



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)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals	563,704	220,036	1,143	170,512	170,512	784,883
0299998 Premiums due and unpaid not individually listed	130,739	36,359		7,074	7,074	167,098
0299999 TOTAL Group	130,739	36,359		7,074	7,074	167,098
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	694,443	256,395	1,143	177,586	177,586	951,981

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
ProCare Rx				218,211	218,211	
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables				218,211	218,211	
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables				218,211	218,211	

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

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables	15,946	22,265	16,842	201,369	32,788	218,211
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	15,946	22,265	16,842	201,369	32,788	218,211

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						31,747,746
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						31,747,746
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

22 Exhibit 5 - Amounts Due From Parent NONE

23 Exhibit 6 - Amounts Due to Parent NONE

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EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	60,500	.....	50,028	10,472	10,472	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	60,500	.....	50,028	10,472	10,472	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code NAIC Company Code 15314

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	6,677	2,641	4,036							
2. First Quarter	20,795	15,841	4,954							
3. Second Quarter	21,933	16,764	5,169							
4. Third Quarter	22,724	17,173	5,551							
5. Current Year	23,968	17,775	6,193							
6. Current Year Member Months	255,695	192,418	63,277							
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	105,993	82,758	23,235							
8. Non-Physician	68,257	53,414	14,843							
9. TOTAL	174,250	136,172	38,078							
10. Hospital Patient Days Incurred	7,361	5,843	1,518							
11. Number of Inpatient Admissions	1,734	1,393	341							
12. Health Premiums Written (b)	108,512,192	79,340,914	29,171,278							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	102,325,156	71,643,208	30,681,948							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	113,404,575	87,157,938	26,246,637							
18. Amount Incurred for Provision of Health Care Services	140,634,110	108,870,412	31,763,698							

(a) For health business: number of persons insured under PPO managed care products23,968 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code		REPORT FOR: 1. CORPORATION: 2. LOCATION: BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR									NAIC Company Code 15314
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9		10
			2	3				Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only				Other
TOTAL Members at end of:											
1.	Prior Year	6,677	2,641	4,036							
2.	First Quarter	20,795	15,841	4,954							
3.	Second Quarter	21,933	16,764	5,169							
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5.	Current Year	23,968	17,775	6,193							
6.	Current Year Member Months	255,695	192,418	63,277							
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8.	Non-Physician	68,257	53,414	14,843							
9.	TOTAL	174,250	136,172	38,078							
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12.	Health Premiums Written (b)	108,512,192	79,340,914	29,171,278							
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	102,325,156	71,643,208	30,681,948							
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	113,404,575	87,157,938	26,246,637							
18.	Amount Incurred for Provision of Health Care Services	140,634,110	108,870,412	31,763,698							

(a) For health business: number of persons insured under PPO managed care products23,968 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999)											

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
11835	04-1590940	01/01/2014	PARTNERRE AMER INS CO	DE	2,206,279	352,190
00000	AA-9990032	01/01/2014	US Dept of Hlth & Human Serv	DC	10,734,738	1,747,810
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					12,941,017	2,100,000
2199999 Total - Accident and Health - Non-Affiliates					12,941,017	2,100,000
2299999 Total - Accident and Health					12,941,017	2,100,000
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					12,941,017	2,100,000
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Total (Sum of 1199999 and 2299999)					12,941,017	2,100,000

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2014	PARTNERRE AMER INS CO	DE	SSL/A/I	I	1,856,274						
11835	04-1590940	01/01/2014	PARTNERRE AMER INS CO	DE	SSL/A/G	G	580,934						
00000	AA-9990032	01/01/2014	US Dept of Hlth & Human Serv	DC	OTH/A/I	I	679,630						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							3,116,838						
1099999 Total - General Account - Authorized - Non-Affiliates							3,116,838						
1199999 Total - General Account Authorized							3,116,838						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							3,116,838						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6699999 Total - Separate Accounts - Certified - Non-Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							3,116,838						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							3,116,838						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

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

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums	3,117	693			
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	12,941	792			
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					X X X
18. Funds deposited by and withheld from (F)					X X X
19. Letters of credit (L)					X X X
20. Trust agreements (T)					X X X
21. Other (O)					X X X

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

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	94,104,444		94,104,444
2. Accident and health premiums due and unpaid (Line 15)	951,981		951,981
3. Amounts recoverable from reinsurers (Line 16.1)	12,941,017	(12,941,017)	
4. Net credit for ceded reinsurance	X X X	14,137,889	14,137,889
5. All other admitted assets (Balance)	1,016,769		1,016,769
6. TOTAL Assets (Line 28)	109,014,211	1,196,872	110,211,083
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	29,647,746	2,100,000	31,747,746
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	3,418,658		3,418,658
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	44,288,098	(903,128)	43,384,970
15. TOTAL Liabilities (Line 24)	77,354,502	1,196,872	78,551,374
16. TOTAL Capital and Surplus (Line 33)	31,659,709	X X X	31,659,709
17. TOTAL Liabilities, Capital and Surplus (Line 34)	109,014,211	1,196,872	110,211,083
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	2,100,000		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	12,941,017		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	15,041,017		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets	903,128		
30. TOTAL Ceded Reinsurance Payables/Offsets	903,128		
31. TOTAL Net Credit for Ceded Reinsurance	14,137,889		

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

40 Schedule Y - Part 1 NONE

41 Schedule Y - Part 1A NONE

42 Schedule Y - Part 2 NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

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

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

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

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

- AUGUST FILING
- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

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

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

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

Explanations:

- 1.
- 2.
- 14. We are a mutual company and do not have any stockholders, therefore, we will not be filing the SIS document.
- 15.
- 21.
- 23.
- 24.
- 25.

Bar Codes:

Medicare Supplement Insurance Experience Exhibit

1531420153600000 2015 Document Code: 360

Health Life Supplement

1531420152050000 2015 Document Code: 205

Health Property / Casualty Supplement

1531420152070000 2015 Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies

1531420153710000 2015 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

1531420153700000 2015 Document Code: 370

Medicare Part D Coverage Supplement

1531420153650000 2015 Document Code: 365

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

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



15314201522400000

2015

Document Code: 224

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



15314201522500000

2015

Document Code: 225

Approval for Relief related to Require. for Audit Committees



15314201522600000

2015

Document Code: 226

LTC Supplemental Interrogatorries



15314201530600000

2015

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



15314201521100000

2015

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



15314201521300000

2015

Document Code: 213

Management's Report of Internal Control over Financial Reporting



15314201522300000

2015

Document Code: 223

LIABILITIES, CAPITAL AND SURPLUS

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504.					
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)					

**INDEX TO HEALTH
ANNUAL STATEMENT**

Analysis of Operations By Lines of Business	7
Assets	2
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