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ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2014
 OF THE CONDITION AND AFFAIRS OF THE
COORDINATED HEALTH MUTUAL, INC.

NAIC Group Code (Current Period)	0000	0000 (Prior Period)	NAIC Company Code	15314	Employer's ID Number	45-4748792
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		Ohio	
Country of Domicile						
United States of America						
Licensed as business type:	Life, Accident & Health <input type="checkbox"/>	Property/Casualty <input checked="" type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
Incorporated/Organized	03/22/2012		Commenced Business	09/27/2013		
Statutory Home Office	501 West Schrock Road, Suite 310		Westerville, OH, US 43081			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	501 West Schrock Road, Suite 310		Westerville, OH, US 43081			
	(Street and Number)		(Area Code) (Telephone Number)			
Mail Address	501 West Schrock Road, Suite 310		Westerville, OH, US 43081			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	501 West Schrock Road, Suite 310		Westerville, OH, US 43081			
	(Street and Number)		(Area Code) (Telephone Number)			
Internet Website Address	inhealthohio.org		(614)212-6004			
Statutory Statement Contact	Christopher William Larkin		(614)212-6004			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	clarkin@inhealthohio.org		(800)538-0372			
	(E-Mail Address)		(Fax Number)			

OFFICERS

Name _____ Title _____
Jesse Lee Thomas Jr. President
Nicholas Zaferakes Alexander Secretary
Christopher William Larkin Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Nicholas Zaferakes Alexander
Arthur Clifton Huston Jr.
Stephen Michael Lundregan
Michael Peter Stinziano
Barbara Lynn Freeman
Owen Elwood Johnson
Mark Wilbert Poepelman
Jerry Randall Stephens

State of Ohio
County of Franklin ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
Jesse Lee Thomas Jr.
(Printed Name)
1.
President
(Title)

(Signature)
Nicholas Zaferakes Alexander #
(Printed Name)
2.

(Title)

(Signature)
Christopher William Larkin
(Printed Name)
3.
Treasurer
(Title)

Subscribed and sworn to before me this
____ day of _____, 2015

- 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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	45,143,404		45,143,404	49,533
2. Stocks (Schedule D)				
2.1 Preferred stocks				
2.2 Common Stocks	5,096,945		5,096,945	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
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 (\$.....2,575,583, Schedule E Part 1), cash equivalents (\$.....370,585, Schedule E Part 2) and short-term investments (\$.....20,662,739, Schedule DA)	23,608,907		23,608,907	72,718,545
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	73,849,256		73,849,256	72,768,078
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	194,233		194,233	80,718
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection		247,406	19,910	227,496
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	791,771		791,771	
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	203,904	138,537	65,367	
21. Furniture and equipment, including health care delivery assets (\$.....0)	25,444	25,444	0	
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....12,086) and other amounts receivable	33,215	21,130	12,085	
25. Aggregate write-ins for other than invested assets	22,648	22,648		12,673
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	75,367,878	227,669	75,140,208	72,861,469
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	75,367,878	227,669	75,140,208	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	22,648	22,648		
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)	22,648	22,648		12,673

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	4,333,215		4,333,215	.....
2. Accrued medical incentive pool and bonus amounts .....				.....
3. Unpaid claims adjustment expenses	173,329		173,329	.....
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	392,000		392,000	3,567,000
5. Aggregate life policy reserves .....				.....
6. Property/casualty unearned premium reserves .....				.....
7. Aggregate health claim reserves .....				.....
8. Premiums received in advance	1,770,440		1,770,440	113,696
9. General expenses due or accrued	1,424,057		1,424,057	360,840
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....				.....
10.2 Net deferred tax liability .....				.....
11. Ceded reinsurance premiums payable	123,045		123,045	.....
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)	15,972,304		15,972,304	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)	1,762,185		1,762,185	593,167
24. TOTAL Liabilities (Lines 1 to 23)	25,950,575		25,950,575	17,877,007
25. Aggregate write-ins for special surplus funds	XXX	XXX	.....	.....
26. Common capital stock	XXX	XXX	.....	.....
27. Preferred capital stock	XXX	XXX	.....	.....
28. Gross paid in and contributed surplus	XXX	XXX	.....	.....
29. Surplus notes	XXX	XXX	63,882,304	63,882,304
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	.....	.....
31. Unassigned funds (surplus)	XXX	XXX	(14,692,671)	(8,897,842)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX	.....	.....
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX	.....	.....
33. TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	49,189,633	54,984,462
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	75,140,208	72,861,469
DETAILS OF WRITE-INS				
2301. Risk Adjustment	1,669,000		1,669,000	.....
2302. Accounts Payable	93,167		93,167	93,167
2303. Unclaimed Funds	18		18	.....
2398. Summary of remaining write-ins for Line 23 from overflow page				500,000
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,762,185		1,762,185	593,167
2501.	XXX	XXX	.....	.....
2502.	XXX	XXX	.....	.....
2503.	XXX	XXX	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	.....	.....
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	.....	.....
3001.	XXX	XXX	.....	.....
3002.	XXX	XXX	.....	.....
3003.	XXX	XXX	.....	.....
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	.....	.....
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	.....	.....

