REPORT ON SEMI-ANNUAL

CLAIMS DATA FILING

FOR CALENDAR YEAR 2002

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STATE OF MARYLAND

MARYLAND INSURANCE ADMINISTRATION

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MARYLAND INSURANCE ADMINISTRATION REPORT ON SEMI-ANNUAL CLAIMS DATA FILING FOR CALENDAR YEAR 2002

What is the Maryland Insurance Administration (MIA)?

The Maryland Insurance Administration (MIA) is an independent state agency that regulates health insurers and health maintenance organizations (HMOs) offering policies in Maryland.

The MIA is responsible for investigating and resolving consumer complaints and answering consumer questions about insurance companies and HMOs operating in the State. The MIA also conducts audits and reviews of insurers and HMOs to determine whether they are complying with insurance laws and regulations and if they are operating in the best interest of consumers.

About this Report

November 2000, the MIA released new regulations governing all aspects of how health insurers and HMOs process and pay health care provider claims. The regulations were the result of months of drafting and meetings with providers and health insurers. Designed to expedite and simplify the claims process while reducing disputes between providers and insurers, the regulations established uniform standards for the submission of claims by providers. Additionally, under the regulations, insurers and HMOs must provide data to the MIA concerning their claims paying activity.

Annually, the Insurance Commissioner shall provide to the public a summary of information contained in the claims data filings submitted by third- party payors (Payors). Payors are insurers, non-profit health service plans, HMOs and delegated agents who contract with other Payors to act on their behalf. For the purpose of this report, insurance companies and non-profit health service plans are collectively referred to as insurers.

Delegated agents are contracted by third-party payors to process health claims.

This report is the MIA's initial summary of claims data filings and is compiled from data submitted by 45 leading health

insurers and 12 HMOs doing business in Maryland in 2002. A list of these Payors is found at the end of the report.
Medical, dental, vision, prescription drug, behavioral health, substance abuse and Medicare-supplement benefits claims data was reported by approximately 375 companies.

The 45 insurers chosen as a basis for claims data in this report were selected primarily because of the significant amount of health benefits paid in 2002.

Claims Data Filing Requirement

According to insurance regulations, a claims data filing report must be completed and submitted to the MIA semi-annually by all third-party payors of health care claims in Maryland. September 1 of each year, data for the period of January I through June 30 of the same calendar year is due. March 1 or each year, data for the period July 1 through December 31 of the previous calendar year is due.

Information is reported by Payors on claims received and processed for health care benefits under a policy, contract, plan, or certificate issued or delivered in Maryland. Claims for Medicare, Federal Employee Health Benefit Plans, and self-insured employer health care programs are excluded from reporting.

If Payors do not file the required claims data reports, they may be in violation of Maryland insurance laws and regulations. These Payors are subject to penalties imposed by the Insurance Commissioner.

For 2002, the Commissioner elected not to impose penalties on Payors that failed to report their claims data on time. This decision was based in large part on the computer programming difficulties many Payors experienced in their efforts to comply with the reporting requirement. It is; however, the MIA's intent to enforce compliance with the semi-annual claims data filing report requirement in future periods. Penalties will be imposed for noncompliance.

What are Clean Claims?

Clean Claims and Uniform Claim Forms are defined by Title 31, Subtitle 10, Chapter 11 of the Code of Maryland Regulations (COMAR)

A Clean Claim is a health care claim submitted by a health care provider on one of two widely-used industry standard billing forms: either a HCFA 1500 form used by doctors, or a UB 92 form used by hospitals. Clean Claims must also include essential information needed by a Payor for processing.

Essential data elements for Clean Claims are set forth by insurance regulations. Payors may use this data set to determine Clean Claims, or they may use their own data set that contains fewer than all of the essential data elements of COMAR 31.10.11. Payors may not require more data elements than those of COMAR 31.10.11.

Claims submitted by insureds, subscribers, or members (Members), or submitted by health care providers on forms other than the two standard forms are not considered to be Clean Claims for reporting.

Semi-Annual Claims Data Filing Reports

Payors must submit information on the number of claims received, the number denied, the inventory of unprocessed claims, amounts paid, and processing time. Payors must also provide information on the most prevalent reasons for claim denials.

Payors must also identify the essential data elements used to determine and report Clean Claim information if the COMAR 31.10.11 data set is not used.

If the Insurance Commissioner determines that a Payor, or an entity to which a Payor has delegated claims processing, does not comply with Maryland insurance laws, the Commissioner may require that the Payor submit claims data filings more frequently than twice a year.

Verification of Data Reported

Data is self-reported by Payors and by delegated agents on behalf of the Payors they serve. Reporting is the

responsibility of the Payor. As a control mechanism, some Payors collected reports from their delegated agents for submission along with their reports. Other delegated agents submitted reports directly to the MIA on behalf of their contracting insurers or HMOs.

