



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>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[X] No[]

(Notary Public Signature)

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	44,678,263		44,678,263	49,533
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	5,104,941		5,104,941	
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....1,415,260), cash equivalents (\$.....908,977) and short-term investments (\$.....20,941,609)	23,265,846		23,265,846	72,718,545
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities	0		0	
10. Securities lending reinvested collateral assets	0		0	
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	73,049,050		73,049,050	72,768,078
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	145,918		145,918	80,718
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	494,316	80,154	414,162	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	437,651		437,651	
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	195,457	195,457		
21. Furniture and equipment, including health care delivery assets (\$.....0)	30,150	30,150		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	42,477	42,477		12,673
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	74,395,019	348,238	74,046,781	72,861,469
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	74,395,019	348,238	74,046,781	72,861,469
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Prepaid expenses	42,477	42,477		
2502. Other accounts receivable				12,673
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	42,477	42,477		12,673

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	3,715,642		3,715,642	
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	142,559		142,559	
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	2,500,000		2,500,000	3,567,000
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	291,163		291,163	113,696
9. General expenses due or accrued	749,624		749,624	360,840
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)	15,962,304		15,962,304	13,242,304
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$.....0 current)	256,756		256,756	593,167
24. Total liabilities (Lines 1 to 23)	23,618,047		23,618,047	17,877,007
25. Aggregate write-ins for special surplus funds	X X X	X X X		
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X		
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		
31. Unassigned funds (surplus)	X X X	X X X	(13,453,570)	(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		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	50,428,734	54,984,462
34. Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	74,046,781	72,861,469
DETAILS OF WRITE-INS				
2301. Accounts Payable	93,167		93,167	93,167
2302. Advance from reinsurer	163,589		163,589	500,000
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	256,756		256,756	593,167
2501.	X X X	X X X		
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

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			
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)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	54,984,462	(760,453)	(760,453)
34. Net income or (loss) from Line 32	(4,608,557)	(2,697,636)	(7,839,990)
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	85,027		
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			
39. Change in nonadmitted assets	(32,199)	(244,262)	(297,399)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes		63,882,304	63,882,304
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	(4,555,729)	60,940,405	55,744,915
49. Capital and surplus end of reporting period (Line 33 plus 48)	50,428,733	60,179,952	54,984,462
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	8,621,221		3,680,696
2. Net investment income	171,474	(65,066)	(69,635)
3. Miscellaneous income			
4. TOTAL (Lines 1 to 3)	8,792,695	(65,066)	3,611,061
5. Benefit and loss related payments	5,737,496		3,567,000
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	5,346,042	2,680,731	4,167,271
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10. TOTAL (Lines 5 through 9)	11,083,538	2,680,731	7,734,271
11. Net cash from operations (Line 4 minus Line 10)	(2,290,843)	(2,745,797)	(4,123,210)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,000,000		
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			(74)
12.7 Miscellaneous proceeds	1,927		
12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	2,001,927		(74)
13. Cost of investments acquired (long-term only):			
13.1 Bonds	46,662,495	49,469	49,469
13.2 Stocks	5,019,914		
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	51,682,409	49,469	49,469
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(49,680,481)	(49,469)	(49,543)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		63,882,304	63,882,304
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds	2,720,000	7,157,870	11,704,565
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(201,375)	(244,263)	283,095
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	2,518,625	70,795,911	75,869,964
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(49,452,699)	68,000,645	71,697,211
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	72,718,545	1,021,334	1,021,334
19.2 End of period (Line 18 plus Line 19.1)	23,265,846	69,021,979	72,718,545

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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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										
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.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0399999 Aggregate Accounts Not Individually Listed - Covered	3,715,642					3,715,642
0499999 Subtotals	3,715,642					3,715,642
0799999 Total Claims Unpaid						3,715,642
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

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)		6,366,845		3,715,642		
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)		6,366,845		3,715,642		
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)		6,366,845		3,715,642		

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

Notes to Financial Statement**1. Summary of Significant Accounting Policies****A. Accounting Practices**

The accompanying financial statements of Coordinated Health Mutual, Inc. (Company) have been prepared on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The state of Ohio requires insurance companies domiciled in the state of Ohio to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the Ohio Insurance Department. The Company does not have any permitted practices inconsistent with the NAIC practices.