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	43,063	
1. Member Months			
2. Net premium income (including \$.....0 non-health premium income)		14,953,597	
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$.....0 medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. TOTAL Revenues (Lines 2 to 7)	XXX	14,953,597	
Hospital and Medical:			
9. Hospital/medical benefits		14,210,286	
10. Other professional services			
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs		2,315,505	
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		16,525,792	
Less:			
17. Net reinsurance recoveries		791,771	
18. TOTAL Hospital and Medical (Lines 16 minus 17)		15,734,021	
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....901,555 cost containment expenses		1,604,885	
21. General administrative expenses		7,193,918	4,280,330
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		(3,175,000)	3,567,000
23. TOTAL Underwriting Deductions (Lines 18 through 22)		21,357,824	7,847,330
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(6,404,227)	(7,847,330)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		307,442	7,414
26. Net realized capital gains (losses) less capital gains tax of \$.....0		205,802	(74)
27. Net investment gains (losses) (Lines 25 plus 26)		513,244	7,340
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....25,871)]		(25,871)	
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)	XXX	(5,916,854)	(7,839,990)
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	(5,916,854)	(7,839,990)
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX		
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 (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	54,984,462	(760,453)
34. Net income or (loss) from Line 32	(5,916,854)	(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		
37. Change in net unrealized foreign exchange capital gain or (loss)	33,657	
38. Change in net deferred income tax		
39. Change in nonadmitted assets	88,369	(297,399)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes	0	63,882,304
43. Cumulative effect of changes in accounting principles	0	
44. Capital Changes:		
44.1 Paid in	0	
44.2 Transferred from surplus (Stock Dividend)	0	
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)	(5,794,829)	55,744,915
49. Capital and surplus end of reporting year (Line 33 plus 48)	49,189,633	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	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	13,310,980	3,680,696
2.	Net investment income	285,720	(69,635)
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	13,596,700	3,611,061
5.	Benefit and loss related payments	9,017,577	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	7,602,520	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)	16,620,097	7,734,271
11.	Net cash from operations (Line 4 minus Line 10)	(3,023,398)	(4,123,210)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	2,000,000	
12.2	Stocks	665,710	
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	1,937	(74)
12.7	Miscellaneous proceeds		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	2,667,647	(74)
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	47,171,271	49,469
13.2	Stocks	5,525,133	
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)	52,696,404	49,469
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(50,028,757)	(49,543)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes	0	63,882,304
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds	2,730,000	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)	1,212,517	283,095
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	3,942,517	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)	(49,109,638)	71,697,211
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	72,718,545	1,021,334
19.2	End of year (Line 18 plus Line 19.1)	23,608,907	72,718,545

