

Amended Statement Cover

The Jurat Page no longer includes the signature of Merideth Lee Rosenbeck (Secretary) as she has, since the original filing, left the company.

Page 5 Lines 42 and 49 have been changed to reflect the change in Surplus Notes for the year. In the original filing Line 42 reflected -0- instead of \$63,882,304 and Line 49 reflected \$(3,702,351) instead of \$60,179,952.



QUARTERLY STATEMENT
AS OF September 30, 2013
OF THE CONDITION AND AFFAIRS OF THE
COORDINATED HEALTH MUTUAL, INC.

| | | | | | | |
|---------------------------------------|---|--|--|------------|----------------------|------------|
| NAIC Group Code | 0000 | 0000 | NAIC Company Code | 15314 | Employer's ID Number | 45-4748792 |
| | (Current Period) | (Prior Period) | | | | |
| Organized under the Laws of | Ohio | | State of Domicile or Port of Entry | Ohio | | |
| Country of Domicile | United States of America | | | | | |
| Licensed as business type: | Life, Accident & Health[] Dental Service Corporation[] Other[] | Property/Casualty[X] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X] | Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[] | | | |
| Incorporated/Organized | 03/22/2012 | | Commenced Business | 09/27/2013 | | |
| Statutory Home Office | 501 West Schrock Road, Suite 310 | | Westerville, OH, US 43081 | | | |
| | (Street and Number) | | (City or Town, State, Country and Zip Code) | | | |
| Main Administrative Office | 501 West Schrock Road, Suite 310 | | | | | |
| | (Street and Number) | | | | | |
| | Westerville, OH, US 43081 | | (614)212-6004 | | | |
| | (City or Town, State, Country and Zip Code) | | (Area Code) (Telephone Number) | | | |
| Mail Address | 501 West Schrock Road, Suite 310 | | Westerville, OH, US 43081 | | | |
| | (Street and Number or P.O. Box) | | (City or Town, State, Country and Zip Code) | | | |
| Primary Location of Books and Records | 501 West Schrock Road, Suite 310 | | | | | |
| | (Street and Number) | | | | | |
| | Westerville, OH, US 43081 | | (614)212-6004 | | | |
| | (City or Town, State, Country and Zip Code) | | (Area Code) (Telephone Number) | | | |
| Internet Web Site Address | inhealthohio.org | | | | | |
| Statutory Statement Contact | Christopher William Larkin | | (614)212-6004 | | | |
| | (Name) | | (Area Code)(Telephone Number)(Extension) | | | |
| | clarkin@inhealthohio.org | | (800)538-0372 | | | |
| | (E-Mail Address) | | (Fax Number) | | | |

OFFICERS

| Name | Title |
|----------------------------|-------------|
| Jesse Lee Thomas Jr. | President # |
| Merideth Lee Rosenbeck | Secretary # |
| Christopher William Larkin | Treasurer # |

OTHERS

DIRECTORS OR TRUSTEES

| | |
|--------------------------------|---------------------------|
| Nicholas Zaferakes Alexander # | Barbara Lynn Freeman # |
| Arthur Clifton Huston Jr. # | Owen Elwood Johnson # |
| Stephen Michael Lundregan # | Mark Wilbert Poeppelman # |
| Michael Peter Stinziano # | Jerry Randall Stephens # |

State of Ohio
County of Franklin 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) | (Signature) | (Signature) |
| Jesse Lee Thomas Jr. # | Merideth Lee Rosenbeck # | Christopher William Larkin # |
| (Printed Name) | (Printed Name) | (Printed Name) |
| 1. | 2. | 3. |
| President | | Treasurer |
| (Title) | (Title) | (Title) |
| Subscribed and sworn to before me this | a. Is this an original filing? | Yes[] No[X] |
| day of , 2013 | b. If no, | 1 |
| | 1. State the amendment number | 11/19/2013 |
| | 2. Date filed | 3 |
| | 3. Number of pages attached | |
| (Notary Public Signature) | | |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1 | 2 | 3 |
|--------------------------------------|--|-------------------------|-----------------------|------------------------------------|
| | | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | | |
| 33. | Capital and surplus prior reporting year | (760,453) | | |
| 34. | Net income or (loss) from Line 32 | (2,697,636) | (160,284) | (741,813) |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 | | | |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. | Change in net deferred income tax | | | |
| 39. | Change in nonadmitted assets | (244,262) | | (18,640) |
| 40. | Change in unauthorized and certified reinsurance | | | |
| 41. | Change in treasury stock | | | |
| 42. | Change in surplus notes | 63,882,304 | | |
| 43. | Cumulative effect of changes in accounting principles | | | |
| 44. | Capital Changes: | | | |
| 44.1 | Paid in | | | |
| 44.2 | Transferred from surplus (Stock Dividend) | | | |
| 44.3 | Transferred to surplus | | | |
| 45. | Surplus adjustments: | | | |
| 45.1 | Paid in | | | |
| 45.2 | Transferred to capital (Stock Dividend) | | | |
| 45.3 | Transferred from capital | | | |
| 46. | Dividends to stockholders | | | |
| 47. | Aggregate write-ins for gains or (losses) in surplus | | | |
| 48. | Net change in capital and surplus (Lines 34 to 47) | 60,940,405 | (160,284) | (760,453) |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 60,179,952 | (160,284) | (760,453) |
| DETAILS OF WRITE-INS | | | | |
| 4701. | ..... | ..... | ..... | ..... |
| 4702. | ..... | ..... | ..... | ..... |
| 4703. | ..... | ..... | ..... | ..... |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page ..... | ..... | ..... | ..... |
| 4799. | TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) ..... | ..... | ..... | ..... |