The MIA is, of course, concerned about the completeness and validity if the data reported. For this first report, the MIA identified certain deficiencies and discrepancies and contacted the reporting Payors for clarification and, in some cases, revised data. Additionally, several Payors failed to report. The MIA contacted these organizations to obtain the required information.

This initial report will serve as a baseline for analyzing future claims data filings by Payors.

Prompt Payment

Prompt payment of health care claims is required by Maryland insurance law. Payment is required within 30 calendar days from the date a Payor receives a claim with the essential information needed for processing. Interest must be paid on claims paid after 30 days.

The prompt payment law is Title 15, Subtitle 10, Section 1005 of the Insurance Article

In addition to reporting the total number of claims paid within specific time frames, Payors must report the total dollar amount of health benefits paid and the total interest amount paid on claims processed in excess of 30 calendar days.

Confidentiality of Information

Claims data filings are used, in part, by the Insurance Commissioner to monitor the general business practices of Payors and their delegated agents. Information in these filings is considered confidential commercial information in accordance with State Government Article, § 10-617, Annotated Code of Maryland.

In general, claims data filings of Payors are not available to the public. However, Payor claim data filings that may be used by the Commissioner as a basis for imposing interest or penalties shall be available for public inspection only as pertinent to the interest or penalties imposed.

SUMMARY OF 2002 CLAIMS DATA

Overview

In 2002, HMOs and Insurers paid 2.9 billion dollars in health benefits

In 2002, the 45 leading insurers and 12 HMOs providing data for this report received more than 37 million claims and paid approximately 2.9 billion dollars in health benefits. An additional 1.2 million dollars of interest was paid on delayed claims.

Of the 37 million claims received, nearly 27 million were Clean Claims. Thus, Clean Claims represent 72.9% of total claims received.

Approximately 6 million, or 16.2% of the 37 million total claims received, were denied. Only 659 thousand, or 2.44% of the 27 million Clean Claims received, were denied. Clean Claim denials represent 11% of total denials.

In order, the five most common reasons reported for all claim denials (including Clean Claims) were:

1. The claim received is a duplicate of a previous claim;
2. The provider claim was submitted after the filing deadline;
3. Pre-treatment authorization for services was not obtained;
4. Claimant coverage terminated, lapsed or is not in force; and
5. Charges submitted are not covered by the plan in force.

Other common reasons reported for claim denials were:

1. Services rendered exceed plan frequency limits;
2. A physician referral is needed before services are rendered;
3. Routine examinations or services are not covered by plan;
4. The claimant is not eligible for benefits or coverage; and
5. Charges received may be covered by another benefit

Health Maintenance Organizations

Summaries of HMO data are found in Exhibits 1 and 2 at the end of this report

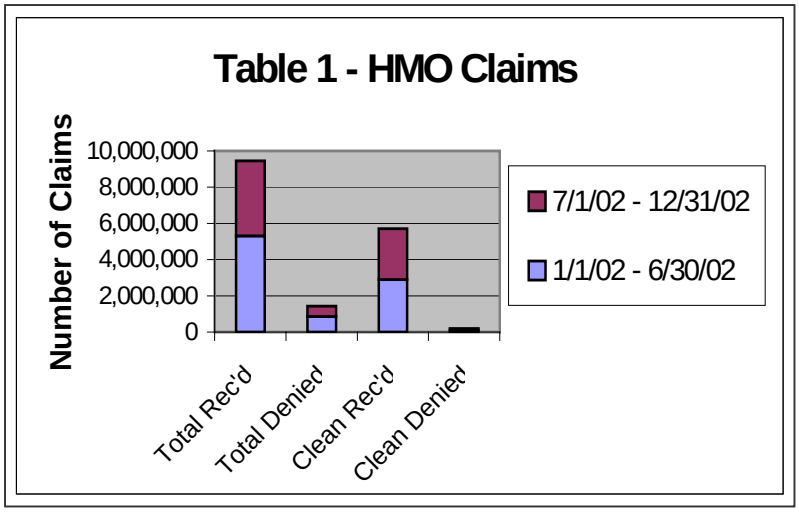
Claim data reports were filed by 12 HMOs operating in Maryland during all, or a portion of calendar year 2002. Summaries of HMO data reported to the MIA are found in Exhibits 1 and 2 at the end of this report. Claims data reported includes all health claims processed by an HMO including certain point-of-service (POS) claims that may be offered to Members through the HMO.

During the year, several HMOs experienced enrollment changes and/or organizational changes including terminating operations, merging all or parts of plans into other plans, or restructuring administrative arrangements with delegated agents. These changes may account for certain variances in the data reported in the two periods by some HMOs. Other variances may be attributable to changes in provider claim submission patterns as well as changes in benefit plan utilization by Members.

Payors reported receiving 9,512,623 claims in total, of which 5,708,917 (60.01%) were Clean Claims. Total claims receipts decreased 22.72% in the second half of the year, from 5,365,806 to 4,146,817; however, the number of Clean Claims received decreased only 3.60% from 2,906,780 to 2,802,137.