Reconciliations of net income and policyholders' surplus between the amounts reported in the accompanying financial statements (OH basis) and NAIC SAP follow:

		<u>State of Domicile</u>	2014	2013
		OH		
	<u>NET INCOME</u>			
(1)	State basis (Page 4, Line 32, Columns 2 & 3)		(4,608,557)	(7,839,990)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(201)				
(299)	Total			
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(301)				
(399)	Total			
(4)	NAIC SAP (1-2-3=4)		(4,608,557)	(7,839,990)
	<u>SURPLUS</u>			
(5)	State basis (Page 3, Line 33, Columns 3 & 4)		50,428,734	54,984,462
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:			
(601)				
(699)	Total			
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(701)				
(799)	Total			
(8)	NAIC SAP (5-6-7=8)		50,428,734	54,984,462

B. Use of Estimates – No change from Annual

C. Accounting Policies – No change from Annual

2. Accounting Changes and Corrections of Errors – Not applicable**3. Business Combinations and Goodwill – Not applicable****4. Discontinued Operations – Not applicable**

Notes to Financial Statement

5. Investments

- A. Mortgage Loans, Debt Restructuring, Reverse Mortgages - Not applicable
- B. Debt Restructuring – Not applicable
- C. Reverse Mortgages – Not applicable
- D. Loan-Backed Securities – Not applicable
- E. Repurchase Agreements and/or Securities Lending Transactions
 - (1), (2), (3a) – Not applicable
 - (3b) The Company has not accepted any collateral that is permitted by contract or custom to sell or repledge, therefore, the fair value as of the date of the statement of financial position presented of that collateral is zero.
 - (3c) – (4), (5) – Not applicable
- F. Real Estate - Not applicable
- G. Investments in Low Income Housing Credits – Not applicable
- H. Restricted Assets – Not applicable
- I. Working Capital Finance Investments
 - 1) Not applicable
 - 2) The Company has no working capital finance investments.
 - 3) There have been no events of default of working capital finance investments during the reporting period.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. Investments in Joint Ventures, Partnerships and Limited Liability Companies – Not applicable
- B. Impaired Investments in Joint Ventures, Partnerships and Limited Liability Companies – Not applicable

7. Investment Income

- A. There was no due and accrued investment income excluded from surplus, and therefore, the bases by category is not applicable.
- B. The amount excluded is zero.

8. Derivative Instruments

The Company holds no derivative financial instruments and therefore, Sections A. – F. are not applicable.

9. Income Taxes

The Company is currently organized as a not-for-profit mutual company in the State of Ohio. Section 501 (c)(29), added to the Code by Section 1322(h)(I) of the Affordable Care Act, provides for the exemption of qualified nonprofit health insurance issuers (QNHIIs) that have received a loan or grant under the CMS Co-Op program for periods that they meet both the requirements of §1322 of the Affordable Care Act and of any loan agreement with The Centers for Medicare & Medicaid Services (CMS).

Management believes that the Company remains in compliance with the general requirements of the IRS as stated above. The Company received an IRS determination letter confirming tax exempt status as a Section 501 (c)(29) entity dated August 14, 2013.

The Company is tax exempt and therefore, Sections A. – G. are Not applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

The Company has no Parent, Subsidiaries, Affiliates or Other Related Parties. Therefore, Sections A. – L. are not applicable.

Notes to Financial Statement

11. Debt

- A. During the period ended December 31, 2012, the Company was awarded a \$15,977,304 CO-OP Start-up Loan (Series A) as evidenced by a Loan Agreement with the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). In addition, the Loan Agreement with CMS provides for a CO-OP Solvency Loan (Series B) in the amount of \$113,248,300. Under terms of the Loan Agreement, CMS has disbursed \$15,962,304 as of September 30, 2014 for start-up costs under the loan provisions for Series A.

Initial disbursements for the Series B in the amount of \$63,882,304 have been received by the Company as of September 30, 2014 to satisfy the unencumbered equity requirement for the Ohio Department of Insurance. Routine disbursements for the Series B amounts are expected to continue as the Company begins operations and risk based capital measures dictate under the terms of the Loan Agreement.