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

20.0001			
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7	8	9	10
1. Net premium income	14,953,597	14,953,597	.....	.....	.....	.....	.....	.....	.....	.....
2. Change in unearned premium reserves and reserve for rate credit .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Fee-for-service (net of \$.....0 medical expenses) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
4. Risk revenue .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
5. Aggregate write-ins for other health care related revenues .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
6. Aggregate write-ins for other non-health care related revenues .....	.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	Other Non-Health
7. TOTAL Revenues (Lines 1 to 6)	14,953,597	14,953,597	.....	.....	.....	.....	.....	.....	.....	.....
8. Hospital/medical benefits	14,210,286	14,210,286	.....	.....	.....	.....	.....	.....	.....	XXX
9. Other professional services .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
10. Outside referrals .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
11. Emergency room and out-of-area .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
12. Prescription drugs	2,315,505	2,315,505	.....	.....	.....	.....	.....	.....	.....	XXX
13. Aggregate write-ins for other hospital and medical .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
15. Subtotal (Lines 8 to 14)	16,525,792	16,525,792	.....	.....	.....	.....	.....	.....	.....	XXX
16. Net reinsurance recoveries	791,771	791,771	.....	.....	.....	.....	.....	.....	.....	XXX
17. TOTAL Hospital and Medical (Lines 15 minus 16)	15,734,021	15,734,021	.....	.....	.....	.....	.....	.....	.....	XXX
18. Non-health claims (net) .....	.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....
19. Claims adjustment expenses including \$.....901,555 cost containment expenses	1,604,885	1,604,885	.....	.....	.....	.....	.....	.....	.....	.....
20. General administrative expenses	7,193,918	7,193,918	.....	.....	.....	.....	.....	.....	.....	.....
21. Increase in reserves for accident and health contracts	(3,175,000)	(3,175,000)	.....	.....	.....	.....	.....	.....	.....	XXX
22. Increase in reserves for life contracts .....	.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....
23. TOTAL Underwriting Deductions (Lines 17 to 22)	21,357,824	21,357,824	.....	.....	.....	.....	.....	.....	.....	.....
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(6,404,227)	(6,404,227)	.....	.....	.....	.....	.....	.....	.....	.....
DETAILS OF WRITE-INS										
0501. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
0502. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
0503. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
0601. .....	.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....
0602. .....	.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....
0603. .....	.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .....	.....
1301. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
1302. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
1303. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical)	15,646,164		692,568	14,953,597
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 through 8)	15,646,164		692,568	14,953,597
10. Life				
11. Property/casualty				
12. TOTALS (Lines 9 to 11)	15,646,164		692,568	14,953,597

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	12,225,792	12,225,792								
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	12,225,792	12,225,792								
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	4,333,215	4,333,215								
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	4,333,215	4,333,215								
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)	33,216	33,216								
7. Amounts recoverable from reinsurers December 31, current year	791,771	791,771								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct										
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net										
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	16,525,792	16,525,792								
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	791,771	791,771								
12.4 Net	15,734,021	15,734,021								
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	549,336	549,336	.....	.....	.....	.....	.....	.....	.....	.....
1.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.4 Net	549,336	549,336	.....	.....	.....	.....	.....	.....	.....	.....
2. Incurred but Unreported:										
2.1 Direct	3,783,879	3,783,879	.....	.....	.....	.....	.....	.....	.....	.....
2.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.4 Net	3,783,879	3,783,879	.....	.....	.....	.....	.....	.....	.....	.....
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. TOTALS										
4.1 Direct	4,333,215	4,333,215	.....	.....	.....	.....	.....	.....	.....	.....
4.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.4 Net	4,333,215	4,333,215	.....	.....	.....	.....	.....	.....	.....	.....

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)		11,434,021		4,333,215		
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)		11,434,021		4,333,215		
10. Healthcare receivables (a)		33,216				
11. Other non-health						
12. Medical incentive pool and bonus amounts						
13. TOTALS (Lines 9 - 10 + 11 + 12)		11,400,806		4,333,215		

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Grand Total
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.....	.....	.....	.....	.....
2. 2010 .....	.....	.....	.....	.....	.....
3. 2011	XXX	.....	.....	.....	.....
4. 2012	XXX	XXX	.....	.....	.....
5. 2013	XXX	XXX	XXX	.....	.....
6. 2014	XXX	XXX	XXX	XXX	11,401

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.....	.....	.....	.....	.....
2. 2010 .....	.....	.....	.....	.....	.....
3. 2011	XXX	.....	.....	.....	.....
4. 2012	XXX	XXX	.....	.....	.....
5. 2013	XXX	XXX	XXX	.....	.....
6. 2014	XXX	XXX	XXX	XXX	15,734

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2010
2. 2011
3. 2012
4. 2013
5. 2014	14,954	11,401	1,432	12.560	12,833	85.817	4,333	173	17,339	115.949

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)
Hospital and Medical

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.....	.....	.....	.....	.....
2. 2010 .....	.....	.....	.....	.....	.....
3. 2011	XXX	.....	.....	.....	.....
4. 2012	XXX	XXX	.....	.....	.....
5. 2013	XXX	XXX	XXX	XXX	.....
6. 2014	XXX	XXX	XXX	XXX	11,401

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior .....	.....	.....	.....	.....	.....
2. 2010 .....	.....	.....	.....	.....	.....
3. 2011	XXX	.....	.....	.....	.....
4. 2012	XXX	XXX	.....	.....	.....
5. 2013	XXX	XXX	XXX	XXX	.....
6. 2014	XXX	XXX	XXX	XXX	15,734

