



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE
COORDINATED HEALTH MUTUAL, INC.

NAIC Group Code	0000 (Current Period)	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[] Dental Service Corporation[] Other[]		Property/Casualty[X] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[] N/A[X]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[]	
Incorporated/Organized	03/22/2012		Commenced Business	09/27/2013		
Statutory Home Office	501 West Schrock Road, Suite 310 (Street and Number)		Westerville, OH, US 43081 (City or Town, State, Country and Zip Code)			
Main Administrative Office	501 West Schrock Road, Suite 310 (Street and Number)		Westerville, OH, US 43081 (City or Town, State, Country and Zip Code)			
Mail Address	501 West Schrock Road, Suite 310 (Street and Number or P.O. Box)		Westerville, OH, US 43081 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	501 West Schrock Road, Suite 310 (Street and Number)		Westerville, OH, US 43081 (City or Town, State, Country and Zip Code)			
Internet Website Address	inhealthohio.org		(614)212-6004 (Area Code) (Telephone Number)			
Statutory Statement Contact	Christopher William Larkin (Name)		(614)212-6004 (Area Code)(Telephone Number)(Extension)			
	clarkin@inhealthohio.org (E-Mail Address)		(800)538-0372 (Fax Number)			

OFFICERS

Name	Title
Jesse Lee Thomas Jr.	President
Stelzer Lawrence Joseph Jr.	Secretary #
Christopher William Larkin	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Nicholas Zaferakes Alexander Arthur Clifton Huston Jr. Stephen Michael Lundregan Patrick Andrew O'Donnell # Frederick Ray Richards # Michael Peter Stinziano	Barbara Lynn Freeman Owen Elwood Johnson Michelle Moskowitz-Brown # Mark Wilbert Poeppelman Jerry Randall Stephens
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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) Lawrence Joseph Stelzer, Jr. # (Printed Name) 2. Secretary (Title)	(Signature) Christopher William Larkin (Printed Name) 3. Treasurer (Title)
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Subscribed and sworn to before me this day of , 2016	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[]
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(Notary Public Signature)

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)	73,502,331		73,502,331	45,143,404
2.	Stocks (Schedule D)				
2.1	Preferred stocks				
2.2	Common Stocks	7,793,397		7,793,397	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 (\$.....2,390,690, Schedule E Part 1), cash equivalents (\$.....4,403,402, Schedule E Part 2) and short-term investments (\$.....6,014,623, Schedule DA)	12,808,715		12,808,715	23,608,907
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)	0		0	
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	94,104,444		94,104,444	73,849,256
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	176,590		176,590	194,233
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	1,129,567	177,586	951,981	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 (\$.....0) and contracts subject to redetermination (\$.....0)				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	12,941,017		12,941,017	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	144,801	106,324	38,477	65,367
21.	Furniture and equipment, including health care delivery assets (\$.....0)	10,472	10,472		0
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$.....0) and other amounts receivable	218,211	218,211	0	12,085
25.	Aggregate write-ins for other than invested assets	994,638	192,936	801,702	
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	109,719,741	705,530	109,014,211	75,140,208
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	109,719,741	705,530	109,014,211	75,140,208
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	192,936	192,936		
2502.	Risk Adjustment Receivable	801,702		801,702	
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	994,638	192,936	801,702	