The Series A loan and the Series B loan comprise the "Loans". The Loans are intended to permit the Company to offer health insurance plans primarily in the individual and small group markets as described in 45 CFR Part 156. The Company agrees to perform all functions necessary to design, implement, and operate a CO-OP Qualified Health Plan (QHP) as set forth in the CO-OP Funding Opportunity Announcement (FOA) and consistent with the Company's FOA proposal and approved Business Plan.

The Company has agreed that each of the Loans and all obligations arising under the Loan Agreement pertaining to the Loans, whether now, existing, or arising in the future, shall be and are hereby expressly cross-defaulted and cross-collateralized with each other, such that the occurrence of any event of default under any of the obligations shall be a default under all obligations and under all documents and instruments evidencing and/or securing the obligations.

The Company shall make principal and interest payments as stated in the Loan Agreement. The Start-up loan (Series A) is interest free, and is due no later than 5 years from the date of each disbursement received. The Solvency (Series B) bears interest at 0.34%, is classified for statutory insurance accounting as a Surplus Note, and is due no later than 15 years from the date of each disbursement date subject to the Company continuing to satisfy certain financial requirements. These financial requirements include Ohio insurance company capital and surplus requirements, benefit reserves at a level of 500% of Risk Based Capital, as defined by the National Association of Insurance Commissioners (NAIC), and prior written approval from the Ohio Department of Insurance to issue payment on the Surplus Note. Under terms of the Surplus Note, no payments are due for any disbursements made through 2018 until 2019. Beginning in 2019, interest only is due annually for a period of 7 years. In year 8, the earliest of which would be the year 2026, a series of 8 equal annual payments that include interest and principal are due each year based on the full amortization of the remaining unpaid principal over the remaining term.

At September 30, 2014, there was no interest due or accrued on the Solvency Loan (Series B) consistent with the surplus note provisions of the Loan Agreement and consistent with the surplus note provisions of the statutory accounting guidance of the NAIC.

Funds received to date under the Loan Agreement are summarized in the table below:

Date	Series A		Series B	
	<u>Disbursement</u>	<u>Cumulative</u>	<u>Disbursement</u>	<u>Cumulative</u>
October 2012	\$ 1,537,739	\$ 1,537,739		
January 2013	\$ 392,382	\$ 1,930,121		
February 2013	\$ 362,261	\$ 2,292,382		
March 2013	\$ 398,183	\$ 2,690,565		
May 2013			\$ 7,404,425	\$ 7,404,425
August 2013	\$ 6,005,044	\$ 8,695,609		
September 2013			\$ 56,477,879	\$ 63,882,304
December 2013	\$ 4,546,695	\$13,242,304		
March 2014	\$ 2,485,000	\$15,727,304		
June 2014	\$ 210,000	\$15,937,304		
September 2014	\$ 25,000	\$15,962,304		

- B. FHLB (Federal Home Loan Bank) Agreements – Not applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

Effective January 1, 2014, the Company sponsored a defined contribution (IRS Section 401K) plan for all eligible employees. Under the terms of the Plan, employees are eligible to contribute on either a pretax or post tax basis 1-90% of their compensation to the Plan subject to annual maximum contribution limitations established by the IRS. The contributions accumulate for their eventual retirement in a wide variety of diversified investment options to be selected by each employee. The Company will match 100% of the employee's contribution up to a maximum of 4% of compensation. All contributions are vested immediately to the employee. The Company pays for all Plan administration. All of the Company's obligations for matching contributions, or administrative costs through September 30, 2014, have been subsequently funded by the Company.

Notes to Financial Statement

The Company provides full time employees with paid time off (PTO) during the calendar year subject to company guidelines. At December 31, employees are permitted to carryover accumulated but unused paid time off (PTO) to be utilized in the following year subject to limitations and guidelines established by the Company. At September 30, 2014, the Company has accrued \$6,000 for PTO earned but not utilized to date.

