



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)			
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)			
Internet Website Address	inhealthohio.org		(614)212-6004 (Area Code)(Telephone Number)			
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[X] No[]
(Notary Public Signature)		

17 **Exhibit 1 - Enrollment By Product Type NONE**

18 **Exhibit 2 - Accident and Health Premiums NONE**

19 **Exhibit 3 - Health Care Receivables NONE**

20 **Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued NONE**

21 **Exhibit 4 - Claims Unpaid NONE**

22 **Exhibit 5 - Amounts Due From Parent NONE**

23 **Exhibit 6 - Amounts Due to Parent NONE**

24 **Exhibit 7 - Pt 1 - Summary Trans. With Prov NONE**

24 **Exhibit 7 - Pt 2 - Summary Trans. With Interm NONE**

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	51,449	.....	13,352	.....	38,097	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	51,449	.....	13,352	.....	38,097	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR NAIC Company Code 15314

NAIC Group Code	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:		BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR								NAIC Company Code 15314	
NAIC Group Code		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
TOTAL Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. TOTAL											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

31	Schedule S - Part 1 - Section 2	NONE
32	Schedule S - Part 2	NONE
33	Schedule S - Part 3 - Section 2	NONE
34	Schedule S - Part 4	NONE
35	Schedule S - Part 5	NONE
36	Schedule S - Part 6	NONE
37	Schedule S - Part 7	NONE
38	Schedule T - Premiums and Other Considerations	NONE
39	Schedule T - Part 2 - Interstate Compact - Exhibit of Premiums Written	NONE
40	Schedule Y - Part 1	NONE
41	Schedule Y - Part 1A	NONE
42	Schedule Y - Part 2	NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

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

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
 - 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? Yes
 - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
- AUGUST FILING
- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

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 it is not being 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? Yes
 - 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? Yes
 - 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? See Explanation
 - 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? Yes
 - 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 file electronically with the NAIC by March 1? No
 - 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? No
 - 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? No
- APRIL FILING
- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? Yes
 - 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? Yes
 - 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? Yes
 - 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? Yes
- AUGUST FILING
- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanations:

- 14. We are a mutual company and do not have any stockholders, therefore, we will not be filing the SIS document.

Bar Codes:

Statement of Actuarial Opinion / Certification

15314201344000000 2013 Document Code: 440

Health Life Supplement

15314201320500000 2013 Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies

15314201337100000 2013 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

15314201337000000 2013 Document Code: 370

Approval for Relief related to five-year rotation for lead Audit Partner

15314201322400000 2013 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

15314201322500000 2013 Document Code: 225

Approval for Relief related to Require. for Audit Committees

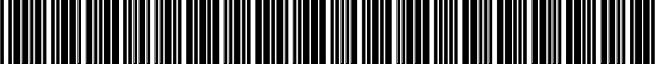
15314201322600000 2013 Document Code: 226

Health Life Supplement - LHA Guaranty Association Reconciliation

15314201321100000 2013 Document Code: 211

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Management's Report of Internal Control over Financial Reporting



15314201322300000

2013

Document Code: 223

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504.	Community relations .....	.....	.....	..... 19,876	.....	..... 19,876
2505.	Other expenses .....	.....	.....	..... 95,756	.....	..... 95,756
2597.	Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	.....	.....	..... 115,632	.....	..... 115,632

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended December 31, 2013
(To be filed by March 1)
FOR THE STATE OF OHIO



NAIC Group Code: NAIC Company Code: 15314
Address (City, State and Zip Code): Westerville, OH 43081
Person Completing This Exhibit:

Title: Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0299999 Total Experience on Group Policies																	

NONE

GENERAL INTERROGATORIES

Supp12 Ohio

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":



Medicare Part D Coverage Supplement
(Net of Reinsurance)