Clean Claim denials represent 2.08% of total claims received

Claim denials represent 15.06% of total claims received. Of 1,432,699 total claim denials, 198,133 were Clean Claim denials. Only 3.47% of Clean Claims received were denied. Clean Claim denials are only 2.08% of total claims received.



HMOs paid over 1.24 billion dollars in benefits in 2002

The total number of claims paid was 9,338,200. The total amount of benefits payments in 2002 was $1,243,887,666, of which $669,429,652 (53.82%) was paid in the first half of the year and $574,458,014 (46.18%) was paid in the second half.

Delegated agents processed 690,541, or 7.30% of total claims received by HMOs. The amount paid by delegated agents was $32,735,662, or 2.63% of the total amount paid.

$596,499 in interest was paid on delayed claims by HMOs

In addition to these benefit payments, HMOs paid a total of $596,499 in interest on delayed claims. The total number of claims paid in excess of 30 days is 255,110 claims, or 2.73% of total claims paid. Claims paid over 30 days represent violations of Maryland's prompt payment law.

Several Payors and delegated agents also reported paying claims in excess of 30 calendar days without paying the interest required by Maryland's prompt payment law.

The MIA will investigate these Payors to determine if they failed to comply with Maryland's prompt payment law. Noncompliance may result in the assessment of penalties to the HMOs.

HMO claims inventories reduced significantly during 2002

Because of computer and other technical problems, a number of HMOs and their delegated agents reported an inability to provide accurate information about their work-in-process, or beginning claim inventory as of January 1, 2002. Collectively, Payors reported a 5.27% reduction in claims inventory for the first half of 2002 resulting in an ending inventory of 315,705 claims. Inventory reportedly decreased an additional 28.61% between July 1, 2002 and December 31, 2002 leaving a year-end inventory of 230,256 claims.

Insurers

Summaries of insurer data are found in Exhibits 3 and 4 at the end of this report

The following information is compiled from claim data filed for 45 leading insurers, non-profit health service plans, dental plans, and vision plans operating in Maryland during all, or a portion of calendar year 2002. Summaries of insurer data reported to the MIA are found in Exhibits 3 and 4 at the end of this report.

After reporting for the first half of the year, 2 insurers in the group of 45 did not report data for the second half of 2002 in time for inclusion in this report. The lack of data from these 2 insurers, while important, does not significantly affect overall results. Based on first half data, the missing information represents an estimated 0.25% of total claims received and 0.54% of the total amount paid by insurers.

The MIA discussed these omissions with the 2 insurers, noting that failure to provide the required claims data reports may be a violation of Maryland law and subject to penalties imposed by the Insurance Commissioner. Although the Commissioner decided not to impose penalties for 2002 reporting violations, future violations will be penalized.

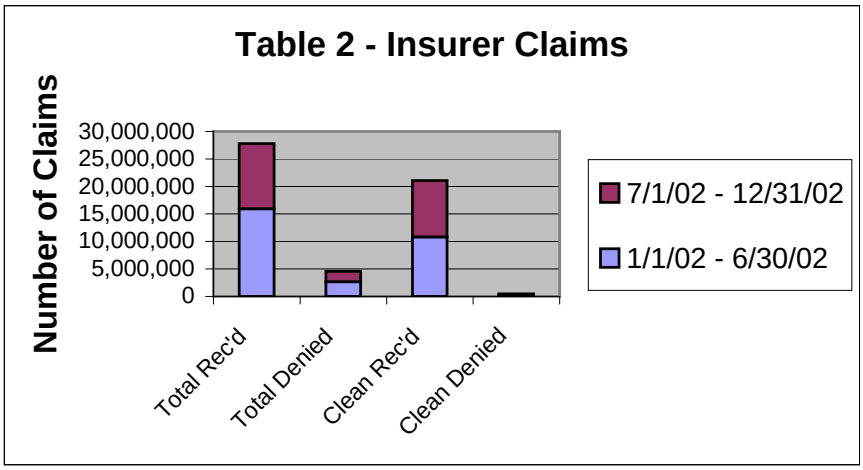
During the year, several insurers experienced organizational changes including terminating or merging all or parts of their Maryland business, as well as restructuring arrangements with their delegated agents. These changes may account for certain variances in the semi-annual data reported by insurers. Other variances may be attributable to changes in provider clam submission patterns as well as changes in benefit plan utilization by Members.

Insurers reported receiving 27,811,753 health claims in 2002. Total claim receipts declined 25.69% in the second half of the year from 15,955,394 to 11,856,359 claims.

Insurers reported receiving 21,051,613 Clean Claims representing 75.69% of total claims received.

Clean Claim denials are 1.64% of total claims received

A total of 4,445,168 claims were denied, of which only 455,268, or 10.24% were Clean Claims. Clean Claim denials represent only 1.64% of total claims received by Insurers.



