



**HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2012  
OF THE CONDITION AND AFFAIRS OF THE**

**Hometown Health Plan**

NAIC Group Code 1297 , 1297 NAIC Company Code 95195 Employer's ID Number 34-1523541  
(Current Period) (Prior Period)

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

Country of Domicile United States

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

Incorporated/Organized 08/14/1986 Commenced Business 01/01/1987

Statutory Home Office 52160 National Road , St. Clairsville, OH, US 43950-9306  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 52160 National Road  
(Street and Number) 330-834-2220  
(Area Code) (Telephone Number)  
St. Clairsville, OH, US 43950-9306  
(City or Town, State, Country and Zip Code)

Mail Address 52160 National Road , St. Clairsville, OH, US 43950-9306  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 52160 National Road  
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St. Clairsville, OH, US 43950-9306  
(City or Town, State, Country and Zip Code)

Internet Website Address www.healthplan.org

Statutory Statement Contact Jeffrey Michael Knight 740-695-3585  
(Name) (Area Code) (Telephone Number) (Extension)  
jeffk@healthplan.org 740-695-6161  
(E-mail Address) (FAX Number)

**OFFICERS**

Name	Title	Name	Title
<u>Phillip D Wright</u>	<u>President</u>	<u>Jeffrey M Knight</u>	<u>Treasurer</u>

**OTHER OFFICERS**

**DIRECTORS OR TRUSTEES**

<u>Robert Dunlevy</u>	<u>Jerry Fisher</u>	<u>Roland Hobbs</u>	<u>John Holloway MD</u>
<u>Jeffrey Knight</u>	<u>Joseph Kurrey</u>	<u>Frank Joanou</u>	<u>Kiki Mehalis</u>
<u>Charles Monfradi</u>	<u>James Newton PhD</u>	<u>Charles Newmeyer</u>	<u>Edward Polack</u>
<u>John Schellhase</u>	<u>John Wright</u>	<u>Nick Zervos</u>	

State of .....

**ss**

County of .....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of 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.

Phillip D Wright  
President

Jeffrey M Knight  
Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

a. Is this an original filing? Yes [ X ] No [ ]

b. If no,

1. State the amendment number \_\_\_\_\_

2. Date filed 02/28/2013

3. Number of pages attached \_\_\_\_\_

Exhibit 2 - A&H Premiums Due and Unpaid

**NONE**

Exhibit 3 - Health Care Receivables

**NONE**







Exhibit 7 - Part 1

**NONE**

Exhibit 7 - Part 2

**NONE**

Exhibit 8

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Hometown Health Plan**

**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 Domiciliary Jurisdiction	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
0799999 - Total U.S. (Sum of 0199999 and 0499999)						0	0	0	0	0	0
0899999 - Total Non-U.S. (Sum of 0299999 and 0599999)						0	0	0	0	0	0
0999999 Totals						0	0	0	0	0	0





**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Hometown Health Plan**

**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 Total (Cols. 5+6+7)	9 Letters of Credit	Letter of Credit Issuing or Confirming Bank(a)			13 Trust Agreements	14 Funds Deposited by and Withheld from Reinsurers	15 Other	16 Miscellaneous Balances (Credit)	17 Sum of Cols 9+13+14+15+16 But Not in Excess of Col. 8
									10 American Bankers Association (ABA) Routing Number	11 Letter of Credit Code	12 Bank Name					
<b>NONE</b>																
2599999 Total				0	0	0	0	0				0	0	0	0	0