NAIC Group Code: (To be Filed By March 1) NAIC Company Code: 15314

		Individual Coverage		Group Coverage		5 Total Cash
		1	2	3	4	
		Insured	Uninsured	Insured	Uninsured	
1.	Premiums Collected					
1.1	Standard Coverage					
1.11	With Reinsurance Coverage		X X X		X X X	
1.12	Without Reinsurance Coverage		X X X		X X X	
1.13	Risk-Corridor Payment Adjustments		X X X		X X X	
1.2	Supplemental Benefits		X X X		X X X	
2.	Premiums Due and Uncollected - change					
2.1	Standard Coverage					
2.11	With Reinsurance Coverage		X X X		X X X	X X X
2.12	Without Reinsurance Coverage		X X X		X X X	X X X
2.2	Supplemental Benefits		X X X		X X X	X X X
3.	Unearned Premium and Advance Premium - change					
3.1	Standard Coverage					
3.11	With Reinsurance Coverage		X X X		X X X	X X X
3.12	Without Reinsurance Coverage		X X X		X X X	X X X
3.2	Supplemental Benefits		X X X		X X X	X X X
4.	Risk-Corridor Payment Adjustments - change					
4.1	Receivable		X X X		X X X	X X X
4.2	Payable		X X X		X X X	X X X
5.	Earned Premiums					
5.1	Standard Coverage					
5.11	With Reinsurance Coverage		X X X		X X X	X X X
5.12	Without Reinsurance Coverage		X X X		X X X	X X X
5.13	Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2	Supplemental Benefits		X X X		X X X	X X X
6.	Total Premiums		X X X		X X X	
7.	Claims Paid					
7.1	Standard Coverage					
7.11	With Reinsurance Coverage				X X X	
7.12	Without Reinsurance Coverage				X X X	
7.2	Supplemental Benefits				X X X	
8.	Claim Reserves and Liabilities - change					
8.1	Standard Coverage					
8.11	With Reinsurance Coverage		X X X		X X X	X X X
8.12	Without Reinsurance Coverage		X X X		X X X	X X X
8.2	Supplemental Benefits		X X X		X X X	X X X
9.	Healthcare Receivables - change					
9.1	Standard Coverage					
9.11	With Reinsurance Coverage		X X X		X X X	X X X
9.12	Without Reinsurance Coverage		X X X		X X X	X X X
9.2	Supplemental Benefits		X X X		X X X	X X X
10.	Claims Incurred					
10.1	Standard Coverage					
10.11	With Reinsurance Coverage		X X X		X X X	X X X
10.12	Without Reinsurance Coverage		X X X		X X X	X X X
10.2	Supplemental Benefits		X X X		X X X	X X X
11.	Total Claims		X X X		X X X	
12.	Reinsurance Coverage and Low Income Cost Sharing					
12.1	Claims Paid - Net of reimbursements applied	X X X		X X X		
12.2	Reimbursements Received but Not Applied - change	X X X		X X X		
12.3	Reimbursements Receivable - change	X X X		X X X		X X X
12.4	Healthcare Receivables - change	X X X		X X X		X X X
13.	Aggregate Policy Reserves - change					X X X
14.	Expenses Paid		X X X		X X X	
15.	Expenses Incurred		X X X		X X X	X X X
16.	Underwriting Gain/Loss		X X X		X X X	X X X
17.	Cash Flow Result	X X X	X X X	X X X	X X X	



PROPERTY / CASUALTY SUPPLEMENTS

For the Year Ended December 31, 2013

(To Be Filed On Or Before March 1)