Insurers paid 1.6 billion dollars in benefits in 2002

Insurers paid 16,838,723 claims in the amount of $1,607,984,083 in 2002. In the first half of the year, $880,290,895 was paid compared to $727,693,188 in the second half of the year.

Delegated agents processed 3,751,065 or 13.49% of all claims on behalf of insurers. Delegated agents paid $195,209,145 in benefits, or 12.14% of the total amount paid by insurers.

Insurers reduced claims inventories in 2002

Because of computer and other technical problems, a number of insurers and their delegated agents reported an inability to provide accurate information about their work-in-process, or beginning claim inventory as of January 1, 2002. Collectively, Payors reported a 2.97% increase in claims inventory for the first half of 2002 resulting in an ending inventory of 368,578 claims. Inventory reportedly decreased 15.00% between July 1, 2002 and December 31, 2002 leaving a year-end inventory of 331,436 claims.

Insurers paid $625,988 in interest in 2002

Insurers paid interest on 448,702 delayed claims in the amount of $625,988. These delayed claims were paid in excess of 30 calendar days and represent 2.66% of total claims paid. Delegated agents paid $195,209,145 in benefits on claims received, plus $53,946 in interest on delayed claims.

Claims paid in excess of 30 days represent violations of Maryland's prompt payment law. Several insurers and their delegated agents reported claims paid beyond 30 days without paying the interest required by Maryland's prompt payment law.

The MIA will investigate these Payors to determine if they failed to comply with Maryland law. Noncompliance may result in the assessment of penalties to the insurers.

THIRD-PARTY PAYORS

Following (in alphabetical order) is a list of the HMOs and Insurers who submitted data used in this summary report.

HMOs

Aetna U.S. Healthcare, Inc.
CareFirst BlueChoice, Inc. (Capital Care, Inc.)
CIGNA HealthCare Mid-Atlantic, Inc.
Coventry Health & Life Insurance Co.
Delmarva Health Plan, Inc.
FreeState Health Plan, Inc.
Kaiser Permanente Health Plan
M.D.IPA
Optimum Choice, Inc.
PHN-HMO, Inc.
Prudential Healthcare, Inc.
United Healthcare of the Mid-Atlantic

Insurers, Non-Profit Health Service Plans

Aetna Life Insurance Company
Allianz Life Insurance Company of North America
American Republic Insurance Company
Ameritas Life Insurance Company
CareFirst of Maryland, Inc.
CIGNA Dental Health of Maryland, Inc.
Connecticut General Life Insurance Company
Continental General Life Insurance Co.
Delta Dental of Pennsylvania
Dental Benefit Providers of Maryland
Educators Mutual Life Insurance Co.
Fidelity Insurance Company
Fortis Benefits Insurance Company
Fortis Insurance Company
GE Group Life Assurance Company
Golden Rule Insurance Company
Graphic Arts Benefit Corporation
Great-West Life & Annuity Co.
Group Dental Service of Maryland, Inc.
Group Hospitalization and Medical Services, Inc.
Jefferson Pilot Financial Insurance Co.

Life Investors Insurance Company of America
MAMSI Life & Health Insurance Co.
Mega Life & Health Insurance Company
Monumental Life Insurance Company
Mutual of Omaha Insurance Co.
Nationwide Life Insurance Company
New York Life Insurance Company
Principal Life Insurance Company
Prudential Insurance Company of America
Reliance Standard Life Insurance Company
State Farm Mutual Automobile Insurance Company
Spectera Insurance Company
The Dental Network, Inc.
The Dental Practice Association of Maryland, Inc.
The Guardian Life Insurance Company of America
Trustmark Insurance Company
Unicare Life & Health Insurance Co.
Union Labor Life Insurance Company
United Concordia Dental Plans, Inc.
United Concordia Insurance Company
United Concordia Life and Insurance Co.
United HealthCare Insurance Company
United of Omaha Life insurance Company
USAA Life Insurance Company

EXHIBITS

Exhibit 1 - Aggregate Summary of HMO Claims Filing Data

Exhibit 2 - Summary of Claims Filing Data by HMO

Exhibit 3 - Aggregate Summary of Insurer Claims Filing Data

Exhibit 4 - Summary of Claims Filing Data by Insurers

Exhibit 1 - Aggregate Summary of HMO Claims Filing Data

SUMMARY OF HMO CLAIMS FILING DATA

ALL CLAIMS	TOTAL CLAIMS RECEIVED	TOTAL CLAIMS DENIED	% TOTAL CLAIMS DENIED
1/1/02 - 6/30/02	5,365,806	861,749	16.06%
7/1/02 - 12/31/02	4,146,817	570,950	13.77%
TOTAL	**9,512,623**	**1,432,699**	**15.06%**

