



15314201320100100

2013

Document Code: 201

15314201520100100

ANNUAL STATEMENT
For the Year Ending December 31, 2013
OF THE CONDITION AND AFFAIRS OF THE
COORDINATED HEALTH MUTUAL, INC.

NAIC Group Code (Current Period)	0000	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 <input type="checkbox"/>	Property/Casualty <input checked="" type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
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		Westerville, OH, US 43081			
	(Street and Number)		(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		Westerville, OH, US 43081			
	(Street and Number)		(Area Code) (Telephone Number)			
Internet Website Address	inhealthohio.org		(614)212-6004			
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
Nicholas Zaferakes Alexander	Secretary
Christopher William Larkin	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Nicholas Zaferakes Alexander
Arthur Clifton Huston Jr.
Stephen Michael Lundregan
Michael Peter Stinziano

Barbara Lynn Freeman
Owen Elwood Johnson
Mark Wilbert Poepelman
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

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 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



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	NAIC Company Code 15314 10
		2	3							
	Total	Individual	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



2013

Document Code: 430

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							
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

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 filed 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
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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

Actuarial Opinion on Participating and Non-Participating Policies



15314201337100000

2013

Document Code: 371

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



15314201322400000

2013

Document Code: 224

Approval for Relief related to Require. for Audit Committees



15314201322600000

2013

Document Code: 226

Health Life Supplement



15314201320500000

2013

Document Code: 205

Statement of Non-Guaranteed Elements for Exhibit 5



15314201337000000

2013

Document Code: 370

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



15314201322500000

2013

Document Code: 225

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 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
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



2013

Document Code: 360

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

N O N E

GENERAL INTERROGATORIES

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":

Supp12 Ohio



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



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2013

Document Code: 207

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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