100.00	XXX	XXX	XXX	100.00	0.00
11. TOTAL BONDS PRIOR YEAR											
11.1 Class 1	0	0	0	0	0	XXX	XXX	0	0.00	0	0
11.2 Class 2	0	0	0	0	0	XXX	XXX	0	0.00	0	0
11.3 Class 3	0	0	0	0	0	XXX	XXX	0	0.00	0	0
11.4 Class 4	0	0	0	0	0	XXX	XXX	0	0.00	0	0
11.5 Class 5	0	0	0	0	0	XXX	XXX	(c) 0	0.00	0	0
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c) 0	0.00	0	0
11.7 TOTALS	0	0	0	0	0	XXX	XXX	(b) 0	0.00	0	0
11.8 Line 11.7 as a % of Col. 8	0.00	0.00	0.00	0.00	0.00	XXX	XXX	0.00	XXX	0.00	0.00
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Class 1	5,978,000	0	0	0	0	5,978,000	100.00	0	0.00	5,978,000	XXX
12.2 Class 2	0	0	0	0	0	0	0.00	0	0.00	0	XXX
12.3 Class 3	0	0	0	0	0	0	0.00	0	0.00	0	XXX
12.4 Class 4	0	0	0	0	0	0	0.00	0	0.00	0	XXX
12.5 Class 5	0	0	0	0	0	0	0.00	0	0.00	0	XXX
12.6 Class 6	0	0	0	0	0	0	0.00	0	0.00	0	XXX
12.7 TOTALS	5,978,000	0	0	0	0	5,978,000	100.00	0	0.00	5,978,000	XXX
12.8 Line 12.7 as a % of Col. 6	100.00	0.00	0.00	0.00	0.00	100.00	XXX	XXX	XXX	100.00	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.00	0.00	0.00	0.00	0.00	100.00	XXX	XXX	XXX	100.00	XXX
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Class 1	0	0	0	0	0	0	0.00	0	0.00	XXX	0
13.2 Class 2	0	0	0	0	0	0	0.00	0	0.00	XXX	0
13.3 Class 3	0	0	0	0	0	0	0.00	0	0.00	XXX	0
13.4 Class 4	0	0	0	0	0	0	0.00	0	0.00	XXX	0
13.5 Class 5	0	0	0	0	0	0	0.00	0	0.00	XXX	0
13.6 Class 6	0	0	0	0	0	0	0.00	0	0.00	XXX	0
13.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.00	0.00	0.00	0.00	0.00	0.00	XXX	XXX	XXX	XXX	0.00
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.00	0.00	0.00	0.00	0.00	0.00	XXX	XXX	XXX	XXX	0.00

(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* 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.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of 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 Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1 Issuer Obligations	5,978,000	0	0	0	0	5,978,000	100.00	0	0.00	5,978,000	0
1.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	0	0.00	0	0.00	0	0
1.7 TOTALS	5,978,000	0	0	0	0	5,978,000	100.00	0	0.00	5,978,000	0
2. ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1 Issuer Obligations	0	0	0	0	0	0	0.00	0	0.00	0	0
2.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
2.4 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
2.6 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
2.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0
3. STATES, TERRITORIES AND POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1 Issuer Obligations	0	0	0	0	0	0	0.00	0	0.00	0	0
3.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
3.4 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
3.6 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
3.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0
4. POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1 Issuer Obligations	0	0	0	0	0	0	0.00	0	0.00	0	0
4.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
4.4 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
4.6 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
4.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0
5. SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUAR., SCH. D & DA (Group 5)											
5.1 Issuer Obligations	0	0	0	0	0	0	0.00	0	0.00	0	0
5.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
5.4 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
5.6 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
5.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0

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

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of 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 Column 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	0.00	0	0.00	0	0
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
6.4 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
6.6 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
6.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Issuer Obligations	0	0	0	0	0	0	0.00	0	0.00	0	0
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
7.4 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
7.6 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
7.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Issuer Obligations	0	0	0	0	0	0	0.00	0	0.00	0	0
8.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Issuer Obligations	0	0	0	0	0	0	0.00	0	0.00	0	0
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
9.4 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined	0	0	0	0	0	0	0.00	0	0.00	0	0
9.6 Other	0	0	0	0	0	0	0.00	0	0.00	0	0
9.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	0	0

