



15314201420100100

2014

Document Code: 201

15314201420100100

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)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals	66,457	23,409		18,940	18,940	89,866
0299998 Premiums due and unpaid not individually listed	124,403	13,227		970	970	137,630
0299999 TOTAL Group	124,403	13,227		970	970	137,630
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	190,860	36,636		19,910	19,910	227,496

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
ProCare Rx	4,028	4,028	4,029	21,130	21,130	12,085
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	4,028	4,028	4,029	21,130	21,130	12,085
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	4,028	4,028	4,029	21,130	21,130	12,085

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	33,215	.....
2. Claim overpayment receivables
3. Loans and advances to providers
4. Capitation arrangement receivables
5. Risk sharing receivables
6. Other health care receivables
7. TOTALS (Lines 1 through 6)	33,215	.....

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	549,336	.....	.....	.....	.....	549,336
0499999 Subtotals	549,336	.....	.....	.....	.....	549,336
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	3,783,879
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	.....	4,333,215
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	.....

22 Exhibit 5 - Amounts Due From Parent **NONE**

23 Exhibit 6 - Amounts Due to Parent **NONE**

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.....	.....	.....	.....	.....	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments .....	.....	.....	.....	.....	.....	.....
Other Payments:						
5. Fee-for-service .....	.....	.....	XXX	XXX	.....	.....
6. Contractual fee payments	12,225,792	100.000	XXX	XXX	12,225,792	.....
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments	12,225,792	100.000	XXX	XXX	12,225,792	.....
13. TOTAL (Line 4 plus Line 12)	12,225,792	100.000	XXX	XXX	12,225,792	.....

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
9999999 TOTALS	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	56,654	.....	31,210	.....	25,444	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL	56,654	.....	31,210	.....	25,444	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	NAIC Company Code 15314
		2	3								
	Total	Individual	Group								
TOTAL Members at end of:											
1. Prior Year											
2. First Quarter	1,729	786	943								
3. Second Quarter	3,816	1,693	2,123								
4. Third Quarter	4,996	2,237	2,759								
5. Current Year	6,677	2,641	4,036								
6. Current Year Member Months	43,063	19,320	23,743								
TOTAL Member Ambulatory Encounters for Year:											
7. Physician	12,125	5,740	6,385								
8. Non-Physician	7,294	3,240	4,054								
9. TOTAL	19,419	8,980	10,439								
10. Hospital Patient Days Incurred	651	329	322								
11. Number of Inpatient Admissions	162	83	79								
12. Health Premiums Written (b)	17,302,908	7,099,297	10,203,611								
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned	15,646,164	5,668,466	9,977,698								
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services	12,225,792	5,362,148	6,863,644								
18. Amount Incurred for Provision of Health Care Services	16,525,792	6,859,279	9,666,513								

(a) For health business: number of persons insured under PPO managed care products43,063 and number of persons insured under indemnity only products0.

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



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 15314

NAIC Group Code	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter	1,729	786	943							
3. Second Quarter	3,816	1,693	2,123							
4. Third Quarter	4,996	2,237	2,759							
5. Current Year	6,677	2,641	4,036							
6. Current Year Member Months	43,063	19,320	23,743							
TOTAL Member Ambulatory Encounters for Year:										
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8. Non-Physician	7,294	3,240	4,054							
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12. Health Premiums Written (b)	17,302,908	7,099,297	10,203,611							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	15,646,164	5,668,466	9,977,698							
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17. Amount Paid for Provision of Health Care Services	12,225,792	5,362,148	6,863,644							
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(a) For health business: number of persons insured under PPO managed care products43,063 and number of persons insured under indemnity only products0.