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....2,100,000 reinsurance ceded)	29,647,746		29,647,746	4,333,215
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	1,230,665		1,230,665	173,329
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	31,628,076		31,628,076	392,000
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	3,418,658		3,418,658	1,770,440
9.	General expenses due or accrued	3,740,127		3,740,127	1,424,057
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	679,630		679,630	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.	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)	7,009,599		7,009,599	1,762,185
24.	TOTAL Liabilities (Lines 1 to 23)	77,354,502		77,354,502	25,950,575
25.	Aggregate write-ins for special surplus funds	X X X	X X X	611,143	
26.	Common capital stock	X X X	X X X		
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X		
29.	Surplus notes	X X X	X X X	126,408,917	63,882,304
30.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	(95,360,351)	(14,692,671)
32.	Less treasury stock, at cost:				
32.1	0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	31,659,709	49,189,633
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	109,014,211	75,140,208
DETAILS OF WRITE-INS					
2301.	Risk Adjustment Payable	7,009,519		7,009,519	1,669,000
2302.	Accounts Payable				93,167
2303.	Unclaimed Funds	80		80	18
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	7,009,599		7,009,599	1,762,185
2501.	HIP Fees	X X X	X X X	611,143	
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X	611,143	
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	255,695	43,063
2.	Net premium income (including \$.....0 non-health premium income)	X X X	99,208,318	14,953,597
3.	Change in unearned premium reserves and reserve for rate credits	X X X		
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X		
7.	Aggregate write-ins for other non-health revenues	X X X	341,371	
8.	TOTAL Revenues (Lines 2 to 7)	X X X	99,549,689	14,953,597
Hospital and Medical:				
9.	Hospital/medical benefits		124,437,975	14,210,286
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs		16,196,136	2,315,505
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts	0		
16.	Subtotal (Lines 9 to 15)	0	140,634,110	16,525,792
Less:				
17.	Net reinsurance recoveries		18,235,140	791,771
18.	TOTAL Hospital and Medical (Lines 16 minus 17)	0	122,398,970	15,734,021
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$.....4,032,140 cost containment expenses		8,358,031	1,604,885
21.	General administrative expenses		17,624,978	7,193,918
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)		31,236,076	(3,175,000)
23.	TOTAL Underwriting Deductions (Lines 18 through 22)	0	179,618,055	21,357,824
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(80,068,366)	(6,404,227)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		592,915	307,442
26.	Net realized capital gains (losses) less capital gains tax of \$.....0		380,244	205,802
27.	Net investment gains (losses) (Lines 25 plus 26)		973,160	513,244
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....29,922)]		(29,922)	(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)	X X X	(79,125,128)	(5,916,854)
31.	Federal and foreign income taxes incurred	X X X		
32.	Net income (loss) (Lines 30 minus 31)	X X X	(79,125,128)	(5,916,854)
DETAILS OF WRITE-INS				
0601.	.....	X X X		
0602.	.....	X X X		
0603.	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	Refund of Third Party Costs	X X X	341,371	
0702.	.....	X X X		
0703.	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X	341,371	
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	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	49,189,633	54,984,462
34.	Net income or (loss) from Line 32	(79,125,128)	(5,916,854)
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	(453,548)	
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	(477,861)	88,369
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes	62,526,613	0
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	0	
47.	Aggregate write-ins for gains or (losses) in surplus	0	
48.	Net change in capital and surplus (Lines 34 to 47)	(17,529,923)	(5,794,829)
49.	Capital and surplus end of reporting year (Line 33 plus 48)	31,659,709	49,189,633
DETAILS OF WRITE-INS			
4701.	.....	0	
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)	0	

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	131,767,037	13,310,980
2.	Net investment income	715,022	285,720
3.	Miscellaneous income	341,371	
4.	TOTAL (Lines 1 through 3)	132,823,430	13,596,700
5.	Benefit and loss related payments	140,469,761	9,017,577
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	22,517,612	7,602,520
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)	162,987,373	16,620,097
11.	Net cash from operations (Line 4 minus Line 10)	(30,163,943)	(3,023,398)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	13,978,801	2,000,000
12.2	Stocks	1,119,871	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	(1,271)	1,937
12.7	Miscellaneous proceeds		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	15,097,401	2,667,647
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	42,432,016	47,171,271
13.2	Stocks	3,900,000	5,525,133
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications	0	
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	46,332,016	52,696,404
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)	(31,234,615)	(50,028,757)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes	62,526,613	0
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds	(15,972,304)	2,730,000
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders	0	
16.6	Other cash provided (applied)	4,044,056	1,212,517
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	50,598,366	3,942,517
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)	(10,800,192)	(49,109,638)
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	23,608,907	72,718,545
19.2	End of year (Line 18 plus Line 19.1)	12,808,715	23,608,907

