

Amended Explanation Page

The annual statement for Catamaran Insurance of Ohio has been amended to include Non-Guaranteed Elements on page 13 – Exhibit 5 – Interrogatories as of 12/31/12 and the corresponding Supplemental Interrogatories on page 55.



ANNUAL STATEMENT

For the Year Ended December 31, 2012

OF THE CONDITION AND AFFAIRS OF THE

Catamaran Insurance of Ohio

NAIC Group Code	4771 <small>(Current Period)</small>	1531 <small>(Prior Period)</small>	NAIC Company Code	69647	Employer's ID Number	31-0628424
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States of America					
Incorporated/Organized	10/19/1948		Commenced Business	12/05/1978		
Statutory Home Office	50 W. Broad Street, Suite 1800 <small>(Street and Number)</small>			Columbus , OH, US 43215 <small>(City or Town, State, Country and Zip Code)</small>		
Main Administrative Office	2441 Warrenville Road, Suite 610 <small>(Street and Number)</small>					
	Lisle, IL, US 60532-3642 <small>(City or Town, State, Country and Zip Code)</small>			(630)577-3100 <small>(Area Code) (Telephone Number)</small>		
Mail Address	2441 Warrenville Road, Suite 610 <small>(Street and Number or P.O. Box)</small>			Lisle, IL, US 60532-3642 <small>(City or Town, State, Country and Zip Code)</small>		
Primary Location of Books and Records	2441 Warrenville Road, Suite 610 <small>(Street and Number)</small>					
	Lisle, IL, US 60532-3642 <small>(City or Town, State, Country and Zip Code)</small>			(630)577-3100 <small>(Area Code) (Telephone Number)</small>		
Internet Website Address	www.catamaranrx.com					
Statutory Statement Contact	Mike Przybyla <small>(Name)</small>			(630)577-4821 <small>(Area Code)(Telephone Number)(Extension)</small>		
	mike.przybyla@catamaranrx.com <small>(E-Mail Address)</small>			(630)288-9825 <small>(Fax Number)</small>		

OFFICERS

Name	Title	#
Mark Alan Thierer	Chairman & President	#
Jeffrey Gary Park	Executive VP Finance, DFO, & Treasurer	#
Clifford Elliot Berman	Secretary	#

OTHERS

DIRECTORS OR TRUSTEES

Mark Alan Thierer #	Jeffrey Gary Park #
Clifford Elliot Berman #	John Henry Romza #
Joel Saban #	

State of Illinois
County of DuPage 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 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. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
Mark Alan Thierer

(Printed Name)
1.
President & Chief Executive Officer

(Title)

(Signature)
Jeffrey Gary Park

(Printed Name)
2.
Secretary, Treasurer, & Chief Financial Officer

(Title)

(Signature)

(Printed Name)
3.

(Title)

Subscribed and sworn to before me this _____ day of _____, 2013

- a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes [] No [X]
2
05/24/2013
1

(Notary Public Signature)

EXHIBIT 5 - INTERROGATORIES

- | | |
|--|--|
| 1.1 Has the reporting entity ever issued both participating and non-participating contracts?
1.2 If not, state which kind is issued.
Non-Participating | Yes[] No[X] |
| 2.1 Does the reporting entity at present issue both participating and non-participating contracts?
2.2 If not, state which kind is issued. | Yes[] No[X] |
| 3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. | Yes[X] No[] |
| 4. Has the reporting entity any assessment or stipulated premium contracts in force?
If so, state: | Yes[] No[X] |
| 4.1 Amount of insurance? | \$ 0 |
| 4.2 Amount of reserve? | \$ 0 |
| 4.3 Basis of reserve | |
| 4.4 Basis of regular assessments | |
| 4.5 Basis of special assessments | |
| 4.6 Assessments collected during the year | \$ 0 |
| 5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts | |
| 6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?
6.1 If so, state the amount of reserve on such contracts on the basis actually held: | Yes[] No[X]
\$ 0 |
| 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1, and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:
Attach statement of methods employed in their valuation. | \$ 0 |
| 7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?
7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:
7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
7.3 State the amount of reserves established for this business:
7.4 Identify where the reserves are reported in the blank | Yes[] No[X]
\$ 0
\$ 0
\$ 0 |
| 8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?
8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:
8.2 State the amount of reserves established for this business:
8.3 Identify where the reserves are reported in the blank: | Yes[] No[X]
\$ 0
\$ 0 |
| 9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?
9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:
9.2 State the amount of reserves established for this business:
9.3 Identify where the reserves are reported in the blank: | Yes[] No[X]
\$ 0
\$ 0 |

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due to Change
	2 Changed From	3 Changed To	
NONE			
9999999 Total (Column 4 Only)			