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

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	15314	Employer's ID Number	45-4748792
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 (Street and Number)				Westerville, OH, US 43081 (City or Town, State, Country and Zip Code)	
Main Administrative Office	501 West Schrock Road, Suite 310 (Street and Number)				Westerville, OH, US 43081 (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 (City or Town, State, Country and Zip Code)	
Internet Web Site Address	inhealthohio.org				(Area Code) (Telephone Number)	
Statutory Statement Contact	Christopher William Larkin (Name) clarkin@inhealthohio.org (E-Mail Address)				(614)212-6004 (Area Code)(Telephone Number)(Extension) (800)538-0372 (Fax Number)	

OFFICERS

Name	Title
Jesse Lee Thomas Jr.	President #
Meredith 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 Poepelman #
Michael Peter Stinziario #	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)
Jesse Lee Thomas Jr. #
(Printed Name)
1.
President
(Title)

(Signature)
Meredith Lee Rosenbeck #
(Printed Name)
2.
Secretary
(Title)

(Signature)
Christopher William Larkin #
(Printed Name)
3.
Treasurer
(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[X] No[]

(Notary Public Signature)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	49,507		49,507	
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....217,226), cash equivalents (\$.....192,769) and short-term investments (\$.....68,611,984)	69,021,979		69,021,979	1,021,334
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	69,071,486		69,071,486	1,021,334
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	68,686		68,686	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)	194,262		194,262	
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	68,639		68,639	
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	69,403,073		262,901	69,140,172
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				1,021,334
28. TOTAL (Lines 26 and 27)	69,403,073		262,901	69,140,172
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid expenses	68,639		68,639	
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	68,639		68,639	

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)				
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued			171,444	171,444
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)			8,695,609	8,695,609
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....93,167 current)		93,167	93,167	
24. Total liabilities (Lines 1 to 23)		8,960,220	8,960,220	1,781,787
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		
29. Surplus notes	XXX	XXX	63,882,304	
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(3,702,351)	(760,453)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	60,179,952	(760,453)
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	69,140,172	1,021,334
DETAILS OF WRITE-INS				
2301. Accounts Payable		93,167	93,167	
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)		93,167	93,167	
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended
				December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X			
2. Net premium income (including \$.....0 non-health premium income)	X X X			
3. Change in unearned premium reserves and reserves for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X			
Hospital and Medical:				
9. Hospital/medical benefits				
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)				
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)				
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....0 cost containment expenses				
21. General administrative expenses	2,701,294	2,701,294	160,284	741,813
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)	2,701,294	2,701,294	160,284	741,813
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(2,701,294)	(160,284)	(741,813)
25. Net investment income earned	3,658	3,658		
26. Net realized capital gains (losses) less capital gains tax of \$.....0				
27. Net investment gains or (losses) (Lines 25 plus 26)	3,658	3,658		
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(2,697,636)	(160,284)	(741,813)
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	(2,697,636)	(160,284)	(741,813)
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 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			
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)	(2,941,898)	(160,284)	(760,453)
49. Capital and surplus end of reporting period (Line 33 plus 48)	(3,702,351)	(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)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance			
2.	Net investment income	(65,066)		
3.	Miscellaneous income			(9,743)
4.	TOTAL (Lines 1 to 3)	(65,066)		(9,743)
5.	Benefit and loss related payments			
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	2,680,731	160,284	497,765
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10.	TOTAL (Lines 5 through 9)	2,680,731	160,284	497,765
11.	Net cash from operations (Line 4 minus Line 10)	(2,745,797)	(160,284)	(507,508)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	49,469		
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	49,469		
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(49,469)		
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes	63,882,304		
16.2	Capital and paid in surplus, less treasury stock			
16.3	Borrowed funds	7,157,870	160,584	1,537,739
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	(244,263)		(8,897)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	70,795,911	160,584	1,528,842
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	68,000,645	300	1,021,334
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	1,021,334		
19.2	End of period (Line 18 plus Line 19.1)	69,021,979	300	1,021,334

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001			
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7 Exhibit of Premiums, Enrollment and Utilization **NONE**

8 Claims Unpaid and Incentive Pool, Withhold and Bonus **NONE**

9 Underwriting Investment Exhibit **NONE**

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Coordinated Health Mutual, Inc. (Company) have been prepared on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The state of Ohio requires insurance companies domiciled in the state of Ohio to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the Ohio Insurance Department. The Company does not have any permitted practices inconsistent with the NAIC practices.