Of The COORDINATED HEALTH MUTUAL, INC. Insurance Company

Address (City, State and Zip Code) Westerville, OH 43081

NAIC Group Code 0000 NAIC Company Code 15314 Employer's ID Number 45-4748792

Supp40	Schedule F Part 1 Assumed Reinsurance	NONE
Supp41	Schedule F Part 3 Ceded Reinsurance	NONE
Supp42	Schedule P - Part 1 Summary	NONE
Supp43	Schedule P - Part 1A - Homeowners/Farmowners	NONE
Supp44	Schedule P - Part 1B - Private Passenger Auto Liability/Medical	NONE
Supp45	Schedule P - Part 1C - Comm. Auto/Truck Liability/Medical	NONE
Supp46	Schedule P - Part 1D - Workers' Compensation (Excl. Excess Workers' Comp.)	NONE
Supp47	Schedule P - Part 1E - Commercial Multiple Peril	NONE
Supp48	Schedule P - Part 1F Sn 1 - Medical Professional Liability - Occurrence	NONE
Supp49	Schedule P - Part 1F Sn 2 - Medical Professional Liability - Claims-Made	NONE
Supp50	Schedule P - Part 1G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry)	NONE
Supp51	Schedule P - Part 1H Sn 1 - Other Liability - Occurrence	NONE
Supp52	Schedule P - Part 1H Sn 2 - Other Liability - Claims-Made	NONE
Supp53	Schedule P - Part 1I - Special Property (Fire, Ald. Lines, Inld Mar.)	NONE
Supp54	Schedule P - Part 1J - Auto Physical Damage	NONE
Supp55	Schedule P - Part 1K - Fidelity/Surety	NONE
Supp56	Schedule P - Part 1L - Other (Incl. Credit, Accident and Health)	NONE
Supp57	Schedule P - Part 1M - International	NONE
Supp58	Schedule P - Part 1N - Reins. Nonproportional Assumed Property	NONE
Supp59	Schedule P - Part 1O - Reins. Nonproportional Assumed Liability	NONE
Supp60	Schedule P - Part 1P - Reins. Nonproportional Assumed Financial Lines	NONE
Supp61	Schedule P - Part 1R Sn 1 - Products Liability - Occurrence	NONE
Supp62	Schedule P - Part 1R Sn 2 - Products Liability - Claims-Made	NONE
Supp63	Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty	NONE
Supp64	Schedule P - Part 1T - Warranty	NONE
Supp65	Schedule P - Part 2 Summary	NONE
Supp66	Schedule P - Part 2A - Homeowners/Farmowners	NONE
Supp66	Schedule P - Part 2B - Private Passenger Auto Liability/Medical	NONE
Supp66	Schedule P - Part 2C - Comm. Auto/Truck Liability/Medical	NONE
Supp66	Schedule P - Part 2D - Workers' Compensation (Excl. Excess Workers' Comp.)	NONE
Supp66	Schedule P - Part 2E - Commercial Multiple Peril	NONE
Supp67	Schedule P - Part 2F Sn 1 - Medical Professional Liability -Occurrence	NONE
Supp67	Schedule P - Part 2F Sn 2 - Medical Professional Liability - Claims-Made	NONE
Supp67	Schedule P - Part 2G - Special Liab/ (Ocn Mar., Aircraft, Boiler & Mchnry)	NONE
Supp67	Schedule P - Part 2H Sn 1 - Other Liability - Occurrence	NONE
Supp67	Schedule P - Part 2H Sn 2 - Other Liability - Claims-Made	NONE
Supp68	Schedule P - Part 2I - Special Property (Fire, Ald. Lines, Inld Mar.)	NONE
Supp68	Schedule P - Part 2J - Auto Physical Damage	NONE
Supp68	Schedule P - Part 2K - Fidelity/Surety	NONE
Supp68	Schedule P - Part 2L - Other (Incl. Credit, Accident and Health)	NONE
Supp68	Schedule P - Part 2M - International	NONE
Supp69	Schedule P - Part 2N - Reins. Nonproportional Assumed Property	NONE
Supp69	Schedule P - Part 2O - Reins. Nonproportional Assumed Liability	NONE
Supp69	Schedule P - Part 2P - Reins. Nonproportional Assumed Financial Lines	NONE
Supp70	Schedule P - Part 2R Sn 1 - Products Liability - Occurrence	NONE
Supp70	Schedule P - Part 2R Sn 2 - Products Liability - Claims-Made	NONE
Supp70	Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty	NONE
Supp70	Schedule P - Part 2T - Warranty	NONE

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