

## **Amended Statement Cover**

Jurat Page – was changed to reflect the fact that this is an amended filing. The electronic Jurat was changed to add a name and address for the Cyber-security Contact.

Page 3 – Liabilities, Capital and Surplus was changed to move all items from Column 2 “Uncovered” to Column 1 “Covered”.

Page 9 – Underwriting and Investment Expense Exhibit was changed to move pharmacy expenses to Line 1 from Line 8.

Page SI02 – Schedule D – Part 1B was changed to properly reflect the classification of bonds between NAIC 1 and NAIC 2 designations.



**QUARTERLY STATEMENT**  
**AS OF MARCH 31, 2014**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**COORDINATED HEALTH MUTUAL, INC.**

NAIC Group Code 0000 , 0000 NAIC Company Code 15314 Employer's ID Number 45-4748792  
(Current Period) (Prior Period)

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[ ] Property/Casualty[X] Hospital, Medical & Dental Service or Indemnity[ ]  
 Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[ ]  
 Other[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]

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  
(Street and Number)

Westerville, OH, US 43081 (614)212-6004  
(City or Town, State, Country and Zip Code) (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  
(Street and Number)

Westerville, OH, US 43081 (614)212-6004  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address inhealthohio.org

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**

<u>Name</u>	<u>Title</u>
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.

<u>Jesse Lee Thomas Jr.</u> <small>(Signature)</small> <u>Jesse Lee Thomas Jr.</u> <small>(Printed Name)</small> 1. President <small>(Title)</small>	<u>Nicholas Zaferakes Alexander</u> <small>(Signature)</small> <u>Nicholas Zaferakes Alexander</u> <small>(Printed Name)</small> 2. Secretary <small>(Title)</small>	<u>Christopher William Larkin</u> <small>(Signature)</small> <u>Christopher William Larkin</u> <small>(Printed Name)</small> 3. Treasurer <small>(Title)</small>
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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  
11/19/2014  
 5

\_\_\_\_\_  
(Notary Public Signature)

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded) .....	23,968	0	23,968	0
2. Accrued medical incentive pool and bonus amounts .....	0	0	0	0
3. Unpaid claims adjustment expenses .....	10,941	0	10,941	0
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....	1,897,715	0	1,897,715	3,567,000
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserve .....	0	0	0	0
7. Aggregate health claim reserves .....	1,292,938	0	1,292,938	0
8. Premiums received in advance .....	38,611	0	38,611	113,696
9. General expenses due or accrued .....	472,411	0	472,411	360,840
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....	0	0	0	0
10.2 Net deferred tax liability .....	0	0	0	0
11. Ceded reinsurance premiums payable .....	0	0	0	0
12. Amounts withheld or retained for the account of others .....	0	0	0	0
13. Remittances and items not allocated .....	0	0	0	0
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....	15,727,304	0	15,727,304	13,242,304
15. Amounts due to parent, subsidiaries and affiliates .....	0	0	0	0
16. Derivatives .....	0	0	0	0
17. Payable for securities .....	518,516	0	518,516	0
18. Payable for securities lending .....	0	0	0	0
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$.....0) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans .....	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$.....0 current) .....	593,167	0	593,167	593,167
24. Total liabilities (Lines 1 to 23) .....	20,575,571	0	20,575,571	17,877,007
25. Aggregate write-ins for special surplus funds .....	X X X	X X X	0	0
26. Common capital stock .....	X X X	X X X	0	0
27. Preferred capital stock .....	X X X	X X X	0	0
28. Gross paid in and contributed surplus .....	X X X	X X X	0	0
29. Surplus notes .....	X X X	X X X	63,882,304	63,882,304
30. Aggregate write-ins for other than special surplus funds .....	X X X	X X X	0	0
31. Unassigned funds (surplus) .....	X X X	X X X	(8,863,437)	(8,897,842)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X	0	0
32.2 .....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	55,018,867	54,984,462
34. Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	75,594,438	72,861,469
<b>DETAILS OF WRITE-INS</b>				
2301. Accounts Payable .....	93,167	0	93,167	93,167
2302. Advance from reinsurer .....	500,000	0	500,000	500,000
2303. ....	0	0	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	593,167	0	593,167	593,167
2501. ....	X X X	X X X	0	0
2502. ....	X X X	X X X	0	0
2503. ....	X X X	X X X	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X	0	0
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X	0	0
3001. ....	X X X	X X X	0	0
3002. ....	X X X	X X X	0	0
3003. ....	X X X	X X X	0	0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X	0	0
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X	0	0

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....	0	267,803	0	1,019,428	0	0
2. Medicare Supplement .....	0	0	0	0	0	0
3. Dental only .....	0	0	0	0	0	0
4. Vision only .....	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan .....	0	0	0	0	0	0
6. Title XVIII - Medicare .....	0	0	0	0	0	0
7. Title XIX - Medicaid .....	0	0	0	0	0	0
8. Other health .....	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8) .....	0	267,803	0	1,019,428	0	0
10. Healthcare receivables (a) .....	0	0	0	0	0	0
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	0	0	0	0	0	0
13. Totals (Lines 9 - 10 + 11 + 12) .....	0	267,803	0	1,019,428	0	0

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

## SCHEDULE D - PART 1B

**Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	63,881,801	32,441,222	35,204,175	365	61,119,213	0	0	63,881,801
2. NAIC 2 (a) .....	2,422,062	3,527,309	2,400,000	(36,470)	3,512,901	0	0	2,422,062
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds .....	66,303,863	35,968,531	37,604,175	(36,105)	64,632,114	0	0	66,303,863
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock .....	66,303,863	35,968,531	37,604,175	(36,105)	64,632,114	0	0	66,303,863

(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 \$.....5,147,842; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0