- A. (1), (2), (3) Defined Benefit Plans - Not applicable
- A. (4) The company sponsors no non-contributory defined benefit pension plans.
- A. (5) – (21) The Company has no Defined Benefit Plans and therefore, these disclosures are - Not applicable
- B. The Company as no Defined Benefit plans and therefore, a disclosure of the investment policies and strategies is – Not applicable
- C. There are no Asset Classes since the Company does not have any Defined Benefit Plans.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. The Company is a nonprofit mutual company and has no stock outstanding. The Company began earning premium revenue beginning January 1, 2014, which is the first effective date of health insurance products provided to individuals and small groups. In preparation for the 2014 insurance products being offered, the Company received Series B loan disbursements of \$63,882,304 in 2013 that remain outstanding as of September 30, 2014. The Series B loan is considered a surplus note and is structured so that it meets the definition of capital and surplus within the risk based capital provisions of the state insurance law.

14. Contingencies

- A. Contingent Commitments – Not applicable
- B. Assessments – Not applicable
- C. Gain Contingencies – Not applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Stemming from Lawsuits – Not applicable
- E. Joint and Several Liabilities – Not applicable
- F. All Other Contingencies – Not applicable

15. Leases

- A. Lessee Operating Lease

The Company currently occupies leased office space pursuant to an agreement that was executed on December 1, 2012 and is effective through December 1, 2015. A deposit of \$7,057 was made by the Company upon entering the lease agreement. As of September 30, 2014, no cancelable lease commitments are shown in the table below.

Lease Commitment

Calculations

	<u>2014</u>	<u>2015</u>	<u>TOTAL</u>
Total Lease Commitment	\$ 20,445	\$ 78,216	\$118,507

- B. Lessor Leases – Not applicable

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk – Not applicable**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A. There were no transfers of receivables reported as sales.

Notes to Financial Statement

B. Transfer and Servicing of Financial Assets

(1) The Company has no loaned securities.

(2) a. The Company has no servicing assets or liabilities.

b. Since there are no servicing assets or liabilities, there are no fees earned for the period.

c. Not applicable

(3) Not applicable

(4) a. Securitizations, asset-backed financing arrangements and similar transfers –
Not applicable

b. – d. Not applicable

(5) - (7) Not applicable

C. There were no wash sales for the reporting period.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans – Not applicable

B. ASC Plans – Not applicable

C. Medicare or Similarly Structured Cost Based Reimbursement Contracts – Not applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The total premium written/produced by managing general agents through September 30, 2014, is zero.

20. Fair Value Measurements

Items Measured at Fair Value by Levels 1, 2 and 3.

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:

Level I – Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded common stocks, mutual funds and most U.S. Government and agency securities. The estimated fair values of the securities within this category are based on quoted prices in active markets and are therefore classified as Level 1.

Level 2 – Significant Other Observable Inputs: This category, for items measured at fair value on a recurring basis, includes bonds which are not exchange traded and common stock of a subsidiary which is valued using an adjusted market method. The primary inputs to the estimated fair value of the securities within this category include quoted prices for identical or similar assets in markets that are not active, contractual cash flows, benchmark yields and credit spreads.

Level 3 – Significant Unobservable Inputs: This category is for items whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect management's own assumptions about the assumptions a market participant would use in pricing the asset or liability. The Company has no Level 3 assets.

Notes to Financial Statement

- A. Fair Value Measurements at Reporting Date – Only common stock is carried at fair value.

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a.	Assets at fair value				
01	Common Stock	5,104,941	-0-	-0-	5,104,941
02					
99	Subtotal – Assets at fair value	5,104,941	-0-	-0-	5,104,941
b.	Liabilities at fair value				
01					
02					
99	Subtotal – Liabilities at fair value				

- (1) There were no transfers between Level (1) and Level (2)
- (2) The Company has no Level (3) assets.
- (3) There have been no Level (1) transfers this year.
- (4) There are no Level (2) or Level (3) assets therefore, a description of the valuation technique and input values is – Not applicable
- (5) The Company has no derivative assets or liabilities.

