

**Amended Explanation Page**

**2013 Annual Statement Filing**

**Coordinated Health Mutual, Inc. NAIC Code 15314**

Page 43 and 43.1 are being amended to state that the exhibits mentioned in Lines 21, 23, 24 and 25 are NONE exhibits and therefore, not required to be submitted.



ANNUAL STATEMENT  
For the Year Ending December 31, 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)		(614)212-6004 (Area Code) (Telephone Number)			
Mail Address	501 West Schrock Road, Suite 310 (Street and Number or P.O. Box)		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)		(614)212-6004 (Area Code) (Telephone Number)			
Internet Website Address	inhealthohio.org					
Statutory Statement Contact	Christopher William Larkin (Name)		(614)212-6004 (Area Code)(Telephone Number)(Extension)			
	clarkin@inhealthohio.org (E-Mail Address)		(800)538-0372 (Fax Number)			

OFFICERS

Name	Title
Jesse Lee Thomas Jr.	President
Nicholas Zaferakes Alexander	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) Jesse Lee Thomas Jr. (Printed Name) 1. President (Title)	(Signature) Nicholas Zaferakes Alexander # (Printed Name) 2. (Title)	(Signature) Christopher William Larkin (Printed Name) 3. Treasurer (Title)
Subscribed and sworn to before me this day of , 2014	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] 1 07/24/2014 4
(Notary Public Signature)		