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	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	99,208,318	99,208,318								
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of \$.....0 medical expenses)										X X X
4.	Risk revenue										X X X
5.	Aggregate write-ins for other health care related revenues										X X X
6.	Aggregate write-ins for other non-health care related revenues	341,371	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	341,371
7.	TOTAL Revenues (Lines 1 to 6)	99,549,689	99,208,318								341,371
8.	Hospital/medical benefits	124,437,975	124,437,975								X X X
9.	Other professional services										X X X
10.	Outside referrals										X X X
11.	Emergency room and out-of-area										X X X
12.	Prescription drugs	16,196,136	16,196,136								X X X
13.	Aggregate write-ins for other hospital and medical										X X X
14.	Incentive pool, withhold adjustments and bonus amounts										X X X
15.	Subtotal (Lines 8 to 14)	140,634,110	140,634,110								X X X
16.	Net reinsurance recoveries	18,235,140	18,235,140								X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	122,398,970	122,398,970								X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$.....4,032,140 cost containment expenses	8,358,031	8,358,031								
20.	General administrative expenses	17,624,978	17,624,978								
21.	Increase in reserves for accident and health contracts	31,236,076	31,236,076								X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	179,618,055	179,618,055								
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	(80,068,366)	(80,409,737)								341,371
DETAILS OF WRITE-INS											
0501.	.....										X X X
0502.	.....										X X X
0503.	.....										X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page										X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										X X X
0601.	Refund of TPA costs	341,371	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	341,371
0602.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	341,371	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	341,371
1301.	.....										X X X
1302.	.....										X X X
1303.	.....										X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page										X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										X X X

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

		1	2	3	4
		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
Line of Business					
1.	Comprehensive (hospital and medical)	102,325,156		3,116,838	99,208,318
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)	102,325,156		3,116,838	99,208,318
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	102,325,156		3,116,838	99,208,318

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	113,404,575	113,404,575								
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	3,985,894	3,985,894								
1.4 Net	109,418,680	109,418,680								
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	31,747,746	31,747,746								
3.2 Reinsurance assumed										
3.3 Reinsurance ceded	2,100,000	2,100,000								
3.4 Net	29,647,746	29,647,746								
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)	184,995	184,995								
7. Amounts recoverable from reinsurers December 31, current year ..	12,941,017	12,941,017								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	4,333,215	4,333,215								
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	4,333,215	4,333,215								
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	791,771	791,771								
12. Incurred benefits:										
12.1 Direct	140,634,111	140,634,111								
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	18,235,141	18,235,141								
12.4 Net	122,398,970	122,398,970								
13. Incurred medical incentive pools and bonuses										

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct										
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net										
2. Incurred but Unreported:										
2.1 Direct 31,747,746	31,747,746	31,747,746								
2.2 Reinsurance assumed										
2.3 Reinsurance ceded 2,100,000	2,100,000	2,100,000								
2.4 Net 29,647,746	29,647,746	29,647,746								
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 31,747,746	31,747,746	31,747,746								
4.2 Reinsurance assumed										
4.3 Reinsurance ceded 2,100,000	2,100,000	2,100,000								
4.4 Net 29,647,746	29,647,746	29,647,746								

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	6
		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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1.	Comprehensive (hospital and medical)	5,026,142	92,243,293	140,561	29,507,185	5,166,703	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)	5,026,142	92,243,293	140,561	29,507,185	5,166,703	4,333,215
10.	Healthcare receivables (a)	15,946	202,265			15,946	33,215
11.	Other non-health						
12.	Medical incentive pool and bonus amounts						
13.	TOTALS (Lines 9 - 10 + 11 + 12)	5,010,196	92,041,028	140,561	29,507,185	5,150,757	4,300,000

(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 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X .....	.....	.....	.....
5.	2014	X X X	X X X	X X X	11,401	16,444
6.	2015	X X X	X X X	X X X	X X X	92,041

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 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X .....	.....	.....	.....
5.	2014	X X X	X X X	X X X	15,734	16,585
6.	2015	X X X	X X X	X X X	X X X	121,548

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.	2011 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.	2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2013 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2014	14,954	16,444	1,768	10.752	18,212	121.787	141	5	18,358	122.763
5.	2015	99,208	92,041	6,964	7.566	99,005	99.795	29,507	1,226	129,738	130.774

12 Total

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 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X .....	.....	.....	.....
5.	2014	X X X	X X X	X X X	11,401	16,444
6.	2015	X X X	X X X	X X X	X X X	92,041