CLEAN CLAIMS	TOTAL CLEAN CLAIMS RECEIVED	CLEAN CLAIMS AS % OF TOTAL CLAIMS	TOTAL CLEAN CLAIMS DENIED	% CLEAN CLAIMS DENIED	CLEAN CLAIM DENIALS AS % OF ALL CLAIMS
1/1/02 - 6/30/02	2,906,780	54.17%	103,180	3.55%	1.92%
7/1/02 - 12/31/02	2,802,137	67.57%	94,953	3.39%	2.29%
TOTAL	**5,708,917**	**60.01%**	**198,133**	**3.47%**	**2.08%**

ADJUDICATION	TOTAL CLAIM PAYMENT AMOUNT	TOTAL NUMBER CLAIMS PAID	NUMBER CLAIMS PAID BY DELEGATED AGENTS	AMOUNT PAID BY DELGATED AGENTS	INTEREST PAID BY DELEGATED AGENTS
1/1/02 - 6/30/02	$669,429,652	5,098,104	599,524	$22,542,440	$3,426
7/1/02 - 12/31/02	$574,458,014	4,240,096	91,017	$10,193,222	$872
TOTAL	**$1,243,887,666**	**9,338,200**	**690,541**	**$32,735,662**	**$4,298**

PROMPT PAYMENT	NUMBER CLAIMS PAID < 30 DAYS	NUMBER CLAIMS PAID > 30 DAYS	% TOTAL CLAIMS PAID > 30 DAYS	INTEREST PAID ON DELAYED CLAIMS	INTEREST PAID AS % TOTAL AMOUNT PAID
1/1/02 - 6/30/02	4,986,921	111,183	2.18%	$367,118	0.05%
7/1/02 - 12/31/02	4,096,169	143,927	3.39%	$229,381	0.04%
TOTAL	**9,083,090**	**255,110**	**2.73%**	**$596,499**	**0.05%**

WORK IN PROCESS	ENDING CLAIM INVENTORY	CHANGE IN CLAIM INVENTORY	INVENTORY AS % ALL CLAIMS RECEIVED
1/1/02 - 6/30/02	315,705	-5.27%	5.88%
7/1/02 - 12/31/02	230,256	-28.61%	5.55%

Exhibit 2 - Summary of Claims Filing Data by HMO

SUMMARY OF CLAIMS FILING DATA BY HMO

HMO	PERIOD	CLEAN CLAIMS AS % OF TOTAL CLAIMS	% TOTAL CLAIMS DENIED	CLEAN CLAIMS DENIED AS % OF TOTAL CLAIMS	% CHANGE INVENTORY	% PAID >30 DAYS	TOTAL INTEREST PAID
1	1/1/02 - 6/30/02	100.00%	21.24%	1.70%	-131.19%	4.39%	$25,083
	7/1/02 - 12/31/02	100.00%	27.48%	1.66%	-152.83%	2.83%	$7,623
2	1/1/02 - 6/30/02	98.97%	18.39%	2.41%	0.00%	8.35%	$174,469
	7/1/02 - 12/31/02	97.92%	25.50%	1.85%	-52.72%	8.35%	$0.00
3	1/1/02 - 6/30/02	45.72%	12.36%	3.20%	-8.62%	0.43%	$6,292
	7/1/02 - 12/31/02	50.72%	12.52%	3.35%	-23.87%	0.32%	$9,053
4	1/1/02 - 6/30/02	93.80%	21.26%	1.72%	19.39%	8.51%	$28,717
	7/1/02 - 12/31/02	100.00%	21.25%	1.22%	-73.53%	13.34%	$74,043
5	1/1/02 - 6/30/02	90.83%	22.22%	9.17%	30.95%	0.92%	$16,454
	7/1/02 - 12/31/02	91.80%	25.34%	8.20%	-4.54%	0.60%	$3,511
6	1/1/02 - 6/30/02	64.25%	25.16%	0.26%	-67.17%	1.61%	$1,180
	7/1/02 - 12/31/02	100.00%	20.85%	0.75%	-189.98%	5.70%	$1,543
7	1/1/02 - 6/30/02	63.66%	12.31%	2.72%	-24.15%	0.74%	$2,011
	7/1/02 - 12/31/02	72.42%	13.70%	2.75%	-10.86%	0.55%	$1,850
8	1/1/02 - 6/30/02	60.91%	4.91%	5.22%	37.02%	10.90%	$51,130
	7/1/02 - 12/31/02	96.61%	2.13%	3.01%	9.56%	4.08%	$85,373
9	1/1/02 - 6/30/02	52.89%	17.81%	0.63%	56.58%	4.49%	$3,625
	7/1/02 - 12/31/02	97.11%	21.89%	1.32%	-174.77%	7.92%	$4,517
10	1/1/02 - 6/30/02	50.62%	48.42%	0.15%	-288.87%	1.47%	$27,345
	7/1/02 - 12/31/02	100.00%	20.50%	0.88%	29.37%	9.20%	$3,378
11	1/1/02 - 6/30/02	41.24%	5.49%	0.19%	-4543.65%	0.43%	$27,807
	7/1/02 - 12/31/02	50.36%	5.60%	0.29%	80.27%	0.85%	$38,488
12	1/1/02 - 6/30/02	7.68%	14.79%	0.07%	68.20%	2.21%	$3,006
	7/1/02 - 12/31/02	0.00%	0.00%	0.00%	0.00%	0.00%	$0
	1/1/02 - 6/30/02	54.74%	16.23%	1.94%	-5.27%	2.18%	$367,118
	7/1/02 - 12/31/02	67.57%	13.77%	2.29%	-28.61%	3.40%	$229,381
TOTAL	**1/1/02 - 12/31/02**	**60.37%**	**15.15%**	**2.10%**	**N/A**	**2.73%**	**$596,499**