- B. Combination of the fair value information – Not applicable

- C. Fair Value of All Financial Instruments by Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	44,649,757	44,678,263	17,979,473	26,670,284		
Common Stock	5,104,941	5,104,941	5,104,941			
Cash equivalents and short term investments	21,852,701	21,850,586	18,251,116	3,601,585		

- D. The Company has no securities Not Practicable to Estimate Fair Value

21. Other Items

- A. Extraordinary Items – Not applicable
- B. Troubled Debt Restructuring: Debtors – Not applicable
- C. Other Disclosures and Unusual Items – Not applicable
- D. Business Interruption Insurance Recoveries – Not applicable
- E. State Transferable and Non-Transferable Tax Credits – Not applicable
- F. Subprime-Mortgage-Related Risk Exposure – Not applicable
- G. Retained Assets – Not applicable
- H. The Company does not hold any derivative, repurchase, reverse repurchase, securities borrowing or securities lending assets or liabilities therefore, no offsetting has been done of any assets and liabilities.
- J. Risk Sharing Provision of the Affordable Care Act

Under the Affordable Care Act (ACA), three programs which were designed to spread adverse claims experience from the Individual markets amongst the health insurers in the country became effective in 2014. The three programs are the Reinsurance, the Risk Adjustment, and the Risk Corridors programs and together are commonly referred to as the 3Rs. The Risk Adjustment program under the ACA is to remain in place indefinitely while the other two programs will expire after 2016. The impacts of these three programs on the financial results of the Company are as follows:

Notes to Financial Statement

All of the Company's direct written accident and health insurance premiums of \$10,602,128 are subject to portions of the Affordable Health Care Act risk sharing programs.

ACA Reinsurance Program

To date, the Company has recorded as an expense and a liability \$75,222 for contributions required by the ACA Reinsurance Program for Group policies in force that are subject to the funding requirement of the program but are not eligible for reinsurance recoveries under the program.

To date the Company has recorded as ceded premiums and a liability of \$63,745 for contributions required by the ACA Reinsurance Program for Individual policies in force that are both subject to the funding requirement of the program and are eligible for reinsurance recoveries under the program.

The amounts recoverable at the end of the period for claims paid on Individual policies subject to the ACA Reinsurance Program are \$437,651. The amounts recoverable for claims unpaid and related to Individual policies subject to the ACA Reinsurance Program is zero. The total reinsurance recoverables related to the ACA Reinsurance Program recorded for the period ended are \$437,651.

ACA Risk Adjustment Program

The Company became operational in 2014, and to date does not have statistically reliable data to reasonably estimate any premium adjustment receivable or payable for the period ended. As a result, there are no revenues or expenses recorded for the period to date related to the ACA Risk Adjustment Program.

ACA Risk Corridor Program

The Company in 2014 is not offering any Qualified Health Plans in the Individual or Group marketplace exchanges. As a result, there is no impact on the Company in 2014, for the ACA Risk Corridor Program.

22. Events Subsequent – Not applicable

23. Reinsurance

- A. The Company has contracted with Partner Re America Insurance Company (Partner Re) to provide reinsurance coverage on all Group and Individual insurance contracts issued by the Company in 2014. The more significant terms under the contract include, a deposit funded by the Company of \$50,000, a ceding commission of 15.7% and a related allowance to fund the Company's marketing efforts of \$500,000 funded by Partner Re, and a specific excess of loss agreement where Partner Re reimburses the Company for 90% of all covered expenses in excess of \$215,000 for Group insurance contracts and \$250,000 for Individual insurance contracts. Ceded Premiums are subject to a minimum of \$2,871,995 over the two year agreement term and are due on a per member per month basis.
- B. Uncollectible Reinsurance – Not applicable
- C. Commutation of Ceded Reinsurance – Not applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Medical loss ratio rebates required pursuant to the Public Health Service Act – Not applicable
- B. There were no accrued retrospective premiums recorded through written premium or as an adjustment to earned premium.
- C. There are no net written premiums subject to retrospective rating features.
- D. The Company has recorded no medical loss rebates for the reporting period.

25. Changes in Incurred Losses and Loss Adjustment Expenses as a Result of Prior-Year effects. – Not applicable

26. Intercompany Pooling Arrangements – Not applicable

27. Structured Settlements – Not applicable

Notes to Financial Statement**28. Health Care Receivables**

- A. Pharmaceutical Rebate Receivables – Not applicable
- B. Risk Sharing Receivables – Not applicable

29. Participating Policies – Not applicable**30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	(1)
2. Date of the most recent evaluation of this liability	\$ <u>2,500,000</u>
	<u>1/22/2014</u>
3. Was anticipated investment income utilized in the calculation? (Yes / No)	<u>Yes</u>

31. Anticipated Salvage and Subrogation – Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[] No[] N/A[X]

- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]
- 2.2 If yes, date of change:

- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[] No[X]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[X] N/A[]
If yes, attach an explanation.