Reconciliations of net income and policyholders' surplus between the amounts reported in the accompanying financial statements (OH basis) and NAIC SAP follow:

		<u>State of Domicile</u>	2013	2012
		OH		
<u>NET INCOME</u>				
(1)	State basis (Page 4, Line 32, Columns 2 & 3)		-2,697,636	-741,813
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(299)	Total			
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(399)	Total			
(4)	NAIC SAP (1-2-3=4)		-2,697,636	-741,813
<u>SURPLUS</u>				
(5)	State basis (Page 3, Line 33, Columns 3 & 4)		60,179,952	-760,453
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(699)	Total			
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(799)	Total			
(8)	NAIC SAP (5-6-7=8)		60,179,952	-760,453

B. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in these financial statements and notes. Actual results could differ from these estimates.

C. Accounting Policies

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Costs representing management fees, consultant fees and other direct expenses of the Company are also expensed as incurred.

Net investment income consists primarily of interest less related investment expenses and is recognized on an accrual basis.

Short-term investments and investment grade bonds are stated at amortized cost.

2. Accounting Changes and Corrections of Errors

Not applicable.

3. Business Combinations and Goodwill

Not applicable.

Notes to Financial Statement

4. Discontinued Operations

Not applicable.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable.

B. Debt Restructuring

Not applicable.

C. Reverse Mortgages

Not applicable.

D. Loan-Backed Securities

Not applicable.

D. Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

E. Writedowns for Impairments of Real Estate and Retail Land Sales

Not applicable.

F. Low Income Housing Tax Credits

Not applicable.

G. Restricted Assets

Not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

7. Investment Income

A. Accrued Investment Income

The Company does not admit investment income due and accrued if amounts are over 90 days past due.

B. Amounts Nonadmitted

Not applicable.

8. Derivative Instruments

Not applicable.

9. Income Taxes

The Company is currently organized as a not-for-profit mutual company in the State of Ohio. Section 501 (c)(29), added to the Code by Section 1322(h)(I) of the Affordable Care Act, provides for the exemption of qualified nonprofit health insurance issuers (QNHIs) that have received a loan or grant under the CMS CO-Op program for periods that they meet both the requirements of §1322 of the Affordable Care Act and of any loan agreement with The Centers for Medicare & Medicaid Services (CMS).

Management believes that the Company remains in compliance with the general requirements of the IRS as stated above. The Company received an IRS determination letter confirming tax exempt status as a Section 501 (c)(29) entity dated August 14, 2013.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

Not applicable.

Notes to Financial Statement

11. Debt

During the period ended December 31, 2012, the Company was awarded a \$15,977,304 CO-OP Start-up Loan (Series A) as evidenced by a Loan Agreement with the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). In addition, the Loan Agreement with CMS provides for a CO-OP Solvency Loan (Series B) in the amount of \$113,248,300. Under terms of the Loan Agreement, CMS has disbursed \$8,695,605 as of September 30, 2013 for start-up costs under the loan provisions for Series A.

Initial disbursements for the Series B in the amount of \$63,882,304 have been received by the Company as of September 30, 2013 to satisfy the unencumbered equity requirement for the Ohio Department of Insurance. Routine disbursements for the Series B amounts are expected to continue as the Company begins operations and risk based capital measures dictate under the terms of the Loan Agreement.

The Series A loan and the Series B loan comprise the “Loans”. The Loans are intended to permit the Company to offer health insurance plans primarily in the individual and small group markets as described in 45 CFR Part 156. The Company agrees to perform all functions necessary to design, implement, and operate a CO-OP Qualified Health Plan (QHP) as set forth in the CO-OP Funding Opportunity Announcement (FOA) and consistent with the Company’s FOA proposal and approved Business Plan.

The Company has agreed that each of the Loans and all obligations arising under the Loan Agreement pertaining to the Loans, whether now, existing, or arising in the future, shall be and are hereby expressly cross-defaulted and cross-collateralized with each other, such that the occurrence of any event of default under any of the obligations shall be a default under all obligations and under all documents and instruments evidencing and/or securing the obligations.