Exhibit 3 - Aggregate Summary of Insurer Claims Filing Data

SUMMARY OF INSURER CLAIMS FILING DATA

ALL CLAIMS	TOTAL CLAIMS RECEIVED	TOTAL CLAIMS DENIED	% TOTAL CLAIMS DENIED
1/1/02 - 6/30/02	15,955,394	2,655,819	16.65%
7/1/02 - 12/31/02	11,856,359	1,875,754	15.82%
TOTAL	**27,811,753**	**4,445,168**	**15.98%**

CLEAN CLAIMS	TOTAL CLEAN CLAIMS RECEIVED	CLEAN CLAIMS AS % OF TOTAL CLAIMS	TOTAL CLEAN CLAIMS DENIED	% CLEAN CLAIMS DENIED	CLEAN CLAIM DENIALS AS % OF ALL CLAIMS
1/1/02 - 6/30/02	10,812,802	67.77%	318,316	2.94%	2.00%
7/1/02 - 12/31/02	10,238,811	86.36%	136,952	1.34%	1.16%
TOTAL	**21,051,613**	**75.69%**	**455,268**	2.16%	**1.64%**

ADJUDICATION	TOTAL CLAIM PAYMENT AMOUNT	TOTAL NUMBER CLAIMS PAID	NUMBER CLAIMS PAID BY DELEGATED AGENTS	AMOUNT PAID BY DELGATED AGENTS	INTEREST PAID BY DELEGATED AGENTS
1/1/02 - 6/30/02	$880,290,895	10,259,175	3,333,227	$156,186,718	$32,646
7/1/02 - 12/31/02	$727,693,188	6,579,548	417,838	$39,022,427	$21,300
TOTAL	**$1,607,984,083**	**16,838,723**	**3,751,065**	**$195,209,145**	**$53,946**

PROMPT PAYMENT	NUMBER CLAIMS PAID < 30 DAYS	NUMBER CLAIMS PAID > 30 DAYS	% TOTAL CLAIMS PAID > 30 DAYS	INTEREST PAID ON DELAYED CLAIMS	INTEREST PAID AS % TOTAL AMOUNT PAID
1/1/02 - 6/30/02	10,068,842	190,333	1.86%	$224,363	0.03%
7/1/02 - 12/31/02	6,321,179	258,369	3.93%	$401,625	0.06%
TOTAL	**16,390,021**	**448,702**	**2.66%**	**$625,988**	**0.04%**

WORK IN PROCESS	ENDING CLAIM INVENTORY	CHANGE IN CLAIM INVENTORY	INVENTORY AS % ALL CLAIMS RECEIVED
1/1/02 - 6/30/02	368,578	2.97%	2.31%
7/1/02 - 12/31/02	331,436	-15.00%	2.80%