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2013
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/01/2014
- 6.4 By what department or departments?
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]

- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 7.2 If yes, give full information

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]	Yes[] No[X]

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[]
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:

- 12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
- 13. Amount of real estate and mortgages held in short-term investments: \$ 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
 14.2 If yes, please complete the following:

Yes [] No [X]

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds		
14.22 Preferred Stock		
14.23 Common Stock		
14.24 Short-Term Investments		
14.25 Mortgages Loans on Real Estate		
14.26 All Other		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
 If no, attach a description with this statement.

Yes [] No [X]
 Yes [] No [] N/A [X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
 16.3 Total payable for securities lending reported on the liability page

\$ 0
 \$ 0
 \$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes [X] No []

1 Name of Custodian(s)	2 Custodian Address
Huntington National Bank	41 South High St., Columbus, OH 43215

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
 17.4 If yes, give full and complete information relating thereto:

Yes [] No [X]

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
16986	Huntington National Bank	41 South High St., Columbus, OH 43215

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
 18.2 If no, list exceptions:

Yes [X] No []

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent	..... 98.600%
1.2 A&H cost containment percent	..... 1.900%
1.3 A&H expense percent excluding cost containment expenses	..... 53.700%
2.1 Do you act as a custodian for health savings accounts?	Yes[] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
NONE								

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	State, Etc.	1 Active Status	Direct Business Only						
			2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1.	Alabama (AL)	N							
2.	Alaska (AK)	N							
3.	Arizona (AZ)	N							
4.	Arkansas (AR)	N							
5.	California (CA)	N							
6.	Colorado (CO)	N							
7.	Connecticut (CT)	N							
8.	Delaware (DE)	N							
9.	District of Columbia (DC)	N							
10.	Florida (FL)	N							
11.	Georgia (GA)	N							
12.	Hawaii (HI)	N							
13.	Idaho (ID)	N							
14.	Illinois (IL)	N							
15.	Indiana (IN)	N							
16.	Iowa (IA)	N							
17.	Kansas (KS)	N							
18.	Kentucky (KY)	N							
19.	Louisiana (LA)	N							
20.	Maine (ME)	N							
21.	Maryland (MD)	N							
22.	Massachusetts (MA)	N							
23.	Michigan (MI)	N							
24.	Minnesota (MN)	N							
25.	Mississippi (MS)	N							
26.	Missouri (MO)	N							
27.	Montana (MT)	N							
28.	Nebraska (NE)	N							
29.	Nevada (NV)	N							
30.	New Hampshire (NH)	N							
31.	New Jersey (NJ)	N							
32.	New Mexico (NM)	N							
33.	New York (NY)	N							
34.	North Carolina (NC)	N							
35.	North Dakota (ND)	N							
36.	Ohio (OH)	L	10,602,126					10,602,126	
37.	Oklahoma (OK)	N							
38.	Oregon (OR)	N							
39.	Pennsylvania (PA)	N							
40.	Rhode Island (RI)	N							
41.	South Carolina (SC)	N							
42.	South Dakota (SD)	N							
43.	Tennessee (TN)	N							
44.	Texas (TX)	N							
45.	Utah (UT)	N							
46.	Vermont (VT)	N							
47.	Virginia (VA)	N							
48.	Washington (WA)	N							
49.	West Virginia (WV)	N							
50.	Wisconsin (WI)	N							
51.	Wyoming (WY)	N							
52.	American Samoa (AS)	N							
53.	Guam (GU)	N							
54.	Puerto Rico (PR)	N							
55.	U.S. Virgin Islands (VI)	N							
56.	Northern Mariana Islands (MP)	N							
57.	Canada (CAN)	N							
58.	Aggregate other alien (OT)	XXX							
59.	Subtotal	XXX	10,602,126					10,602,126	
60.	Reporting entity contributions for Employee Benefit Plans	XXX							
61.	Total (Direct Business)	(a) 1	10,602,126					10,602,126	
DETAILS OF WRITE-INS									
5801.		XXX							
5802.		XXX							
5803.		XXX							
5898.	Summary of remaining write-ins for Line 58 from overflow page	XXX							
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX							

