

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 1998
Estimated average burden
hours per response..... 16.00



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FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

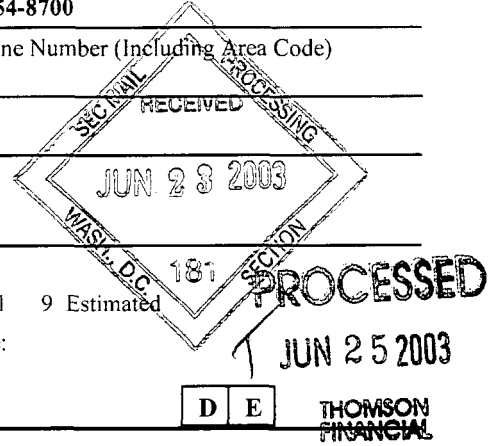
SEC USE ONLY
Prefix Serial
DATE RECEIVED

Name of Offering (~ check if this is an amendment and name has changed and indicate change.)
Class F Convertible Preferred Stock, par value \$0.01 per share, of Highway to Health, Inc.
Filing Under (Check box(es) that apply): ~ Rule 504 ~ Rule 505 [X] Rule 506 ~ Section 4(6) ~ ULOE
Type of Filing: [X] New Filing ~ Amendment

1047570

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer
Name of Issuer (~ check if this is an amendment and name has changed, and indicate change.)
Highway to Health, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
1 Radnor Corporate Center, Suite 100, Radnor, PA 19087 (610) 254-8700
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
Brief Description of Business
Internet access to healthcare providers.
Type of Business Organization
[X] corporation 9 limited partnership, already formed 9 other (please specify):
9 business trust 9 limited partnership, to be formed



Actual or estimated Date of Incorporation or Organization: Month Year [X] Actual 9 Estimated
0 2 9 7
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed.
Information Required: A new filing must contain all information requested.
Filing Fee: There is no federal filing fee.
State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC1972 (2-97) 1 of 9

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A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- X Each promoter of the issuer, if the issuer has been organized within the past five years;
- X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- X Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

Masciantonio, Angelo M.

Business or Residence Address (Number and Street, City State, Zip Code)

1 Radnor Corporate Center, Suite 100, Radnor, PA 19087

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

Heher, Eliot C.

Business or Residence Address (Number and Street, City State, Zip Code)

1 Radnor Corporate Center, Suite 100, Radnor, PA 19087

Check Box(es) that Apply: 9 Promoter 9 Beneficial Owner 9 Executive Officer Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

Moller, Christopher

Business or Residence Address (Number and Street, City State, Zip Code)

1 Radnor Corporate Center, Suite 100, Radnor, PA 19087

Check Box(es) that Apply: 9 Promoter 9 Beneficial Owner 9 Executive Officer Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

Shettle, Jr., John F.

Business or Residence Address (Number and Street, City State, Zip Code)

1 Radnor Corporate Center, Suite 100, Radnor, PA 19087

Check Box(es) that Apply: 9 Promoter 9 Beneficial Owner 9 Executive Officer Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

Millar, James J.

Business or Residence Address (Number and Street, City State, Zip Code)

1 Radnor Corporate Center, Suite 100, Radnor, PA 19087

Check Box(es) that Apply: 9 Promoter 9 Beneficial Owner 9 Executive Officer Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

Weinberg, D. Mark

Business or Residence Address (Number and Street, City State, Zip Code)

1 Radnor Corporate Center, Suite 100, Radnor, PA 19087

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- X Each promoter of the issuer, if the issuer has been organized within the past five years;
- X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- X Each general and managing partner of partnership issuers.