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

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of 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 Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. TOTAL BONDS CURRENT YEAR											
10.1 Issuer Obligations	5,978,000	0	0	0	0	5,978,000	100.00	XXX	XXX	5,978,000	0
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	0	0.00	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined	0	0	0	0	0	0	0.00	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.00	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined	0	0	0	0	0	0	0.00	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.00	XXX	XXX	0	0
10.7 TOTALS	5,978,000	0	0	0	0	5,978,000	100.00	XXX	XXX	5,978,000	0
10.8 Line 10.7 as a % of Column 6	100.00	0.00	0.00	0.00	0.00	100.00	XXX	XXX	XXX	100.00	0.00
11. TOTAL BONDS PRIOR YEAR											
11.1 Issuer Obligations	0	0	0	0	0	XXX	XXX	0	0.00	0	0
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	XXX	XXX	0	0.00	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.00	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.00	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.00	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.00	0	0
11.7 TOTALS	0	0	0	0	0	XXX	XXX	0	0.00	0	0
11.8 Line 11.7 as a % of Column 8	0.00	0.00	0.00	0.00	0.00	XXX	XXX	0.00	XXX	0.00	0.00
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Issuer Obligations	0	0	0	0	0	0	0.00	0	0.00	0	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	0	0.00	0	0.00	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined	0	0	0	0	0	0	0.00	0	0.00	0	XXX
12.4 Other	0	0	0	0	0	0	0.00	0	0.00	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined	0	0	0	0	0	0	0.00	0	0.00	0	XXX
12.6 Other	5,978,000	0	0	0	0	5,978,000	100.00	0	0.00	5,978,000	XXX
12.7 TOTALS	5,978,000	0	0	0	0	5,978,000	100.00	0	0.00	5,978,000	XXX
12.8 Line 12.7 as a % of Column 6	100.00	0.00	0.00	0.00	0.00	100.00	XXX	XXX	XXX	100.00	XXX
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	100.00	0.00	0.00	0.00	0.00	100.00	XXX	XXX	XXX	100.00	XXX
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Issuer Obligations	0	0	0	0	0	0	0.00	0	0.00	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds	0	0	0	0	0	0	0.00	0	0.00	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined	0	0	0	0	0	0	0.00	0	0.00	XXX	0
13.4 Other	0	0	0	0	0	0	0.00	0	0.00	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined	0	0	0	0	0	0	0.00	0	0.00	XXX	0
13.6 Other	0	0	0	0	0	0	0.00	0	0.00	XXX	0
13.7 TOTALS	0	0	0	0	0	0	0.00	0	0.00	XXX	0
13.8 Line 13.7 as a % of Column 6	0.00	0.00	0.00	0.00	0.00	0.00	XXX	XXX	XXX	XXX	0.00
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10	0.00	0.00	0.00	0.00	0.00	0.00	XXX	XXX	XXX	XXX	0.00

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

		1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year	8,950,757	0	0	8,950,757	0
2.	Cost of short-term investments acquired	5,948,333	0	0	5,948,333	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	7,922,262	0	0	7,922,262	0
7.	Book/adjusted carrying value, current year	6,976,828	0	0	6,976,828	0
8.	Total valuation allowance	0	0	0	0	0
9.	Subtotal (Lines 7 plus 8)	6,976,828	0	0	6,976,828	0
10.	Total nonadmitted amounts	36,214	0	0	36,214	0
11.	Statement value (Lines 9 minus 10)	6,940,614	0	0	6,940,614	0
12.	Income collected during year	0	0	0	0	0
13.	Income earned during year	0	0	0	0	0

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

44 Schedule DB Part A Verification - . . . . . NONE

44 Schedule DB Part B Verification - . . . . . NONE

45 Schedule DB Part C Verification - . . . . . NONE

45 Schedule DB Part D Verification - . . . . . NONE

45 Schedule DB Part E Verification - . . . . . NONE

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

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

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
0399999 Totals						0	0	0	0	0	0