Exhibit 4 - Summary of Claims Filing Data by Insurers

SUMMARY OF CLAIMS DATA FILING BY INSURER

INSURER	PERIOD	CLEAN CLAIMS AS % OF TOTAL CLAIMS	% TOTAL CLAIMS DENIED	CLEAN CLAIMS DENIED AS % OF TOTAL CLAIMS	% CHANGE INVENTORY	% PAID >30 DAYS	TOTAL INTEREST PAID
1	1/1/02 - 6/30/02	0.00%	15.38%	0.00%	-76.86%	8.52%	$0
	7/1/02 - 12/31/02	0.00%	16.33%	0.00%	-3.57%	3.02%	$0
2	1/1/02 - 6/30/02	56.47%	9.91%	1.13%	-2.53%	0.45%	$3,441
	7/1/02 - 12/31/02	58.61%	9.96%	1.07%	-22.96%	0.50%	$5,526
3	1/1/02 - 6/30/02	0.00%	20.65%	0.00%	15.83%	9.24%	$736
	7/1/02 - 12/31/02	0.02%	19.00%	0.00%	-91.14%	5.99%	$274
4	1/1/02 - 6/30/02	0.00%	14.04%	0.00%	-8.10%	4.12%	$0
	7/1/02 - 12/31/02	69.55%	13.98%	1.50%	-13.87%	5.35%	$2,894
5	1/1/02 - 6/30/02	90.99%	7.61%	0.41%	33.27%	2.01%	$0
	7/1/02 - 12/31/02	86.36%	14.34%	0.37%	-48.39%	0.46%	$247
6	1/1/02 - 6/30/02	76.10%	5.01%	0.30%	-46.48%	0.30%	$0
	7/1/02 - 12/31/02	68.29%	2.15%	0.06%	-98.39%	0.76%	$20
7	1/1/02 - 6/30/02	0.00%	9.47%	0.00%	-4.09%	2.08%	$14
	7/1/02 - 12/31/02	0.00%	9.96%	0.00%	9.95%	0.86%	$3
8	1/1/02 - 6/30/02	24.42%	37.27%	1.20%	80.53%	4.95%	$599
	7/1/02 - 12/31/02	3.50%	10.64%	0.23%	-97.83%	2.02%	$155
9	1/1/02 - 6/30/02	98.66%	22.50%	0.05%	80.51%	0.02%	$13
	7/1/02 - 12/31/02	98.39%	9.90%	0.74%	487.74%	0.03%	$1,390
10	1/1/02 - 6/30/02	0.00%	1.93%	0.00%	129.57%	0.00%	$0
	7/1/02 - 12/31/02	0.00%	2.66%	0.00%	-94.69%	0.00%	$0
11	1/1/02 - 6/30/02	8.47%	1.01%	0.14%	-69.80%	1.11%	$29,268
	7/1/02 - 12/31/02	19.83%	4.67%	0.75%	165.27%	1.80%	$13,399
12	1/1/02 - 6/30/02	98.56%	44.27%	0.55%	6.54%	23.14%	$0
	7/1/02 - 12/31/02	90.78%	49.79%	0.77%	61.44%	35.86%	$0
13	1/1/02 - 6/30/02	100.00%	10.44%	0.00%	36.73%	1.52%	$334
	7/1/02 - 12/31/02	100.00%	10.48%	0.00%	-43.11%	2.45%	$209
14	1/1/02 - 6/30/02	0.00%	10.30%	0.00%	-33.88%	0.00%	$0
	7/1/02 - 12/31/02	0.00%	11.21%	0.00%	17.14%	0.00%	$0
15	1/1/02 - 6/30/02	73.70%	18.72%	2.38%	-5.50%	0.84%	$108,860
	7/1/02 - 12/31/02	97.92%	17.56%	1.18%	0.01%	3.35%	$248,197
16	1/1/02 - 6/30/02	0.00%	17.61%	0.00%	3.94%	1.92%	$63
	7/1/02 - 12/31/02	0.00%	18.09%	0.00%	781.58%	1.06%	$77
17	1/1/02 - 6/30/02	41.34%	3.31%	1.78%	60.77%	5.34%	$7,897
	7/1/02 - 12/31/02	70.26%	5.00%	2.11%	23.75%	3.87%	$32,080
18	1/1/02 - 6/30/02	99.65%	2.72%	0.00%	2861.90%	3.00%	$0
	7/1/02 - 12/31/02	100.00%	2.39%	0.00%	-10.29%	0.72%	$0
19	1/1/02 - 6/30/02	0.00%	13.95%	0.00%	-8.30%	0.00%	$0
	7/1/02 - 12/31/02	0.00%	12.36%	0.00%	-43.98%	0.00%	$0
20	1/1/02 - 6/30/02	0.00%	29.17%	0.00%	-37.77%	4.74%	$477
	7/1/02 - 12/31/02	0.00%	9.43%	0.00%	-38.25%	1.66%	$197