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2010
2. 2011
3. 2012
4. 2013
5. 2014	14,954	11,401	1,432	12.560	12,833	85.817	4,333	173	17,339	115.949

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves									
2. Additional policy reserves (a)	392,000	392,000							
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)									
5. Aggregate write-ins for other policy reserves									
6. TOTALS (Gross)	392,000	392,000							
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)	392,000	392,000							
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. TOTALS (Gross)									
13. Reinsurance ceded									
14. TOTALS (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)									
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)									

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)			80,994		80,994
2. Salaries, wages and other benefits	156,075	69,818	2,790,118		3,016,011
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)			988,490		988,490
4. Legal fees and expenses		1,140	68,738		69,878
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	72,857		651,641		724,498
7. Traveling expenses			66,488		66,488
8. Marketing and advertising			312,074		312,074
9. Postage, express and telephone			68,327		68,327
10. Printing and office supplies			233,348		233,348
11. Occupancy, depreciation and amortization			807		807
12. Equipment			16,875		16,875
13. Cost or depreciation of EDP equipment and software			91,136		91,136
14. Outsourced services including EDP, claims, and other services	659,670	626,893	708,565		1,995,128
15. Boards, bureaus and association fees			25,000		25,000
16. Insurance, except on real estate	1,618	324	36,069		38,011
17. Collection and bank service charges				19,907	19,907
18. Group service and administration fees			322,139		322,139
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes			119,312		119,312
23.3 Regulatory authority licenses and fees			65,474		65,474
23.4 Payroll taxes	11,336	5,155	159,125		175,616
23.5 Other (excluding federal income and real estate taxes)			171,671		171,671
24. Investment expenses not included elsewhere				71,338	71,338
25. Aggregate write-ins for expenses			217,527		217,527
26. TOTAL Expenses Incurred (Lines 1 to 25)	901,555	703,330	7,193,918	91,245	(a) 8,890,048
27. Less expenses unpaid December 31, current year		173,329	1,405,931	18,126	1,597,386
28. Add expenses unpaid December 31, prior year			357,107	3,733	360,840
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	901,555	530,001	6,145,094	76,852	7,653,502

DETAILS OF WRITE-INS

2501. Board meeting expenses			213,372		213,372
2502. Surveys and underwriting reports			3,200		3,200
2503. Other expenses			955		955
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			217,527		217,527

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	93,973	116,159
1.1 Bonds exempt from U.S. tax	(a)		
1.2 Other bonds (unaffiliated)	(a)	56,647	181,092
1.3 Bonds of affiliates	(a)		
2.1 Preferred stocks (unaffiliated)	(b)		
2.11 Preferred stocks of affiliates	(b)		
2.2 Common stocks (unaffiliated)		55,345	55,345
2.21 Common stocks of affiliates			
3. Mortgage loans	(c)		
4. Real estate	(d)		
5. Contract loans			
6. Cash, cash equivalents and short-term investments	(e)	79,206	46,090
7. Derivative instruments	(f)		
8. Other invested assets			
9. Aggregate write-ins for investment income			
10. TOTAL Gross investment income	285,171	398,686	
11. Investment expenses	(g)	91,245	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)		
13. Interest expense	(h)		
14. Depreciation on real estate and other invested assets	(i)		
15. Aggregate write-ins for deductions from investment income			
16. TOTAL Deductions (Lines 11 through 15)		91,245	
17. Net Investment income (Line 10 minus Line 16)		307,442	

DETAILS OF WRITE-INS

0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page			
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)			
1501.			
1502.			
1503.			
1598. Summary of remaining write-ins for Line 15 from overflow page			
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)			

(a) Includes \$.....29,271 accrual of discount less \$.....106,670 amortization of premium and less \$.....165,312 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....137,255 amortization of premium and less \$.....71,373 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)	203,865		203,865		
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments	1,937		1,937		
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. TOTAL Capital gains (losses)	205,802		205,802		

DETAILS OF WRITE-INS

0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page				
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Invested income due and accrued			
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	19,910		(19,910)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
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	138,537	192,186	53,649
21. Furniture and equipment, including health care delivery assets	25,444	38,097	12,653
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable	21,130		(21,130)
25. Aggregate write-ins for other than invested assets	22,648	85,756	63,108
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	227,669	316,039	88,369
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTAL (Lines 26 and 27)	227,669	316,039	88,369
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	22,648	28,342	5,694
2502. Other admitted assets		57,414	57,414
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	22,648	85,756	63,108