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 2011	2 2012	3 2013	4 2014	5 2015
1.	Prior .....	.....	.....	.....	.....	.....
2.	2011 .....	.....	.....	.....	.....	.....
3.	2012	X X X .....	.....	.....	.....	.....
4.	2013	X X X	X X X .....	.....	.....	.....
5.	2014	X X X	X X X	X X X	15,734	16,585
6.	2015	X X X	X X X	X X X	X X X	121,548

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.	2011 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.	2012 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	2013 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2014	14,954	16,444	1,768	10.752	18,212	121.787	141	5	18,358	122.763
5.	2015	99,208	92,041	6,964	7.566	99,005	99.795	29,507	1,226	129,738	130.774

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	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)	31,628,076	31,628,076							
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....21,610,000 for investment income)									
5. Aggregate write-ins for other policy reserves									
6. TOTALS (Gross)	31,628,076	31,628,076							
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)	31,628,076	31,628,076							
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	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building)			92,490		92,490
2.	Salaries, wages and other benefits	273,024	77,514	3,492,243		3,842,781
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed)			4,196,187		4,196,187
4.	Legal fees and expenses	3,275		89,594		92,869
5.	Certifications and accreditation fees			6,404		6,404
6.	Auditing, actuarial and other consulting services	43,636		825,078		868,714
7.	Traveling expenses			103,797		103,797
8.	Marketing and advertising			934,750		934,750
9.	Postage, express and telephone			225,869		225,869
10.	Printing and office supplies			334,725		334,725
11.	Occupancy, depreciation and amortization					
12.	Equipment			13,078		13,078
13.	Cost or depreciation of EDP equipment and software			120,443		120,443
14.	Outsourced services including EDP, claims, and other services	3,711,757	4,248,288	2,572,455		10,532,500
15.	Boards, bureaus and association fees			40,255		40,255
16.	Insurance, except on real estate	448	89	47,866		48,403
17.	Collection and bank service charges			429,007		429,007
18.	Group service and administration fees					
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			1,486,544		1,486,544
23.3	Regulatory authority licenses and fees			67,571		67,571
23.4	Payroll taxes			226,079		226,079
23.5	Other (excluding federal income and real estate taxes)			2,138,318		2,138,318
24.	Investment expenses not included elsewhere				59,797	59,797
25.	Aggregate write-ins for expenses			182,225		182,225
26.	TOTAL Expenses Incurred (Lines 1 to 25)	4,032,140	4,325,891	17,624,978	59,797	(a) 26,042,806
27.	Less expenses unpaid December 31, current year		1,230,665	3,723,469	16,658	4,970,792
28.	Add expenses unpaid December 31, prior year		173,329	1,405,931	18,126	1,597,386
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)	4,032,140	3,268,555	15,307,440	61,265	22,669,400
DETAILS OF WRITE-INS						
2501.	Board meeting expenses			263,908		263,908
2502.	Surveys and underwriting reports			11,486		11,486
2503.	Other expenses			(93,169)		(93,169)
2598.	Summary of remaining write-ins for Line 25 from overflow page					
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			182,225		182,225

