



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2013  
OF THE CONDITION AND AFFAIRS OF THE

Hometown Health Plan

NAIC Group Code	1297	1297	NAIC Company Code	95195	Employer's ID Number	34-1523541
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ ] Property/Casualty [ ] Dental Service Corporation [ ]					
	Vision Service Corporation [ ] Other [ ] Health Maintenance Organization [ X ]					
	Hospital, Medical & Dental Service or Indemnity [ ] Is HMO, Federally Qualified? Yes [ X ] No [ ]					
Incorporated/Organized	08/14/1986			Commenced Business	01/01/1987	
Statutory Home Office	52160 National Road			St. Clairsville, OH, US 43950-9306		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	52160 National Road					
	St. Clairsville, OH, US 43950-9306			330-834-2220		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	52160 National Road			St. Clairsville, OH, US 43950-9306		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	52160 National Road					
	St. Clairsville, OH, US 43950-9306			740-695-3585		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	www.healthplan.org					
Statutory Statement Contact	Jeffrey Michael Knight			740-695-3585		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	jeffk@healthplan.org			740-695-6161		
	(E-mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
Phillip D. Wright	President	Jeffrey M. Knight	Treasurer

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Robert Dunlevy	Jerry Fisher	John Holloway M.D.	Frank Joanou
Kiki Mehalis	Charles Monfradi	James Newton PhD	Charles Newmeyer
Edward Polack	John Wright	Nick Zervos	

State of .....

ss

County of .....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of 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.

Phillip D. Wright President	Jeffrey M. Knight Treasurer
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Subscribed and sworn to before me this day of ,	a. Is this an original filing? Yes [ X ] No [ ]
	b. If no,
	1. State the amendment number
	2. Date filed 03/01/2014
	3. Number of pages attached

Exhibit 2 - A&H Premiums Due and Unpaid

NONE

Exhibit 3 - Health Care Receivables

NONE

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....	.0	.0	.0	.0	.0	.0
2. Claim overpayment receivables.....	.0	.0	.0	.0	.0	.0
3. Loans and advances to providers.....	.0	.0	.0	.0	.0	.0
4. Capitation arrangement receivables.....	.0	.0	.0	.0	.0	.0
5. Risk sharing receivables.....	.0	.0	.0	.0	.0	.0
6. Other health care receivables.....	.0	.0	.0	.0	.0	.0
7. Totals (Lines 1 through 6)	0	0	0	0	0	0

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion .

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

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## ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Hometown Health Plan

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Hometown Health Plan

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

Exhibit 7 - Part 1

NONE

Exhibit 7 - Part 2

NONE

Exhibit 8

NONE

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## 31

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# ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Hometown Health Plan

## SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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## SCHEDULE S - PART 4

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+11+12+13+14 But Not in Excess of Col. 8
NONE														
9999999 Total				0	0	0	0	0	XXX	0	0	0	0	0

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

## SCHEDULE S - PART 5

[illegible]

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	XXX	XXX	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....	0	0	XXX	XXX	XXX
18. Funds deposited by and withheld from (F).....	0	0	XXX	XXX	XXX
19. Letters of credit (L).....	0	0	XXX	XXX	XXX
20. Trust agreements (T).....	0	0	XXX	XXX	XXX
21. Other (O)	0	0	XXX	XXX	XXX

SCHEDULE S-PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	2,563,817		2,563,817
2. Accident and health premiums due and unpaid (Line 15).....	0		0
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	11,170		11,170
6. Total assets (Line 28)	2,574,987	0	2,574,987
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	0	0	0
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	5,396		5,396
15. Total liabilities (Line 24).....	5,396	0	5,396
16. Total capital and surplus (Line 33).....	2,569,591	XXX	2,569,591
17. Total liabilities, capital and surplus (Line 34)	2,574,987	0	2,574,987
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Hometown Health Plan