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
			N O N E								
9999999 Total (Sum of 0799999 and 1099999)											

SCHEDULE S - PART 2**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
11835 04-1590940 ... 01/01/2014	PARTNERRE AMER INS CO		DE	78,608		
00000 AA-9990032 ... 01/01/2014	US Dept of Hlth & Human Serv		DC	713,162		
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates				791,771		
2199999 Total - Accident and Health - Non-Affiliates				791,771		
2299999 Total - Accident and Health				791,771		
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)				791,771		
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Total (Sum of 1199999 and 2299999)				791,771		

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12 Current Year	Prior Year	
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2014	PARTNERRE AMER INS CO	DE	SSL/A/I	I	328,571						
11835	04-1590940	01/01/2014	PARTNERRE AMER INS CO	DE	SSL/A/G	G	240,952						
00000	AA-9990032	01/01/2014	US Dept of Hlth & Human Serv	DC	OTH/A/I	I	123,045						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							692,568						
1099999 Total - General Account - Authorized - Non-Affiliates							692,568						
1199999 Total - General Account Authorized							692,568						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							692,568						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599993, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							692,568						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							692,568						

34 Schedule S - Part 4 **NONE**

35 Schedule S - Part 5 **NONE**

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

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums	693				
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	792				
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers				XXX	XXX
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust				XXX	XXX
18. Funds deposited by and withheld from (F)				XXX	XXX
19. Letters of credit (L)				XXX	XXX
20. Trust agreements (T)				XXX	XXX
21. Other (O)				XXX	XXX

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

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	73,849,256		73,849,256
2. Accident and health premiums due and unpaid (Line 15)	227,496		227,496
3. Amounts recoverable from reinsurers (Line 16.1)	791,771	(791,771)	
4. Net credit for ceded reinsurance	XXX	791,771	791,771
5. All other admitted assets (Balance)	271,685		271,685
6. TOTAL Assets (Line 28)	75,140,208		75,140,208
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	4,333,215		4,333,215
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	1,770,440		1,770,440
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	19,846,920		19,846,920
15. TOTAL Liabilities (Line 24)	25,950,575		25,950,575
16. TOTAL Capital and Surplus (Line 33)	49,189,633	XXX	49,189,633
17. TOTAL Liabilities, Capital and Surplus (Line 34)	75,140,208		75,140,208
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	791,771		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	791,771		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	791,771		

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**

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	Yes
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The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	See Explanation
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	No
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	No

AUGUST FILING

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

Explanations:

- 1.
- 12.
14. We are a mutual company and do not have any stockholders, therefore, we will not be filing the SIS document.
21. This is a NONE exhibit for our company and therefore, will not be filed.
23. This is a NONE exhibit for our company and therefore, will not be filed.
24. This is a NONE exhibit for our company and therefore, will not be filed.
25. This is a NONE exhibit for our company and therefore, will not be filed.

Bar Codes:

Health Life Supplement



1531420142050000

2014

Document Code: 205

Actuarial Opinion on Participating and Non-Participating Policies



15314201437100000

2014

Document Code: 371

Medicare Part D Coverage Supplement



15314201436500000

2014

Document Code: 365

Health Property / Casualty Supplement



15314201420700000

2014

Document Code: 207

Statement of Non-Guaranteed Elements for Exhibit 5



15314201437000000

2014

Document Code: 370

Approval for Relief related to five-year rotation for lead Audit Partner



15314201422400000

2014

Document Code: 224

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Approval for Relief related to one-year cooling off period for inde. CPA



1531420142250000

2014

Document Code: 225

Approval for Relief related to Require. for Audit Committees



1531420142260000

2014

Document Code: 226

LTC Supplemental Interrogatories



1531420143060000

2014

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



15314201421100000

2014

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



1531420142130000

2014

Document Code: 213

Supplemental Health Care Exhibit



15314201421600000

2014

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



1531420142170000

2014

Document Code: 217

Management's Report of Internal Control over Financial Reporting



15314201422300000

2014

Document Code: 223

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Advance from reinsurer .....	.....	.....	.....	500,000
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396) .....	.....	.....	.....	500,000
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	.... XXX ....	.... XXX ....	.....	.....
3097. Summary of remaining write-ins for Line 30 (Lines 3004 through 3096) .....	.... XXX ....	.... XXX ....	.....	.....



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2014
(To be filed by March 1)
FOR THE STATE OF OHIO

NAIC Group Code:

NAIC Company Code: 15314

Address (City, State and Zip Code): Westerville, OH 43081

Person Completing This Exhibit:

Title:

Telephone Number:

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014			
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
0299999 Total Experience on Group Policies																

N O N E

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address:
 2.2 Contact Person and Phone Number:
 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 3.1 Address:
 3.2 Contact Person and Phone Number:
 4. Explain any policies identified above as policy type "O":

Supp12 Ohio

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