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
0799999 Totals - Life, Annuity and Accident and Health					0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
								Reserve Credit Taken Other than for Unearned Premiums	10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)		Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Affiliates												
68276	48-1024691	10/01/2001	Employers Reassur Corp	Chicago,IL	ASL/A	193,676	0	0	0	0	0	0
66346	58-0828824	10/01/2002	Munich American Reassur Co	Miami,Fl	ASL/A	45,234	0	0	0	0	0	0
0199999 Total - Affiliates						238,910	0	0	0	0	0	0
0399999 Totals						238,910	0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Totals (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
1199999 Totals (General Account and Separate Accounts combined)				0	0	0	0	0	0	0	0	0	0

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	0	0	0
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX - Medicaid	239	369	483	90	42
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. Total medical and hospital expenses	0	0	27,532	19,202	3,824
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	0	0	42	495	63
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 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1.	Cash and invested assets (Line 9)	12,740,609	0	12,740,609
2.	Amounts recoverable from reinsurers (Line 12)	0	0	0
3.	Accident and health premiums due and unpaid (Line 10)	0	0	0
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (Balance)	1,273,968	0	1,273,968
6.	Total assets (Line 23)	14,014,577	0	14,014,577
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7.	Claims unpaid (Line 1)	7,030,891	0	7,030,891
8.	Accrued medical incentive pool and bonus payments (Line 2)	75,773	0	75,773
9.	Premiums received in advance (Line 6)	0	0	0
10.	Reinsurance in unauthorized companies (Line 14)	0	0	0
11.	All other liabilities (Balance)	340,234	0	340,234
12.	Total liabilities (Line 18)	7,446,898	0	7,446,898
13.	Total capital and surplus (Line 26)	6,567,679	XXX	6,567,679
14.	Total liabilities, capital and surplus (Line 27)	14,014,577	0	14,014,577
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 payables/offsets	0		
25.	Total net credit for ceded reinsurance	0		

SCHEDULE Y (continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/(Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/(Payable) on Losses and/or Reserve Credit Taken/(Liability)
52619	38-3128143	Community Care Plan	0	0	0	(5,270,048)	(2,583,033)	0		0	(7,853,081)	0
00000	38-0593405	Metropolitan Hospital	0	0	0	4,118,625	2,583,033	0		0	6,701,658	0
00000	38-3062222	Metropolitan Enterprises	0	0	0	1,151,423	0	0		0	1,151,423	0
9999999 Totals			0	0	0	0	0	0	X X X	0	0	0

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

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

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit

52619200236000000 2002 Document Code: 360

LTC Experience Reporting Form C

52619200233000000 2002 Document Code: 330

OVERFLOW PAGE FOR WRITE-INS

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	1 Claim Adjustment Expenses	2 General Administrative Expenses	3 Investment Expenses	4 Total
2504. RX Admin Expense	70,744	0	0	70,744
2597. Summary of overflow write-ins for Line 25	70,744	0	0	70,744