INSURER	PERIOD	CLEAN CLAIMS AS % OF TOTAL CLAIMS	% TOTAL CLAIMS DENIED	CLEAN CLAIMS DENIED AS % OF TOTAL CLAIMS	% CHANGE INVENTORY	% PAID >30 DAYS	TOTAL INTEREST PAID
21	1/1/02 - 6/30/02	0.00%	14.66%	0.00%	-28.10%	0.00%	$0
	7/1/02 - 12/31/02	0.00%	2.75%	0.00%	38.06%	0.00%	$0
22	1/1/02 - 6/30/02	61.23%	14.01%	1.06%	-44.52%	5.60%	$22,355
	7/1/02 - 12/31/02	60.65%	12.06%	1.00%	15.55%	5.13%	$26,624
23	1/1/02 - 6/30/02	0.76%	14.78%	0.19%	0.00%	5.20%	$489
	7/1/02 - 12/31/02	6.83%	16.57%	0.00%	19300.00%	7.40%	$7,141
24	1/1/02 - 6/30/02	38.39%	16.13%	2.80%	-19.86%	0.50%	$1,064
	7/1/02 - 12/31/02	DNR	DNR	DNR	DNR	DNR	DNR
25	1/1/02 - 6/30/02	0.00%	11.75%	0.00%	5.81%	0.35%	$69
	7/1/02 - 12/31/02	0.00%	13.05%	0.00%	17.05%	0.49%	$52
26	1/1/02 - 6/30/02	0.00%	10.86%	0.00%	-31.93%	0.42%	$21
	7/1/02 - 12/31/02	0.00%	10.97%	0.00%	69.91%	0.12%	$2
27	1/1/02 - 6/30/02	92.04%	20.68%	1.65%	38.17%	4.73%	$5,091
	7/1/02 - 12/31/02	97.78	22.89	3.14	-36.8	4.69	$7,160
28	1/1/02 - 6/30/02	45.58%	12.48%	0.12%	37.04%	1.80%	$1
	7/1/02 - 12/31/02	18.24%	15.47%	2.99%	-66.67%	0.00%	$2,236
29	1/1/02 - 6/30/02	98.68%	3.90%	1.32%	-78.79%	0.01%	$61
	7/1/02 - 12/31/02	94.28%	6.73%	1.44%	1542.86%	0.00%	$0
30	1/1/02 - 6/30/02	0.00%	13.07%	0.00%	-38.93%	0.50%	$81
	7/1/02 - 12/31/02	0.00%	8.75%	0.00%	94.15%	0.34%	$239
31	1/1/02 - 6/30/02	0.00%	10.25%	0.00%	2.47%	2.70%	$1,893
	7/1/02 - 12/31/02	0.00%	9.76%	0.00%	-54.14%	1.33%	$1,920
32	1/1/02 - 6/30/02	99.93%	12.87%	0.07%	73.07%	26.99%	$2,015
	7/1/02 - 12/31/02	98.79%	14.99%	1.21%	-10.21%	38.49%	$19,201
33	1/1/02 - 6/30/02	0.00%	14.09%	0.00%	0.00%	5.71%	$0
	7/1/02 - 12/31/02	0.00%	24.91%	0.00%	-100.00%	0.00%	$0
34	1/1/02 - 6/30/02	20.61%	20.61%	0.00%	-12.16%	7.49%	$0
	7/1/02 - 12/31/02	28.22%	21.23%	7.53%	-100.00%	6.26%	$0
35	1/1/02 - 6/30/02	90.64%	17.82%	2.85%	-27.34%	0.20%	$332
	7/1/02 - 12/31/02	93.08%	18.26%	2.43%	-34.41%	0.11%	$158
36	1/1/02 - 6/30/02	100.00%	0.36%	0.04%	-31.24%	0.00%	$0
	7/1/02 - 12/31/02	DNR	DNR	DNR	DNR	DNR	DNR
37	1/1/02 - 6/30/02	46.86%	7.19%	3.28%	951.36%	50.90%	$1,916
	7/1/02 - 12/31/02	85.65%	70.89%	6.30%	-50.53%	2.89%	$1,824
38	1/1/02 - 6/30/02	0.00%	12.45%	0.00%	11.74%	0.00%	$0
	7/1/02 - 12/31/02	0.00%	15.49%	0.00%	-24.78%	0.00%	$0
39	1/1/02 - 6/30/02	96.81%	17.29%	0.31%	20.91%	7.04%	$17,433
	7/1/02 - 12/31/02	95.70%	17.10%	1.56%	-49.51%	9.56%	$29,461
40	1/1/02 - 6/30/02	98.09%	58.45%	0.78%	28500.00%	69.35%	$0
	7/1/02 - 12/31/02	84.74%	52.19%	1.64%	1474.83%	76.82%	$0
41	1/1/02 - 6/30/02	1.58%	18.63%	0.06%	6400.00%	0.27%	$0
	7/1/02 - 12/31/02	4.86%	16.73%	0.12%	28200.00%	0.04%	$0
42	1/1/02 - 6/30/02	0.23%	13.69%	0.00%	15.03%	5.13%	$49
	7/1/02 - 12/31/02	0.08%	9.41%	0.00%	-15.77%	2.27%	$51
43	1/1/02 - 6/30/02	0.00%	9.62%	0.00%	-47.54%	0.00%	$0
	7/1/02 - 12/31/02	0.00%	12.76%	0.00%	80.33%	0.00%	$0
44	1/1/02 - 6/30/02	94.65%	34.23%	0.00%	-6.81%	11.41%	$1,790
	7/1/02 - 12/31/02	95.23%	22.46%	0.00%	16.04%	3.69%	$892
45	1/1/02 - 6/30/02	0.00%	9.80%	0.00%	0.00%	0.25%	$9
	7/1/02 - 12/31/02	0.00%	10.71%	0.00%	4300.00%	0.10%	$2
TOTAL	**1/1/02 - 6/30/02**	**67.75%**	**16.55%**	**2.00%**	**2.99%**	**1.67%**	**$222,524**
	7/1/02 - 12/31/02	**87.01%**	**15.71%**	**1.16%**	**-16.11%**	**3.69%**	**$393,284**