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

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a)..... 144,672	 182,719
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a)..... 367,471	 357,997
1.3	Bonds of affiliates	(a).....	.....
2.1	Preferred stocks (unaffiliated)	(b).....	.....
2.11	Preferred stocks of affiliates	(b).....	.....
2.2	Common stocks (unaffiliated)	 86,756	 86,756
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)..... 71,456	 25,240
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	TOTAL Gross investment income	 670,355	 652,712
11.	Investment expenses		(g)..... 59,797
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)		 59,797
17.	Net Investment income (Line 10 minus Line 16)		 592,915
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 \$.....43,669 accrual of discount less \$.....149,631 amortization of premium and less \$.....55,013 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 \$.....60,369 amortization of premium and less \$.....95,795 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	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	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)	 11,644		 11,644		
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)	 369,871		 369,871	 (453,548)	
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments	 (1,271)		 (1,271)		
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	TOTAL Capital gains (losses)	 380,244		 380,244	 (453,548)	
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	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	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	177,586	19,910	(157,676)
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3	Accrued retrospective premiums and contracts subject to redetermination			
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	106,324	138,537	32,213
21.	Furniture and equipment, including health care delivery assets	10,472	25,444	14,972
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	218,211	21,130	(197,081)
25.	Aggregate write-ins for other than invested assets	192,936	22,648	(170,288)
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	705,530	227,669	(477,861)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	TOTAL (Lines 26 and 27)	705,530	227,669	(477,861)
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	192,936	22,648	(170,288)
2502.	.....			
2503.	.....			
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	192,936	22,648	(170,288)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations .....	.....	.....	.....	.....	.....	.....
2.	Provider Service Organizations .....	.....	.....	.....	.....	.....	.....
3.	Preferred Provider Organizations	 6,677	 20,795	 21,933	 22,724	 23,968	 255,695
4.	Point of Service .....	.....	.....	.....	.....	.....	.....
5.	Indemnity Only .....	.....	.....	.....	.....	.....	.....
6.	Aggregate write-ins for other lines of business .....	.....	.....	.....	.....	.....	.....
7.	TOTAL	 6,677	 20,795	 21,933	 22,724	 23,968	 255,695
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	2015	2014
NET INCOME			
(1) State basis (Page 4, Line 32, Columns 2 & 3)	OH	(79,125,128)	(5,916,854)
(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)	OH	(79,125,128)	(5,916,854)
SURPLUS			
(5) State basis (Page 3, Line 33, Columns 3 & 4)	OH	31,659,709	49,189,633
(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)	OH	31,656,709	49,189,633

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.

Investments in equity-based diversified mutual funds are stated at market value.

Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities, except for interest only securities or securities where the yield had become negative, that are valued using the prospective method.

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

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – Not applicable
- B. Debt Restructuring – Not applicable
- C. Reverse Mortgages – Not applicable

Notes to Financial Statements

- D. Loan-Backed Securities – Prepayment assumptions for mortgage-backed/loan-backed were obtained from Interactive Data Corporation (IDC). No other-than-temporary impairment applies to our loan-backed security.
- 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 – 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, 2015 for start-up costs under the loan provisions for Series A.

Initial disbursements for the Series B in the amount of \$110,431,613 have been received by the Company as of December 31, 2015 to satisfy the unencumbered equity requirement for the Ohio Department of Insurance. Additional disbursements for the remaining Series B funds in the amount of \$2,816,687 could be 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 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

Notes to Financial Statements

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, 2015, 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.

In September 2015, the Company requested CMS to amend the Series A start-up loan terms to recharacterize these funds as surplus notes similar to the Solvency Series B loan funds. All other terms of the Series A funds remain unchanged. CMS executed this amendment in December in the amount of \$15,977,304.

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		
March 2015	\$ 5,000	\$15,977,304		
November 2015			\$ 46,549,309	\$110,431,613
December 2015	(\$15,977,304)	-0-	\$ 15,977,304	\$126,408,917

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, 2015 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, 2015, the Company has accrued \$76,300 for PTO earned but not utilized to date.

The Company has no defined benefit plans and therefore, Sections A – I are not applicable.

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

- (1) Number of shares is zero.
- (2) No dividends are paid.
- (3) There are no dividend restrictions.
- (4) No dividends have been paid.
- (5) No ordinary dividends are payable to stockholders.
- (6) 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 and as a result of ongoing operations, the Company has received Series A and B loan disbursements in total of \$126,408,917 beginning in 2013 that remain outstanding as of December 31, 2015. The Series B and Series A loan as amended in December 2015, are considered surplus notes and are structured so that they meet the definition of capital and surplus within the risk based capital provisions of the state insurance law.
- (7) The total amount of advances to surplus not repaid is zero.
- (8) No stock is held by the reporting entity.

Notes to Financial Statements

- (9) Changes in balances of special surplus funds from the prior year are due to the recognition of Health Insurance Plan fees payable for the current year.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is a \$453,548 loss at December 31, 2015.
- (11) Surplus Notes – See Note 11 above.
- (12) There was no quasi-reorganization.
- (13) Since there was no quasi-reorganization, there is no effective date to report.