33

(a)	Code	American Bankers Association (ABA) Routing Number	Bank Name

**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Hometown Health Plan**

**SCHEDULE S - PART 5**

**Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)**

Line Number	1 Federal ID Number	2 NAIC Company Code	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating(1 Through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debit	12 Total Recoverable from Reinsurer (Col. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral	15 Dollar Amount of Collateral Required (Col. 14 Times Col.8)	Collateral																							
																16 Multiple Beneficiary Trust	17 Letters of Credit	Letter of Credit Issuing or Confirming Bank(a)			21 Trust Agreements	22 Funds Deposited by and Withheld From Reinsurers	23 Other	24 Total Collateral Provided (Col. 16 + 17 + 21 + 22 + 23)															
																		18 American Bankers Association (ABA) Routing Number	19 Letter of Credit Code	20 Letter of Credit Issuing or Confirming Bank Name																			
2399999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999 and 1999999)																.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0			
2499999 - Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999 and 2099999)																.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2599999 Totals																0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



**SCHEDULE S - PART 6**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2012	2 2011	3 2010	4 2009	5 2008
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	XXX	XXX	XXX	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F).....	0	XXX	XXX	XXX	XXX
19. Letters of credit (L).....	0	XXX	XXX	XXX	XXX
20. Trust agreements (T).....	0	XXX	XXX	XXX	XXX
21. Other (O).....	0	XXX	XXX	XXX	XXX

**SCHEDULE S-PART 7**

**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	2,541,312		2,541,312
2. Accident and health premiums due and unpaid (Line 15).....	0		0
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	11,169		11,169
6. Total assets (Line 28)	2,552,481	0	2,552,481
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	0	0	0
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	5,348		5,348
15. Total liabilities (Line 24).....	5,348	0	5,348
16. Total capital and surplus (Line 33).....	2,547,132	XXX	2,547,132
17. Total liabilities, capital and surplus (Line 34)	2,552,480	0	2,552,480
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Hometown Health Plan

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE





# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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 filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

**MARCH FILING**

**Responses**

- |   |                           |
|---|---------------------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                   | .....SEE EXPLANATION..... |
| 2. Will an actuarial opinion be filed by March 1?   | .....WAIVED.....          |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                           | .....YES.....             |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | .....YES.....             |

**APRIL FILING**

- |  |               |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1?              | .....YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | .....YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | .....YES..... |

**JUNE FILING**

- |  |                           |
|--|---------------------------|
| 8. Will an audited financial report be filed by June 1?  | .....WAIVED.....          |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | .....SEE EXPLANATION..... |

**AUGUST FILING**

- |  |                           |
|--|---------------------------|
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | .....SEE EXPLANATION..... |
|--|---------------------------|

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 filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

**MARCH FILING**

- |  |                           |
|--|---------------------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | .....NO.....              |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | .....NO.....              |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?   | .....NO.....              |
| 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | .....NO.....              |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | .....NO.....              |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | .....NO.....              |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | .....NO.....              |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | .....SEE EXPLANATION..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | .....SEE EXPLANATION..... |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?   | .....SEE EXPLANATION..... |

**APRIL FILING**

- |  |              |
|--|--------------|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | .....NO..... |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | .....NO..... |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?          | .....NO..... |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?                              | .....NO..... |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | .....NO..... |

**AUGUST FILING**

- |  |              |
|--|--------------|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | .....NO..... |
|--|--------------|

**Explanation:**

1. N/A

9. N/A

10. N/A

11.

12.

13.

14.

15.

16.

17.

18. N/A

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. N/A

20. N/A

21.

22.

23.

24.

25.

26.

**Bar code:**

2.   
9 5 1 9 5 2 0 1 2 4 4 0 0 0 0 0 0

8.   
9 5 1 9 5 2 0 1 2 2 2 0 0 0 0 0 0

12.   
9 5 1 9 5 2 0 1 2 2 0 5 0 0 0 0 0

13.   
9 5 1 9 5 2 0 1 2 2 0 7 0 0 0 0 0

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9 5 1 9 5 2 0 1 2 4 2 0 0 0 0 0 0

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9 5 1 9 5 2 0 1 2 3 7 1 0 0 0 0 0

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9 5 1 9 5 2 0 1 2 3 7 0 0 0 0 0 0

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9 5 1 9 5 2 0 1 2 3 6 5 0 0 0 0 0

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