The Company shall make principal and interest payments as stated in the Loan Agreement. The Start-up loan (Series A) is interest free, and is due no later than 5 years from the date of each disbursement received. The Solvency (Series B) bears interest at 0.34%, is classified for statutory insurance accounting as a Surplus Note, and is due no later than 15 years from the date of each disbursement date subject to the Company continuing to satisfy certain financial requirements. These financial requirements include Ohio insurance company capital and surplus requirements, benefit reserves at a level of 500% of Risk Based Capital, as defined by the National Association of Insurance Commissioners (NAIC), and prior written approval from the Ohio Department of Insurance to issue payment on the Surplus Note. Under terms of the Surplus Note, no payments are due for any disbursements made through 2018 until 2019. Beginning in 2019, interest only is due annually for a period of 7 years. In year 8, the earliest of which would be the year 2026, a series of 8 equal annual payments that include interest and principal are due each year based on the full amortization of the remaining unpaid principal over the remaining term.

At September 30, 2013, there was no interest due or accrued on the Solvency Loan (Series B) consistent with the surplus note provisions of the Loan Agreement and consistent with the surplus note provisions of the statutory accounting guidance of the NAIC.

Funds received to date under the Loan Agreement are summarized in the table below:

Date	<u>Series A</u>		<u>Series B</u>	
	<u>Disbursement</u>	<u>Cumulative</u>	<u>Disbursement</u>	<u>Cumulative</u>
October 2012	\$ 1,537,739	\$ 1,537,739		
January 2013	\$ 392,382	\$ 1,930,121		
February 2013	\$ 362,261	\$ 2,292,382		
March 2013	\$ 398,183	\$ 2,690,565		
May 2013			\$ 7,404,425	\$ 7,404,425
August 2013	\$ 6,005,044	\$ 8,695,609		
September 2013			\$ 56,477,879	\$ 63,882,304

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

Not applicable.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

The Company is a nonprofit mutual company and has no stock outstanding. The Company is not anticipating having premium revenue until January 1, 2014, which is the date that they will begin writing insurance for individuals and small groups. However, the Company received Series B loan disbursements of \$63,882,304 as of September 30, 2013. The Series B loan is considered a surplus note and is structured so that it meets the definition of capital and surplus within the risk based capital provisions of the state insurance law.

14. Contingencies

None

Notes to Financial Statement

15. Leases

The Company currently occupies leased office space pursuant to an agreement that was executed on December 1, 2012 and is effective through December 1, 2015. A deposit of \$7,057 was made by the Company upon entering the lease agreement. As of September 30, 2013, noncancelable lease commitments are shown in the table below.

Lease Commitment Calculations

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>TOTAL</u>
Total Lease Commitment	\$ 13,074	\$ 79,982	\$ 78,216	\$171,272

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

Not applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

20. Fair Value Measurements

Inputs Used for Assets and Liabilities Measured and Reported at Fair Value

Items Measured at Fair Value by Levels 1, 2 and 3

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded common stocks, mutual funds and most U.S. Government and agency securities. The estimated fair value of the equity securities within this category are based on quoted prices in active markets and are therefore classified as Level 1.

Level 2 – Significant Other Observable Inputs: This category, for items measured at fair value on a recurring basis, includes bonds which are not exchange traded and common stock of a subsidiary which is valued using an adjusted market method. The Company has no level 2 assets.

Level 3 – Significant Unobservable Inputs: This category is for items whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect management's own assumptions about the assumptions a market participant would use in pricing the asset or liability. The Company has no level 3 assets.

Fair Value of All Financial Instruments by Level.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	48,602	49,507	49,507			
Cash equivalents and short term investments	68,804,359	68,804,753	68,804,753			

21. Other Items

A. Extraordinary Items

Not applicable.

Notes to Financial Statement

- B. Troubled Debt Restructuring for Debtors
Not applicable.
- C. Other Disclosures
Not applicable.
- D. Business Interruption Insurance Recoveries
Not applicable.
- E. State Transferable and Non-Transferable Tax Credits
Not applicable.
- F. Subprime-Mortgage-Related Risk Exposure
Not applicable.
- G. Retained Assets
Not applicable.