14. Liabilities, Contingencies and Assessments

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

15. Leases

- A. Lessee Operating Lease

The Company currently occupies leased office space pursuant to an agreement that was executed on December 1, 2012 and was effective through December 1, 2015. In November, 2015 this lease term was extended until December 1, 2016. A deposit of \$7,057 was made by the Company upon entering the lease agreement. As of December 31, 2015, noncancelable lease commitments are shown in the table below:

	2016	TOTAL
Total Lease Commitment	\$80,999	\$80,999

- 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 – Not applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans 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, 2015, is zero.

20. Fair Value Measurements

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

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

Level 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.

Notes to Financial Statements

- 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	37,966,758	430,350		38,397,108
Industrial and Misc		34,973,110		34,973,110
Total Bonds	37,966,758	35,403,460		73,370,218
Common Stock				
Industrial and Misc	7,793,397			7,793,397
Parent, Subsidiaries and Affiliates				
Total Common Stocks	7,793,397			7,793,397
Short Term				
U.S. Governments	4,978,160			4,978,160
Industrial and Misc	1,040,083			1,040,083
Total Short Term	6,018,243			6,018,243
Cash Equivalents	4,403,402			4,403,402
Total assets at fair value	56,181,800	35,403,460		91,585,260
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	Settlement s	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					NONE					
Debt Securities										
Private Equity										
Total Assets										
b. Liabilities										
Total Liabilities										

- B.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Long Term Bonds	73,370,218	73,502,331	37,966,758	35,403,460		
Common Stock	7,793,397	7,793,397	7,793,397			
Cash Equivalents and Short Term	10,421,645	10,418,025	10,421,645			
Mortgage Loans						
Total	91,585,260	91,713,753	56,181,800	35,403,460		

- C. 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				

Notes to Financial Statements

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

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 and 2015. The more significant terms under the 2014 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. A new contract was put in place for 2015 so that Partner Re reimburses the Company 90% of all covered benefit expenses in excess of \$250,000 for group and individual insurance contracts with incident dates in 2015.
- B. Uncollectible Reinsurance – Not applicable
- C. Commutation of Ceded Reinsurance – Not applicable
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Accrued retrospective premium adjustments associated with the Risk Adjustment provisions of the ACA are estimated by consulting actuaries utilizing the most current data and information available for the Company and the statewide averages for premiums, claims and risk scores.
- B. Accrued retrospective premiums associated with the Risk Adjustment provisions of the ACA are recorded as an adjustment to earned premium.
- C. The Company reported \$108,512,192 net premiums written virtually all of which are subject to retrospective premiums associated with the Risk Adjustment provisions of the ACA.
- D. The Company reported no medical loss ratio rebates required pursuant to the Public Health Service Act for 2015 and 2014.
- 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	801,702
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	20,456
3. Premium adjustments payable due to ACA Risk Adjustment	7,009,519
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	3,383,844
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	17,483
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	10,734,279
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	1,747,810
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-0-
Liabilities	

Notes to Financial Statements

4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	223,498
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	679,630
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	-0-
Operations (Revenue & Expense)		
7.	Ceded reinsurance premiums due to ACA Reinsurance	679,630
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	10,950,599
9.	ACA Reinsurance contributions – not reported as ceded premium	223,498
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-

(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		Ref	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		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable									A		
2. Premium adjustments (payable)		1,675,410		3,386,817		(1,711,407)		1,711,407	B	-0-	-0-
3. Subtotal ACA Permanent Risk Adjustment Program		1,675,410		3,386,817		(1,711,407)		1,711,407		-0-	-0-
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	713,162		929,482		(216,320)		216,320		C	-0-	-0-
2. Amounts recoverable for claims unpaid (contra liability)									D		
3. Amounts receivable relating to uninsured plans									E		
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		151,930		151,930		-0-		-0-	F	-0-	-0-
5. Ceded reinsurance premiums payable		123,045		123,045		-0-		-0-	G	-0-	-0-
6. Liability for amounts held under uninsured plans									H		
7. Subtotal ACA Transitional Reinsurance Program	713,162	274,975	929,482	274,975	(216,320)	-0-	216,320	-0-		-0-	-0-
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	-0-								I	-0-	-0-
2. Reserve for rate credits or policy experience rating refunds	-0-								J	-0-	-0-
3. Subtotal ACA Risk Corridors Program	-0-									-0-	-0-
d. Total for ACA Risk Sharing Provisions											

Explanation of Adjustments

A.
B. Additional 2014 Risk Adjustment payable of \$1,714,380 per the finalized CMS calculation less reduction of \$2,973 in user fee accrual.
C. Recoverable for paid claims was underaccrued at 12/31/14 by \$216,320.
D.
E.
F.
G.
H.
I.
J.