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations
2. Provider Service Organizations
3. Preferred Provider Organizations	1,729	3,816	4,996	6,677	43,063
4. Point of Service
5. Indemnity Only
6. Aggregate write-ins for other lines of business
7. TOTAL	1,729	3,816	4,996	6,677	43,063	
DETAILS OF WRITE-INS						
0601.
0602.
0603.
0698. Summary of remaining write-ins for Line 6 from overflow page
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)

Notes to Financial Statements

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:

	State of Domicile	2014	2013
NET INCOME			
(1) State basis (Page 4, Line 32, Columns 2 & 3)	OH	(5,916,854)	(7,839,990)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:			
(3) State Permitted Practices that increase/(decrease) NAIC SAP:			
(4) NAIC SAP (1-2-3=4)		(5,916,854)	(7,839,990)
SURPLUS			
(5) State basis (Page 3, Line 33, Columns 3 & 4)		49,189,633	54,984,462
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:			
(7) State Permitted Practices that increase/(decrease) NAIC SAP:			
(8) NAIC SAP (5-6-7=8)		49,189,633	54,984,462

B. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in these financial statements and notes. Actual results could differ from these estimates.

C. Accounting Policies

Expenses incurred in connection with acquiring new insurance business, including acquisitions costs such as sales commissions, are charged to operations as incurred. Costs representing management fees, consultant fees and other direct expenses of the Company are also expensed as incurred.

Net investment income consists primarily of interest income less related investment expenses and is recognized on an accrual basis.

Short-term investments and investment grade bonds are stated at amortized cost.

The Company used investment income as a factor in the premium deficiency reserve calculation.

2. Accounting Changes and Corrections of Errors

Not applicable.

3. Business Combinations and Goodwill

Not applicable.

4. Discontinued Operations

Not applicable.

Notes to Financial Statements

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – 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 – 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 – Not applicable
- J. Offsetting and Netting of Assets and Liabilities – Not applicable
- K. Structured Notes – Not applicable

6. 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 total amount excluded is zero.

8. Derivative Instruments – 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 (QNHIs) 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, Affiliates or Other Related Parties. Therefore, Sections A. – L. are not applicable.

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 \$15,972,304 as of December 31, 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 December 31, 2014 to satisfy the unencumbered equity requirement for the Ohio Department of Insurance. Routine disbursements for the Series B amounts are expected as the Company continues 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

Notes to Financial Statements

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 not 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, capital and surplus 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 December 31, 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	
	Disbursement	Cumulative	Disbursement	Cumulative
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		
December 2014	\$ 10,000	\$15,972,304		

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 December 31, 2014 have been subsequently funded by the Company.

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 December 31, 2014, the Company has accrued \$7,800 for PTO earned but not utilized to date.

A. Defined Benefit Plan – Not applicable

B. Investment Policies and Strategies – Not applicable

C. Fair Value of Each Class of Plan Assets – Not applicable

Notes to Financial Statements

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

The Company is a nonprofit mutual company and has no stock outstanding. The Company began earning premium revenue in 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 December 31, 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. Liabilities, Contingencies and Assessments

- A. Contingent Commitments – Not applicable
- B. Assessments
- C. Gain Contingencies – Not applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – 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 December 31, 2014, noncancelable lease commitments are shown in the table below:

Lease Commitment	2015	TOTAL
Total Lease Commitment	\$ 71,432	\$ 71,432

- 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. Transfer of receivables reported as sales – Not applicable
- B. Transfer and Servicing of Financial Assets – Not applicable
- C. Wash Sales – Not applicable
- D. Wash Sales – 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 December 31, 2014, is zero.

Notes to Financial Statements

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 1 – 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 value 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.

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Bonds				
U.S. Governments	18,022,504			18,022,504
Industrial and Misc		27,180,300		27,180,300
Total Bonds	18,022,504	27,180,300		45,202,804
Common Stock				
Industrial and Misc	5,096,945			5,096,945
Parent, Subsidiaries and Affiliates				
Total Common Stocks	5,096,945			5,096,945
Short Term				
U.S. Governments	16,997,640			16,997,640
Industrial and Misc	90,436	3,576,317		3,666,753
Total Short Term	17,088,076	3,576,317		20,664,393
Cash Equivalents	370,585			370,585
Total assets at fair value	40,578,110	30,756,617		71,334,727
b. Liabilities at fair value				
Derivative liabilities				
Total liabilities at fair value				