22. Events Subsequent

Not applicable.

23. Reinsurance

The Company has committed to contract with Partner Re America Insurance Company (Partner Re) to provide reinsurance coverage on all Group and Individual insurance contracts issued by the Company in 2014. The more significant terms under the commitment of the two parties to contract include, a deposit funded by the Company of \$50,000, a ceding commission of 15.7% and a related allowance to fund the Company's marketing efforts of \$500,000 funded by Partner Re, and a specific excess of loss agreement where Partner Re reimburses the Company for 90% of all covered expenses in excess of \$215,000 for Group insurance contracts and \$250,000 for Individual insurance contracts. Ceded Premiums are subject to a minimum of \$2,871,995 over the two year agreement term and are due on a per member per month basis.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable.

25. Changes in Incurred Losses and Loss Adjustment Expenses

Not applicable.

26. Intercompany Pooling Arrangements

Not applicable.

27. Structured Settlements

Not applicable.

28. Health Care Receivables

Not applicable.

29. Participating Policies

Not applicable.

30. Premium Deficiency Reserves

Not applicable.

31. Anticipated Salvage and Subrogation

Not applicable.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**
GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?
 Yes [] No [X]
1.2 If yes, has the report been filed with the domiciliary state?
 Yes [] No [X]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?
 Yes [] No [X]
2.2 If yes, date of change:

3.1 Have there been any substantial changes in the organizational chart since the prior quarter end?
 Yes [] No [X]
3.2 If the response to 3.1 is yes, provide a brief description of those changes:

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 Yes [] No [X]
4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
 Yes [] No [X] N/A []
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
.....

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
.....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
.....

6.4 By what department or departments?
.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?
 Yes [] No [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with?
 Yes [] No [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?
 Yes [] No [X]

7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?
 Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
 Yes [] No [X]

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?
 Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	<input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X]	<input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X]	<input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X]	<input type="checkbox"/> Yes [] <input checked="" type="checkbox"/> No [X]

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
 Yes[X] No []
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:
.....

9.2 Has the code of ethics for senior managers been amended?
 Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?
 Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
 Yes [] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
\$..... 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)
 Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:
\$..... 0

13. Amount of real estate and mortgages held in short-term investments:
\$..... 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
 Yes [] No [X]

14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds .....	.....	.....
14.22	Preferred Stock .....	.....	.....
14.23	Common Stock .....	.....	.....
14.24	Short-Term Investments .....	.....	.....
14.25	Mortgages Loans on Real Estate .....	.....	.....
14.26	All Other .....	.....	.....
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	.....	.....
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above .....	.....	.....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

Yes[] No[] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$..... 0

16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$..... 0

16.3 Total payable for securities lending reported on the liability page

\$..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Huntington National Bank	41 South High St., Columbus, OH 43215

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
16986	Huntington National Bank	41 South Hight St., Columbus, OH 43215

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

- 1.1 A&H loss percent
- 1.2 A&H cost containment percent
- 1.3 A&H expense percent excluding cost containment expenses

.....	0.000%
.....	0.000%
.....	0.000%

2.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$..... 0

2.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$..... 0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
Accident and Health - Non-affiliates						
11835	04-1590940		PARTNERRE AMER INS CO	DE	SSL/A/I	Yes[X] No[]
11835	04-1590940		PARTNERRE AMER INS CO	DE	SSL/A/G	Yes[X] No[]

14 Schedule T - Premiums and Other Considerations **NONE**

15 Schedule Y - Part 1 **NONE**

16 Schedule Y Part 1A - Detail of Insurance Holding Company System **NONE**

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



1531420133650003

2013

Document Code: 365

N O N E

STATEMENT AS OF **September 30, 2013** OF THE **COORDINATED HEALTH MUTUAL, INC.**
SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Current year change in encumbrances
4. Total gain (loss) on disposals
5. Deduct amounts received on disposals
6. Total foreign exchange change in book/adjusted carrying value
7. Deduct current year's other than temporary impairment recognized
8. Deduct current year's depreciation
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)
10. Deduct total nonadmitted amounts
11. Statement value at end of current period (Line 9 minus Line 10)