Notes to Financial Statements

25. Change in Incurred Claims and Claim Adjustment Expenses

Incurred Claims:

Net reserves as of December 31, 2014 were \$4,333,216. As of December 31, 2015, \$5,620,563 has been paid net of \$1,381,138 reinsurance recoveries for incurred claims attributable to insured events of prior years. Net reserves remaining for prior years (net of health care receivables and reinsurance recoverable amounts) are now a net liability of \$140,561 as a result of the re-estimation of unpaid claims expenses principally on the individual and small group lines of business. Therefore, there has been a \$684,585 unfavorable prior-year development (net of reinsurance and health care receivables) since December 31, 2014 through December 31, 2015. The increase is generally the result of ongoing analysis of recent loss development trends and the subsequent payments of a few large claims. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

Claims Adjustment Expenses:

Claim adjustment reserves as of December 31, 2014 were \$173,329. As of December 31, 2015, \$224,810 has been paid for claims adjustment expenses attributable to insured events of prior years. Claims adjustment reserves remaining for prior years are now \$5,622 as a result of the re-estimation of unpaid claims adjustment expenses principally on the individual and small group lines of business. Therefore, there has been a \$27,383 unfavorable prior-year development on claims adjustment expenses since December 31, 2014 through December 31, 2015. The increase is generally the result of ongoing analysis of recent loss development trends and the recent payments of a few large claims. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

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
12/31/2015	-0-				
9/30/2015	115,278				
6/30/2015	9,452	66,735			
3/31/2015	4,893	34,397			
12/31/2014	12,085	10,151			120
09/30/2014		12,085			11,345
06/30/2014		5,691			1,030
03/31/2014		3,355			2,841

B. Risk Sharing Receivables – Not Applicable

29. Participating Policies – Not applicable

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$ 31,628,076
2. Date of the most recent evaluation of this liability	12/31/2015
3. Was anticipated investment income utilized in the calculation? (Yes / No)	Yes

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:

06/29/2015
- 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?
Ohio Department of Insurance
- 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	2	3
Name of Entity	NAIC Company Code	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	2
Nationality	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.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
		Yes[] No[X] ..	Yes[] No[X] ..	Yes[] No[X] ..	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 18A of the Model Regulation, or substantially similar state law or regulation?

Yes[] No[X]
- 10.4 If response to 10.3 is "yes," provide information related to this exemption:
- 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] |
| 12.11 | Name of real estate holding company | |
| 12.12 | Number of parcels involved | 0 |
| 12.13 | Total book/adjusted carrying value | \$ 0 |
| 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? | |
| 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). | |
| 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). | |
| 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. | |

	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): | |
| 20.11 | To directors or other officers | \$ 0 |
| 20.12 | To stockholders not officers | \$ 0 |
| 20.13 | Trustees, supreme or grand (Fraternal only) | \$ 0 |
| 20.2 | Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans): | |
| 20.21 | To directors or other officers | \$ 0 |
| 20.22 | To stockholders not officers | \$ 0 |
| 20.23 | Trustees, supreme or grand (Fraternal only) | \$ 0 |
| 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: | |
| 21.21 | Rented from others | \$ 0 |
| 21.22 | Borrowed from others | \$ 0 |
| 21.23 | Leased from others | \$ 0 |
| 21.24 | Other | \$ 0 |
| 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 | \$ 0 |
| 22.22 | Amount paid as expenses | \$ 0 |
| 22.23 | Other amounts paid | \$ 0 |
| 23.1 | Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? | Yes[] No[X] |
| 23.2 | If yes, indicate any amounts receivable from parent included in the Page 2 amount: | \$ 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 Hungtinton 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. | \$ | 0 |
| 24.06 | If answer to 24.04 is no, report amount of collateral for other programs. | \$ | 0 |
| 24.07 | Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? | Yes[] | No[] N/A[X] |
| 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	2	3
Nature of Restriction	Description	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	2
Name of Custodian(s)	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	2	3
Name(s)	Location(s)	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	2	3	4
Old Custodian	New Custodian	Date of Change	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	2	3
Central Registration Depository Number(s)	Name	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	2	3
CUSIP #	Name of Mutual Fund	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	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	79,516,955	79,388,459	(128,496)
30.2 Preferred stocks			
30.3 Totals	79,516,955	79,388,459	(128,496)

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 Investment Analysis 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?