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

15 Schedule Y - Part 1 NONE

16 Schedule Y Part 1A - Detail of Insurance Holding Company System NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE

Yes

Explanations:

1. The Ohio Department of Insurance requires the filing of this document even if "NONE"

Bar Codes:

STATEMENT AS OF **September 30, 2014** OF THE **COORDINATED HEALTH MUTUAL, INC.**
SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points		
9. Total foreign exchange change in book value/recorded investment		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	49,533	
2. Cost of bonds and stocks acquired	51,682,409	49,469
3. Accrual of discount	19,203	65
4. Unrealized valuation increase (decrease)	85,028	
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of	2,000,000	
7. Deduct amortization of premium	52,968	
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	49,783,204	49,533
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	49,783,204	49,533

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
BONDS								
1. NAIC 1 (a)	57,478,606	20,854,036	18,515,663	(1,525,353)	61,119,213	57,478,606	58,291,626	63,881,801
2. NAIC 2 (a)	6,512,891	1,800,855	2,450,000	1,464,500	3,512,901	6,512,891	7,328,246	2,422,062
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	63,991,497	22,654,891	20,965,663	(60,853)	64,632,114	63,991,497	65,619,872	66,303,863
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	63,991,497	22,654,891	20,965,663	(60,853)	64,632,114	63,991,497	65,619,872	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 \$.....1,816,132; NAIC 2 \$.....1,787,869; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QS102

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	20,941,609	X X X	20,967,887	33,095	17,541

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	66,254,330	
2. Cost of short-term investments acquired	49,843,394	134,357,881
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	1,927	(74)
6. Deduct consideration received on disposals	95,044,143	67,983,984
7. Deduct amortization of premium	113,899	119,493
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	20,941,609	66,254,330
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	20,941,609	66,254,330

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SCHEDULE E - Verification
(Cash Equivalents)

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	5,219,954	.....
2.	Cost of cash equivalents acquired	6,314,996	13,201,687
3.	Accrual of discount .....	.....	.....
4.	Unrealized valuation increase (decrease) .....	.....	.....
5.	Total gain (loss) on disposals .....	.....	.....
6.	Deduct consideration received on disposals	10,625,973	7,981,733
7.	Deduct amortization of premium .....	.....	.....
8.	Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9.	Deduct current year's other than temporary impairment recognized .....	.....	.....
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	908,977	5,219,954
11.	Deduct total nonadmitted amounts .....	.....	.....
12.	Statement value at end of current period (Line 10 minus Line 11)	908,977	5,219,954