SCHEDULE B - VERIFICATION
Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase (decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and mortgage interest points
9. Total foreign exchange change in book value/recorded investment
10. Deduct current year's other than temporary impairment recognized
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Total valuation allowance
13. Subtotal (Line 11 plus Line 12)
14. Deduct total nonadmitted amounts
15. Statement value at end of current period (Line 13 minus Line 14)

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year
2. Cost of acquired:
2.1 Actual cost at time of acquisition
2.2 Additional investment made after acquisition
3. Capitalized deferred interest and other
4. Accrual of discount
5. Unrealized valuation increase (decrease)
6. Total gain (loss) on disposals
7. Deduct amounts received on disposals
8. Deduct amortization of premium and depreciation
9. Total foreign exchange change in book/adjusted carrying value
10. Deduct current year's other than temporary impairment recognized
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)
12. Deduct total nonadmitted amounts
13. Statement value at end of current period (Line 11 minus Line 12)

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year
2. Cost of bonds and stocks acquired	49,469
3. Accrual of discount	38
4. Unrealized valuation increase (decrease)
5. Total gain (loss) on disposals
6. Deduct consideration for bonds and stocks disposed of
7. Deduct amortization of premium
8. Total foreign exchange change in book/adjusted carrying value
9. Deduct current year's other than temporary impairment recognized
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	49,507
11. Deduct total nonadmitted amounts
12. Statement value at end of current period (Line 10 minus Line 11)	49,507

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	7,404,487	60,810,439	2,001,120	(20,460)		7,404,487	66,193,346	
2. Class 2 (a)		2,498,304		(30,159)			2,468,145	
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	7,404,487	63,308,743	2,001,120	(50,619)		7,404,487	68,661,491	
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	7,404,487	63,308,743	2,001,120	(50,619)		7,404,487	68,661,491	

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....9,456,462; NAIC 2 \$.....2,468,145; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	68,611,984	XXX	68,662,629	99,091	114,971

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired	81,857,710	
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	13,195,081	
7. Deduct amortization of premium	50,645	
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	68,611,984	
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	68,611,984	

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SCHEDULE E - Verification
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of cash equivalents acquired	6,299,502	
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	6,106,733	
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	192,769	
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	192,769	

E01	Schedule A Part 2	NONE
E01	Schedule A Part 3	NONE
E02	Schedule B Part 2	NONE
E02	Schedule B Part 3	NONE
E03	Schedule BA Part 2	NONE
E03	Schedule BA Part 3	NONE
E04	Schedule D Part 3	NONE
E05	Schedule D Part 4	NONE
E06	Schedule DB Part A Section 1	NONE
E07	Schedule DB Part B Section 1	NONE
E08	Schedule DB Part D Section 1	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E11	Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
FIFTH THIRD BANK - SAVINGS	CINCINNATI, OH				99		1,006	985	985	XXX
FIFTH THIRD BANK - OPERATIONS	CINCINNATI, OH						30,019	34,952	34,952	XXX
FIFTH THIRD BANK - CMS TRANSFERS	CINCINNATI, OH						36,259	43,074	43,064	XXX
FIFTH THIRD BANK - SOLVENCY	COLUMBUS, OH						100	100	100	XXX
HUNTINGTON NATIONAL BANK - OPERATIONS	COLUMBUS, OH						55,182	(16,579)	1,000	XXX
HUNTINGTON NATIONAL	COLUMBUS, OH								137,125	XXX
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		XXX	XXX ..							XXX
0199999 Totals - Open Depositories		XXX	XXX ..	99			122,566	62,532	217,226	XXX
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		XXX	XXX ..							XXX
0299999 Totals - Suspended Depositories		XXX	XXX ..							XXX
0399999 Total Cash On Deposit		XXX	XXX ..	99			122,566	62,532	217,226	XXX
0499999 Cash in Company's Office		XXX	XXX ..	XXX ..	XXX ..					XXX
0599999 Total Cash		XXX	XXX ..	99			122,566	62,532	217,226	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8399999 Subtotals - Bonds							
Sweep Accounts							
Commercial Premier Money Market Account - Huntington National Bank		07/26/2013 ..	0.002 ..		192,769 ..		392 ..
8499999 Sweep Accounts					192,769 ..		392 ..
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents					192,769 ..		392 ..

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Surplus Notes; Q3; Q5; Q6

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