\$..... 45,000

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	2
Name	Amount Paid
National Alliance of State Health Co-Ops	20,000
Ohio Association of Health Plans	25,000

34.1 Amount of payments for legal expenses, if any?

\$..... 88,473

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	2
Name	Amount Paid
Bailey Cavalieri	85,503

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	2
Name	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 entitiy.

Articles of Incorporation were revised and effectuated on June 29, 2015.
Code of Regulations was revised effective May 28, 2015.

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

Level I - Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded common stocks, mutual funds and most U.S. Government and agency securities. The estimated fair 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]

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:

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	2
		Current Year	Prior Year
2.1	Premium Numerator	99,208,318	14,953,597
2.2	Premium Denominator	99,208,318	14,953,597
2.3	Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4	Reserve Numerator	61,275,822	4,725,215
2.5	Reserve Denominator	61,275,822	4,725,215
2.6	Reserve Ratio (2.4 / 2.5)	1.000	1.000

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

\$ 0

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[X] No[]

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:

11.12 A Medical Group/Staff Model,

Yes[] No[X]

11.13 An Individual Practice Association (IPA), or,

Yes[] No[X]

11.14 A Mixed Model (combination of above)?

Yes[] No[X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes[] No[X]

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

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

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

Yes[] No[X]

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

\$ 0

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

\$ 0

15.2 Total incurred claims

\$ 0

15.2 Number of covered lives

..... 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 2015	2 2014	3 2013	4 2012	5 2011
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	109,014,211	75,140,208	72,861,469	1,021,334	
2. TOTAL Liabilities (Page 3, Line 24)	77,354,502	25,950,575	17,877,007	1,781,787	
3. Statutory minimum capital and surplus requirement					
4. TOTAL Capital and Surplus (Page 3, Line 33)	31,659,709	49,189,633	54,984,462	(760,453)	
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	99,549,689	14,953,597			
6. TOTAL Medical and Hospital Expenses (Line 18)	122,398,970	15,734,021			
7. Claims adjustment expenses (Line 20)	8,358,031	1,604,885			
8. TOTAL Administrative Expenses (Line 21)	17,624,978	7,193,918	4,280,330	741,813	
9. Net underwriting gain (loss) (Line 24)	(80,068,366)	(6,404,227)	(7,847,330)	(741,813)	
10. Net investment gain (loss) (Line 27)	973,160	513,244	7,340		
11. TOTAL Other Income (Lines 28 plus 29)	(29,922)	(25,871)			
12. Net income or (loss) (Line 32)	(79,125,128)	(5,916,854)	(7,839,990)	(741,813)	
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(30,163,943)	(3,023,398)	(4,123,210)	(507,508)	
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	31,659,709	49,189,633	54,984,462		
15. Authorized control level risk-based capital	5,640,179	1,547,247	52,009		
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	23,968	6,677			
17. TOTAL Members Months (Column 6, Line 7)	255,695	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)	123.4	105.2			
20. Cost containment expenses	4.1	6.0			
21. Other claims adjustment expenses	4.4	4.7			
22. TOTAL Underwriting Deductions (Line 23)	181.1	142.8			
23. TOTAL Underwriting Gain (Loss) (Line 24)	(80.7)	(42.8)			
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	5,150,757				
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	4,300,000				
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)	0				
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	0				
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

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit - Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	N								
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	L	102,325,156						102,325,156	
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)	X X X								
59.	Subtotal	X X X	102,325,156						102,325,156	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	TOTAL (Direct Business)	(a)... 1	102,325,156						102,325,156	

DETAILS OF WRITE-INS										
58001.	X X X									
58002.	X X X									
58003.	X X X									
58998.Summary of remaining write-ins for Line 58 from overflow page	X X X									
58999.TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X									

(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

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ANNUAL STATEMENT

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