Check Box(es) that Apply: 9 Promoter 9 Beneficial Owner 9 Executive Officer Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

Schaafsma, Gerald

Business or Residence Address (Number and Street, City State, Zip Code)

1 Radnor Corporate Center, Suite 100, Radnor, PA 19087

Check Box(es) that Apply: 9 Promoter Beneficial Owner 9 Executive Officer 9 Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

TL Ventures IV LP

Business or Residence Address (Number and Street, City State, Zip Code)

435 Devon Park Drive, Wayne, PA 19087

Check Box(es) that Apply: 9 Promoter Beneficial Owner 9 Executive Officer 9 Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

Securitas HTH, LLC

Business or Residence Address (Number and Street, City State, Zip Code)

230 Park Avenue, New York, NY 10169

Check Box(es) that Apply: 9 Promoter Beneficial Owner 9 Executive Officer 9 Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

Early Stage Enterprises, LP

Business or Residence Address (Number and Street, City State, Zip Code)

995 Route 518, Skillman, NJ 08558

Check Box(es) that Apply: 9 Promoter Beneficial Owner 9 Executive Officer 9 Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

Anthem Capital, L.P.

Business or Residence Address (Number and Street, City State, Zip Code)

16 S. Calvert Street, Suite 800, Baltimore, MD 21202

Check Box(es) that Apply: 9 Promoter Beneficial Owner 9 Executive Officer 9 Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

WellPoint Health Networks Inc.

Business or Residence Address (Number and Street, City State, Zip Code)

1 WellPoint Way, Thousand Oaks, CA 91362

Check Box(es) that Apply: 9 Promoter 9 Beneficial Owner 9 Executive Officer 9 Director 9 General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City State, Zip Code)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No
9
Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual? \$N/A
3. Does the offering permit joint ownership of a single unit? Yes No
 9
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ~ All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ~ All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
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Full Name (Last name first, if individual)

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[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ~ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ _____	\$ _____
Equity*.....	\$ 10,000,000	\$ 10,000,000
<input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred		
*Class F Convertible Preferred Stock, par value \$0.01 per share		
Convertible Securities (including warrants)	\$ _____	\$ _____
Partnership Interests	\$ _____	\$ _____
Other (Specify _____)	\$ _____	\$ _____
Total	\$ 10,000,000	\$ 10,000,000

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u>1</u>	\$ 10,000,000
Non-accredited Investors	_____	\$ _____
Total (for filings under Rule 504 only)	_____	\$ _____

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	_____	\$ _____
Regulation A.....	_____	\$ _____
Rule 504	_____	\$ _____
Total	_____	\$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.....	9	\$ _____
Printing and Engraving Costs	9	\$ _____
Legal Fees.....	<input checked="" type="checkbox"/>	\$ 60,000
Accounting Fees	9	\$ _____
Engineering Fees	9	\$ _____
Sales Commissions (specify finders' fees separately)	9	\$ _____
Other Expenses (identify)	9	\$ _____

Total \$ 60,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

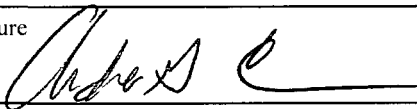
b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$ 9,940,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	9 \$ _____	9 \$ _____
Purchase of real estate	9 \$ _____	9 \$ _____
Purchase, rental or leasing and installation of machinery and equipment.....	9 \$ _____	9 \$ _____
Construction or leasing of plant buildings and facilities.....	9 \$ _____	9 \$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	9 \$ _____	9 \$ _____
Repayment of indebtedness	9 \$ _____	9 \$ _____
Working capital	9 \$ _____	<input checked="" type="checkbox"/> \$ <u>9,940,000</u>
Other (specify):	9 \$ _____	9 \$ _____
.....	9 \$ _____	9 \$ _____
Column Totals	9 \$ _____	9 \$ _____
Total Payments Listed (column totals added).....	9 \$ <u>9,940,000</u>	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Highway to Health, Inc.	Signature 	Date 6/02/03
Name of Signer (Print or Type) Andrew G. Conn	Title of Signer (Print or Type) General Counsel	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

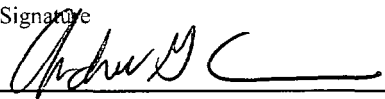
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?..... Yes No
 ~

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Highway to Health, Inc.	Signature 	Date 6/12/03
Name of Signer (Print or Type) ANDREW G. CONN	Title of Signer (Print or Type) GENERAL COUNSEL	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.