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Description	Beginning Balance at 01/01/2014	Transfers into Level 3	Transfers out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2014
a. Assets										
Loan-Backed and Structured Securities (NAIC 3-6)										
Residential mortgaged-backed Securities										
Commercial Mortgaged-Backed Securities										
Derivative										
Credit Contracts										
Other Fund Investments										
Hedge Fund High-Yield Debt Securities					NONE					
Private Equity										
Total Assets										
b. Liabilities										
Total Liabilities										

Notes to Financial Statements

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Long Term Bonds	45,202,804	45,143,404	18,022,504	27,180,300		
Common Stock	5,096,945	5,096,945	5,096,945			
Cash Equivalents and Short Term Mortgage Loans	21,034,977	21,033,324	17,458,661	3,576,317		
Total	71,334,726	71,273,673	40,578,110	30,756,617		

D. Not Practicable to Estimate Fair Value

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Bonds				
Common Stock				
Perpetual Preferred Stock		NONE		
Mortgage Loans				

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.

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 benefit 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

Notes to Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D. – Retrospective Rated Contracts & Contracts Subject to Redetermination – Not applicable.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? _____ YES _____

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

Description		Amount
a. Permanent ACA Risk Adjustment Program		
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment		-0-
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		6,410
3. Premium adjustments payable due to ACA Risk Adjustment		1,669,000
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		1,669,000
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		6,410
b. Transitional ACA Reinsurance Program		
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance		713,162
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)		-0-
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		-0-
Liabilities		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		151,930
5. Ceded reinsurance premiums payable due to ACA Reinsurance		-0-
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		-0-
Operations (Revenue & Expense)		
7. Ceded reinsurance premiums due to ACA Reinsurance		123,049
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		713,162
9. ACA Reinsurance contributions – not reported as ceded premium		-0-
c. Temporary ACA Risk Corridors Program		
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors		-0-
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		-0-
Operations (Revenue & Expense)		
3. Effect of ACA Risk Corridors on net premium income (paid/received)		-0-
4. Effect of ACA Risk Corridors on change in reserves for rate credits		-0-

Notes to Financial Statements

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 +8)
		1	2	3	4	5	6	7	8
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref
a. Permanent ACA Risk Adjustment Program									
1. Premium adjustments receivable									A
2. Premium adjustments (payable)									B
3. Subtotal ACA Permanent Risk Adjustment Program									
b. Transitional ACA Reinsurance Program									C
1. Amounts recoverable for claims paid									D
2. Amounts recoverable for claims unpaid (contra liability)									E
3. Amounts receivable relating to uninsured plans									F
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium									G
5. Ceded reinsurance premiums payable									H
6. Liability for amounts held under uninsured plans									
7. Subtotal ACA Transitional Reinsurance Program									
c. Temporary ACA Risk Corridors Program									I
1. Accrued retrospective premium									
2. Reserve for rate credits or policy experience rating refunds									J
3. Subtotal ACA Risk Corridors Program									
d. Total for ACA Risk Sharing Provisions									

Explanation of Adjustments

- A.
- B.
- C.
- D.
- E.
- F.
- G.
- H.
- I.
- J.

25. Change in Incurred Claims and Claim Adjustment Expenses – Not applicable

26. Intercompany Pooling Arrangements – Not applicable

27. Structured Settlements – Not applicable

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2014	12,085	12,085			
09/30/2014		12,085			
06/30/2014		5,691			
03/31/2014		3,355			3,411

B. Risk Sharing Receivables – Not Applicable.

Notes to Financial Statements**29. Participating Policies – Not applicable****30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	\$ 392,000
2. Date of the most recent evaluation of this liability	<u>12/31/2014</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 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?
If yes, complete Schedule Y, Parts 1, 1A and 2. Yes[] No[X]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[] No[] N/A[X]

1.3 State Regulating?

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[X] No[]

2.2 If yes, date of change: 12/31/2014

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

3.2 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.

3.3 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).

3.4 By what department or departments?

3.5 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]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[] No[] N/A[X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes[] No[X]
4.12 renewals? Yes[] No[X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes[] No[X]
4.22 renewals? Yes[] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]

5.2 If yes, provide the name of the 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
.....

6.1 Has the 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]

6.2 If yes, give full information:
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[] No[X]
7.2 If yes,
7.21 State the percentage of foreign control 0.000%
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity
.....

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. Yes[] No[X]
8.3 Is the company affiliated with one or more banks, thrifts or securities firms?
8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial 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] ..			