INDEX TO HEALTH ANNUAL STATEMENT

Accident and Health Premiums Due and Unpaid (Exhibit 3) 18
Aggregate Reserve for Accident and Health Contracts (Underwriting and Investment Exhibit – PT 2D) 13
Amounts Due from Parent, Subsidiaries and Affiliates (Exhibit 6) 21
Amounts Due to Parent, Subsidiaries and Affiliates (Exhibit 7) 22
Analysis of Claims Unpaid Prior Year – Net of Reinsurance (Underwriting and Investment Exhibit – PT 2B) 11
Analysis of Expenses (Underwriting and Investment Exhibit – PT 3) 14
Analysis of Nonadmitted Assets and Related Items (EX 1) 16
Analysis of Operations by Lines of Business 07
Assets (Admitted) 02
Bonds and Stocks (SCH D) E08
Cash (SCH E – PT 1) E24
Cash Flow 06
Collar, Swap and Forward Agreements (SCH DB – PT C) E19
Counterparty Exposure for Derivative Instruments Open (SCH DB, PT E) E22
Exhibit of Premiums 08
Exhibit of Claims Incurred During the Year 09
Exhibit of Claims Liability End of Current Year 10
Exhibit of Analysis of Claims Unpaid Prior Year 11
Exhibit of Development of Paid Claims 12
Exhibit of Development of Incurred Claims 12
Exhibit of Development Ratio for Incurred Year Claims 12
Exhibit of Aggregate Reserve for Accident and Health Contracts 13
Exhibit of Analysis of Expenses 14
Exhibit of Capital Gains (Losses) 15
Exhibit of Net Investment Income 15
Exhibit of Analysis of Nonadmitted Assets and Related Items 16
Exhibit of Enrollment by Product Type (EX 2) 17
Exhibit of Accident and Health Premiums Due and Unpaid 18
Exhibit of Health Care Receivables 19
Exhibit of Claims Payable (Reported and Unreported) 20
Exhibit of Amounts due From Parent, Subsidiaries and Affiliates 21
Exhibit of Amounts due To Parent, Subsidiaries and Affiliates 22
Exhibit of Summary of Transactions with Providers 23
Exhibit of Summary of Transactions with Intermediaries 23
Exhibit of Furniture, Equipment and Supplies Owned 24
Exhibt of Premiums, Enrollment and Utlization (State Page) 34
Five-Year Historical Data 32
Futures Contracts (SCH DB, PT D) E20
General Interrogatories 27
Information Concerning Activities of Insurer Members of a Holding Company Group (SCH Y) 55
Liabilities, Reserves and Other Funds 03
Long-Term Care Experience Reporting Form – A, Nationwide Experience Claim Experience by Calendar Duration 310
Long-Term Care Experience Reporting Form – B, Nationwide Experience Cumulative Claim Experience 320
Long-Term Care Experience Reporting Form – C, Cumulative Claim Experience by State 330
Long-Term Invested Assets (SCH BA) E06
Medicare Supplement Insurance Experience Exhibit (Separate Page for Each State by Policy Form) 360
Mortgage Loans (SCH B) E04
Notes to Financial Statements 25
Options. Caps and Floors (SCH DB., PT A) E16
Options, Caps and Floors Written (SCH DB, PT B) E17
Organizational Chart (SCH Y, PT 1) 54
Overflow Page for Write-Ins 58
Premiums and Other Considewrations(SCH T) 54
Real Estate (SCH A) E01
Reconciliation of Replicated (Synthetic) Assets Open (SCH DB, PT F) 46
Reinsurance (SCH S) 48
Schedules:
A - Real Estate E01
B - Mortgage Loans E04
BA – Other Long-Term Invested Assets E06
D - Bonds and Stocks E08
DA – Short-Term Investments E15
DB – Pt A – Options, Caps and Floors and Insurance Futures Options ... E16
DB – Pt C – Collars, Swaps and Forwards E19
DB – Pt D – Futures Contracts and Insurance Futures Contracts E20
DB – Pt E – Counterparty Exposure for Derivative Instruments E22
DB – Pt F – Replicated (Synthetic Asset) Transactions 46
E - Part 1 – Cash E24
- Part 2 – Special Deposits E25
S - Reinsurance 48
T - Premiums (Allocated by States and Territories) 54
Y – Part 1 Information Concerning Activities of Insurer Members of a Holding Company Group 55
Y - Part 2 Summary of Insurer's Transactions With Any Affiliates 56
Short-Term Investments (SCH DA) E15
Special Deposits (SCH E, PT 2) E25
State Page – Exhibit of Premiums, Enrollment and Utilization (Separate Page for Each State) 34
Statement of Revenue and Expenses 04
Summary Investment Schedule 26
Summary of Replicated (Synthetic) Assets Open (SCH DB, PT F) 46
Summary of Transactions with Providers (Exhibit 8 – Pt 1) 23
Summary of Transactions with Intermediaries (Exhibit 8 – Pt 2) 23
Supplemental Exhibits and Schedules Interrogatories 57
Title Page and Jurat 01
Verifications:
Schedules A, B and BA 35
Schedule D 36
Schedule DA – Pt 2 43
Schedule DB – Pts A and B 44
Schedule DB – Pts C, D and E 45