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

E03 Schedule BA Part 2 NONE

E03 Schedule BA Part 3 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828WQ9	UNITED STATES TREAS NTS		07/21/2014	MORGAN STANLEY and CO INC	X X X	2,000,469	2,000,000	598	1
0599999 Subtotal - Bonds - U.S. Governments					X X X	2,000,469	2,000,000	598	X X X
Bonds - U.S. Special Revenue, Special Assessment									
3135G0YE7	FEDERAL NATL MTG ASSN		08/20/2014	DAVIDSON (D.A.) and CO IN	X X X	1,002,200	1,000,000	3,038	1
3136G26T9	FEDERAL NATL MTG ASSN		09/23/2014	DAVIDSON (D.A.) and CO IN	X X X	1,499,625	1,500,000		1
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	2,501,825	2,500,000	3,038	X X X
Bonds - Industrial and Miscellaneous (Unaffiliated)									
12673PAD7	CA INC		07/10/2014	PERSHING LLC	X X X	512,025	500,000	5,990	2FE
172967FH9	CITIGROUP INC		09/12/2014	THE HUNTINGTON INVESTMENT	X X X	1,364,142	1,300,000	15,239	1FE
36962G7G3	GENERAL ELEC CAP CORP MTN BE		08/20/2014	MORGAN STANLEY and CO INC	X X X	511,300	500,000	1,310	1FE
59018YRZ6	MERRILL LYNCH CO INC MTN BE		08/29/2014	THE HUNTINGTON INVESTMENT	X X X	1,365,910	1,300,000	29,474	1FE
629491AB7	NYSE EURONEXT		09/23/2014	PERSHING LLC	X X X	506,725	500,000	4,750	1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					X X X	4,260,102	4,100,000	56,763	X X X
8399997 Subtotal - Bonds - Part 3					X X X	8,762,396	8,600,000	60,399	X X X
8399999 Subtotal - Bonds					X X X	8,762,396	8,600,000	60,399	X X X
Common Stocks - Mutual Funds									
09251M504	BLACKROCK EQUITY DIVID FD INSTL CL		07/18/2014	PERSHING LLC	191.412	4,822	X X X		L
922908710	VANGUARD INDEX FDS 500INDEX ADMIR		09/22/2014	HUNTINGTON BANK	27.693	5,135	X X X		L
9299999 Subtotal - Common Stocks - Mutual Funds					X X X	9,957	X X X		X X X
9799997 Subtotal - Common Stocks - Part 3					X X X	9,957	X X X		X X X
9799999 Subtotal - Common Stocks					X X X	9,957	X X X		X X X
9899999 Subtotal - Preferred and Common Stocks					X X X	9,957	X X X		X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	8,772,353	X X X	60,399	X X X

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

QE04

SCHEDULE D - PART 4

**Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter**

1 CUSIP Identification	2 Description	3 F o r e i g n Date	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
Bonds - U.S. Special Revenue, Special Assessment																						
3130A1HR2	FEDERAL HOME LOAN BANKS CONS BD 0		09/26/2014	CALLED @ 100.0000000	X X X	2,000,000	2,000,000	2,000,000							2,000,000				2,000	04/24/2015	1	
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					X X X	2,000,000	2,000,000	2,000,000							2,000,000				2,000	X X X	X X X	
8399997 Subtotal - Bonds - Part 4					X X X	2,000,000	2,000,000	2,000,000							2,000,000				2,000	X X X	X X X	
8399999 Subtotal - Bonds					X X X	2,000,000	2,000,000	2,000,000							2,000,000				2,000	X X X	X X X	
9899999 Subtotal - Preferred and Common Stocks					X X X		X X X														X X X	X X X
9999999 Total - Bonds, Preferred and Common Stocks					X X X	2,000,000	X X X	2,000,000							2,000,000				2,000	X X X	X X X	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
Huntington National Bank - Premiums	Columbus, OH					975,756	453,794	571,649	X X X
Huntington National Bank - Operations	Columbus, OH					389,741	315,964	507,164	X X X
Huntington National Bank - Marketing	Columbus, OH					336,447	336,447	336,447	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories		X X X	X X X						X X X
0199999 Totals - Open Depositories		X X X	X X X			1,701,944	1,106,205	1,415,260	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories		X X X	X X X						X X X
0299999 Totals - Suspended Depositories		X X X	X X X						X X X
0399999 Total Cash On Deposit		X X X	X X X			1,701,944	1,106,205	1,415,260	X X X
0499999 Cash in Company's Office		X X X	X X X	X X X	X X X				X X X
0599999 Total Cash		X X X	X X X			1,701,944	1,106,205	1,415,260	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8399999 Subtotals - Bonds							
Sweep Accounts							
Commercial Premier Money Market Account - Huntington National Bank		07/26/2013	0.002		908,977		6,131
8499999 Sweep Accounts					908,977		6,131
8599999 Other Cash Equivalents							
8699999 Total - Cash Equivalents					908,977		6,131



MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance

NAIC Group Code:

NAIC Company Code: 15314

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected		X X X		X X X	
2. Earned Premiums		X X X		X X X	X X X
3. Claims Paid		X X X		X X X	
4. Claims Incurred		X X X		X X X	X X X
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	NONE		X X X		
6. Aggregate Policy Reserves - change				X X X	X X X
7. Expenses Paid				X X X	
8. Expenses Incurred		X X X		X X X	X X X
9. Underwriting Gain or Loss		X X X		X X X	X X X
10. Cash Flow Results	X X X	X X X	X X X	X X X	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS

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