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Plante & Moran, PLLC, 65 E. State Street, Columbus, OH 43215

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[] No[X]
10.2 If response to 10.1 is "yes," provide information related to this exemption:
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes[X] No[]
10.4 If response to 10.3 is "yes," provide information related to this exemption:
Coordinated Health Mutual, Inc. met the statutory criteria and was granted an exemption from filing a Statement of Actuarial Opinion for the year ending December 31, 2013.
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] No[] N/A[]
10.6 If the response to 10.5 is "NO" or "N/A" please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Milliman, 3424 Peachtree Road NE, Suite 1900, Atlanta, GA 30326; Courtney R. White, FSA, MAAA - Principal and Consulting Actuary

GENERAL INTERROGATORIES (Continued)

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X] \$ 0

12.11 Name of real estate holding company
12.12 Number of parcels involved
12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes [] No [] N/A [X]

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [] N/A [X]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [] N/A [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]

14.1 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.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s). Yes [] No [X]

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). Yes [] No [X]

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered. Yes [] No [X]

	1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
15.2001

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): \$ 0

20.11 To directors or other officers
20.12 To stockholders not officers
20.13 Trustees, supreme or grand (Fraternal only)

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans): \$ 0

20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Trustees, supreme or grand (Fraternal only)

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year: \$ 0

21.21 Rented from others
21.22 Borrowed from others
21.23 Leased from others
21.24 Other

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment
22.22 Amount paid as expenses
22.23 Other amounts paid

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X] \$ 0

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: Yes [] No [X] \$ 0

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []

24.02 If no, give full and complete information, relating thereto
Held by Huntington National Bank, Columbus, Ohio (contractual custodian and trustee).

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
24.06 If answer to 24.04 is no, report amount of collateral for other programs.

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES (Continued)

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
24.103 Total payable for securities lending reported on the liability page.	\$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$ 0
25.22 Subject to reverse repurchase agreements	\$ 0
25.23 Subject to dollar repurchase agreements	\$ 0
25.24 Subject to reverse dollar repurchase agreements	\$ 0
25.25 Placed under option agreements	\$ 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
25.27 FHLB Capital Stock	\$ 0
25.28 On deposit with states	\$ 0
25.29 On deposit with other regulatory bodies	\$ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
25.32 Other	\$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

28. 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 I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No []

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

28.02 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)
.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

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

28.05 Identify all investment advisors, broker/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 Number(s)	2 Name	3 Address
16986	Huntington National Bank	41 South Hight St., Columbus, OH 43215

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total

29.3 For each mutual fund listed in the table above, complete the following schedule:

GENERAL INTERROGATORIES (Continued)

1	2	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund		

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	65,806,143	65,867,196	61,053
30.2 Preferred stocks			
30.3 Totals	65,806,143	65,867,196	61,053

30.4 Describe the sources or methods utilized in determining the fair values

See attached description of the sources or methods utilized in determining the fair values.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[] No[X]
 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[] No[] N/A[X]
 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No[]
 32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? \$ 25,000
 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
National Alliance of State Health Co-Ops	25,000

34.1 Amount of payments for legal expenses, if any? \$ 69,878
 34.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Bailey Cavalieri, LLC	68,724

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? \$ 0
 35.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	

General Interrogatories Part 1 Attachments

GENERAL INTERROGATORIES:

2.2 - Changes to charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity.

Articles of Incorporation were revised and effectuated on December 31, 2014.

By-laws were revised and effectuated on December 4, 2014 and again on December 12, 2014.

30.4 - Describe the sources or methods utilized in determining the fair values.

Level 1 - 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 value 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.

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]	0
1.2 If yes, indicate premium earned on U.S. business only:	\$	0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.31 Reason for excluding:	\$	0
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6 Individual policies - Most current three years:		
1.61 TOTAL Premium earned	\$	0
1.62 TOTAL Incurred claims	\$	0
1.63 Number of covered lives	\$	0
All years prior to most current three years:		
1.64 TOTAL Premium earned	\$	0
1.65 TOTAL Incurred claims	\$	0
1.66 Number of covered lives	\$	0
1.7 Group policies - Most current three years:		
1.71 TOTAL Premium earned	\$	0
1.72 TOTAL Incurred claims	\$	0
1.73 Number of covered lives	\$	0
All years prior to most current three years:		
1.74 TOTAL Premium earned	\$	0
1.75 TOTAL Incurred claims	\$	0
1.76 Number of covered lives	\$	0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	14,953,597	.....
2.2 Premium Denominator	14,953,597	.....
2.3 Premium Ratio (2.1 / 2.2)	1.000	.....
2.4 Reserve Numerator	4,922,342	.....
2.5 Reserve Denominator	4,725,215	3,567,000
2.6 Reserve Ratio (2.4 / 2.5)	1.042	.....

