

Amended Statement Cover

The following pages have been changed for this amended filing:

Jurat Page – was changed to reflect the fact that this is an amended filing.

Page 4 – Statement of Revenue and Expenses – Line 1 was changed to reflect year-to-date member months.

Page 7 – Exhibit of Premiums, Enrollment and Utilization – Line 6 was changed to reflect year-to-date member months.



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 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>Nicholas Zaferakes Alexander</u> <small>(Signature)</small>	<u>Christopher William Larkin</u> <small>(Signature)</small>
<u>Jesse Lee Thomas Jr.</u> <small>(Printed Name)</small>	<u>Nicholas Zaferakes Alexander</u> <small>(Printed Name)</small>	<u>Christopher William Larkin</u> <small>(Printed Name)</small>
<u>1.</u> <small>(Title)</small>	<u>2.</u> <small>(Title)</small>	<u>3.</u> <small>(Title)</small>
<u>President</u> <small>(Title)</small>	<u>Secretary</u> <small>(Title)</small>	<u>Treasurer</u> <small>(Title)</small>

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
12/02/2014
4

(Notary Public Signature)

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	X X X	26,513		
2. Net premium income (including \$.....0 non-health premium income)	X X X	10,005,070		
3. Change in unearned premium reserves and reserves for rate credits	X X X			
4. Fee-for-service (net of \$.....0 medical expenses)	X X X			
5. Risk revenue	X X X			
6. Aggregate write-ins for other health care related revenues	X X X			
7. Aggregate write-ins for other non-health revenues	X X X			
8. Total revenues (Lines 2 to 7)	X X X	10,005,070		
Hospital and Medical:				
9. Hospital/medical benefits		7,338,813		
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		2,743,674		
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		10,082,487		
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		10,082,487		
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....0 cost containment expenses		196,879		
21. General administrative expenses		5,598,002	2,701,294	4,280,330
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(1,067,000)		3,567,000
23. Total underwriting deductions (Lines 18 through 22)		14,810,368	2,701,294	7,847,330
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(4,805,298)	(2,701,294)	(7,847,330)
25. Net investment income earned		194,814	3,658	7,414
26. Net realized capital gains (losses) less capital gains tax of \$.....0		1,927		(74)
27. Net investment gains or (losses) (Lines 25 plus 26)		196,741	3,658	7,340
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(4,608,557)	(2,697,636)	(7,839,990)
31. Federal and foreign income taxes incurred	X X X			
32. Net income (loss) (Lines 30 minus 31)	X X X	(4,608,557)	(2,697,636)	(7,839,990)
DETAILS OF WRITE-INS				
0601.	X X X			
0602.	X X X			
0603.	X X X			
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701.	X X X			
0702.	X X X			
0703.	X X X			
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit 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	1,729	786	943							
3. Second Quarter	3,816	1,693	2,123							
4. Third Quarter	4,996	2,237	2,759							
5. Current Year										
6. Current Year Member Months	26,513	12,153	14,360							
Total Member Ambulatory Encounters for Period:										
7. Physician	6,632	3,290	3,342							
8. Non-Physician	6,470	3,117	3,353							
9. Total	13,102	6,407	6,695							
10. Hospital Patient Days Incurred	422	254	168							
11. Number of Inpatient Admissions	97	53	44							
12. Health Premiums Written (a)	10,221,508	3,653,241	6,568,267							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	10,424,661	3,651,221	6,773,440							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	6,804,497	3,102,075	3,702,422							
18. Amount Incurred for Provision of Health Care Services	10,082,487	4,151,629	5,930,858							

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0.