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama .....	AL						0
2. Alaska .....	AK						0
3. Arizona .....	AZ						0
4. Arkansas .....	AR						0
5. California .....	CA						0
6. Colorado .....	CO						0
7. Connecticut .....	CT						0
8. Delaware .....	DE						0
9. District of Columbia .....	DC						0
10. Florida .....	FL						0
11. Georgia .....	GA						0
12. Hawaii .....	HI						0
13. Idaho .....	ID						0
14. Illinois .....	IL						0
15. Indiana .....	IN						0
16. Iowa .....	IA						0
17. Kansas .....	KS						0
18. Kentucky .....	KY						0
19. Louisiana .....	LA						0
20. Maine .....	ME						0
21. Maryland .....	MD						0
22. Massachusetts .....	MA						0
23. Michigan .....	MI						0
24. Minnesota .....	MN						0
25. Mississippi .....	MS						0
26. Missouri .....	MO						0
27. Montana .....	MT						0
28. Nebraska .....	NE						0
29. Nevada .....	NV						0
30. New Hampshire .....	NH						0
31. New Jersey .....	NJ						0
32. New Mexico .....	NM						0
33. New York .....	NY						0
34. North Carolina .....	NC						0
35. North Dakota .....	ND						0
36. Ohio .....	OH						0
37. Oklahoma .....	OK						0
38. Oregon .....	OR						0
39. Pennsylvania .....	PA						0
40. Rhode Island .....	RI						0
41. South Carolina .....	SC						0
42. South Dakota .....	SD						0
43. Tennessee .....	TN						0
44. Texas .....	TX						0
45. Utah .....	UT						0
46. Vermont .....	VT						0
47. Virginia .....	VA						0
48. Washington .....	WA						0
49. West Virginia .....	WV						0
50. Wisconsin .....	WI						0
51. Wyoming .....	WY						0
52. American Samoa .....	AS						0
53. Guam .....	GU						0
54. Puerto Rico .....	PR						0
55. US Virgin Islands .....	VI						0
56. Northern Mariana Islands .....	MP						0
57. Canada .....	CAN						0
58. Aggregate Other Alien .....	OT						0
59. Totals		0	0	0	0	0	0

NONE

## ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Hometown Health Plan

## SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]



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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

- |   | Responses                 |
|---|---------------------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                   | .....SEE EXPLANATION..... |
| 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?  | .....WAIVED.....          |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | .....SEE EXPLANATION..... |

AUGUST FILING

- |  |                           |
|--|---------------------------|
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | .....SEE EXPLANATION..... |
|--|---------------------------|

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.

MARCH FILING

- |  |                           |
|--|---------------------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | .....NO.....              |
| 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?   | .....NO.....              |
| 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | .....NO.....              |
| 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?  | .....NO.....              |
| 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?                                   | .....SEE EXPLANATION..... |
| 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?   | .....SEE EXPLANATION..... |
| 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?   | .....SEE EXPLANATION..... |

APRIL FILING

- |  |              |
|--|--------------|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | .....NO..... |
| 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?          | .....NO..... |
| 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?                              | .....NO..... |
| 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? | .....NO..... |

AUGUST FILING

- |  |              |
|--|--------------|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | .....NO..... |
|--|--------------|

Explanation:

1. N/A
9. N/A
10. N/A
11.
12.
13.
14.
15.
16.
17.
18. N/A

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. N/A

20. N/A

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Bar code:

2.	 9 5 1 9 5 2 0 1 3 4 4 0 0 0 0 0 0
8.	 9 5 1 9 5 2 0 1 3 2 2 0 0 0 0 0 0
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14.	 9 5 1 9 5 2 0 1 3 4 2 0 0 0 0 0 0
15.	 9 5 1 9 5 2 0 1 3 3 7 1 0 0 0 0 0
16.	 9 5 1 9 5 2 0 1 3 3 7 0 0 0 0 0 0
17.	 9 5 1 9 5 2 0 1 3 3 6 5 0 0 0 0 0
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22.	 9 5 1 9 5 2 0 1 3 2 1 1 5 9 0 0 0
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