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

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

5.1 Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$	300,000
5.32 Medical Only	\$	0
5.33 Medicare Supplement	\$	0
5.34 Dental & Vision	\$	0
5.35 Other Limited Benefit Plan	\$	0
5.36 Other	\$	0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [] No [X]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	.....	0
8.2 Number of providers at end of reporting year	.....	0

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	.....	0
9.22 Business with rate guarantees over 36 months	.....	0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$	0
10.22 Amount actually paid for year bonuses	\$	0
10.23 Maximum amount payable withholds	\$	0
10.24 Amount actually paid for year withholds	\$	0

11.1 Is the reporting entity organized as:

Yes [] No [X]

11.12 A Medical Group/Staff Model,
11.13 An Individual Practice Association (IPA), or,
11.14 A Mixed Model (combination of above)?

Yes [] No [X]

Yes [] No [X]

Yes [] No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Yes [] No [X]

11.3 If yes, show the name of the state requiring such net worth.

11.4 If yes, show the amount required.	\$	0
11.5 Is this amount included as part of a contingency reserve in stockholder's equity?	.....	Yes [] No [X]

11.6 If the amount is calculated, show the calculation.

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
.....

13.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$	0
Yes [] No [X]	.....

13.3 Do you act as an administrator for health savings accounts?

\$	0
Yes [] No [X]	.....

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

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

14.2 If the answer to 14.1 is yes, please provide the following:

GENERAL INTERROGATORIES (Continued)

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written
15.2 Total incurred claims
15.2 Number of covered lives

\$ 0
\$ 0
\$ 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	75,140,208	72,861,469	1,021,334		
2. TOTAL Liabilities (Page 3, Line 24)	25,950,575	17,877,007	1,781,787		
3. Statutory surplus					
4. TOTAL Capital and Surplus (Page 3, Line 33)	49,189,633	54,984,462	(760,453)		
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	14,953,597				
6. TOTAL Medical and Hospital Expenses (Line 18)	15,734,021				
7. Claims adjustment expenses (Line 20)	1,604,885				
8. TOTAL Administrative Expenses (Line 21)	7,193,918	4,280,330	741,813		
9. Net underwriting gain (loss) (Line 24)	(6,404,227)	(7,847,330)	(741,813)		
10. Net investment gain (loss) (Line 27)	513,244	7,340			
11. TOTAL Other Income (Lines 28 plus 29)	(25,871)				
12. Net income or (loss) (Line 32)	(5,916,854)	(7,839,990)	(741,813)		
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(3,023,398)	(4,123,210)	(507,508)		
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	49,189,633	54,984,462			
15. Authorized control level risk-based capital	1,547,247	52,009			
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	6,677				
17. TOTAL Members Months (Column 6, Line 7)	43,063				
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	105.2				
20. Cost containment expenses	6.0				
21. Other claims adjustment expenses	4.7				
22. TOTAL Underwriting Deductions (Line 23)	142.8				
23. TOTAL Underwriting Gain (Loss) (Line 24)	(42.8)				
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)					
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]					
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain::

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status	Direct Business Only							9 Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	
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	15,646,164	.....	.....	.....	.....	.....	15,646,164	.....
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	15,646,164	.....	.....	.....	.....	.....	15,646,164	.....
60. Reporting entity contributions for Employee Benefit Plans	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
61. TOTAL (Direct Business)	(a) .. 1	15,646,164	.....	.....	.....	.....	.....	15,646,164	.....

DETAILS OF WRITE-INS

58001	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
58002	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
58003	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX .....	.....	.....	.....	.....	.....	.....	.....	.....
58999. TOTALS (Lines 58001 through 58003 plus 58998) (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.
Explanation of basis of allocation of premiums by states, etc.: Address of primary policyholder.

39 Schedule T - Part 2 - Interstate Compact - Exhibit of Premiums Written **NONE**

40 Schedule Y - Part 1 **NONE**

41 Schedule Y - Part 1A **NONE**

42 Schedule Y - Part 2 **NONE**

INDEX TO HEALTH ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

INDEX TO HEALTH ANNUAL STATEMENT

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14