



**ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2015  
OF THE CONDITION AND AFFAIRS OF THE**

## Hometown Health Plan

NAIC Group Code	1297 (Current Period)	1297 (Prior Period)	NAIC Company Code	95195	Employer's ID Number	34-1523541
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		Ohio	
Country of Domicile		United States				
Licensed as business type:		Life, Accident & Health <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>		
		Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>		
		Other <input type="checkbox"/>	Is HMO, Federally Qualified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Incorporated/Organized		08/14/1986	Commenced Business		01/01/1987	
Statutory Home Office		52160 National Road (Street and Number)			St. Clairsville, OH, US 43950-9306 (City or Town, State, Country and Zip Code)	
Main Administrative Office		52160 National Road (Street and Number)				
		St. Clairsville, OH, US 43950-9306 (City or Town, State, Country and Zip Code)			330-834-2220 (Area Code) (Telephone Number)	
Mail Address		52160 National Road (Street and Number or P.O. Box)			St. Clairsville, OH, US 43950-9306 (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records		52160 National Road (Street and Number)				
		St. Clairsville, OH, US 43950-9306 (City or Town, State, Country and Zip Code)			740-695-3585 (Area Code) (Telephone Number) (Extension)	
Internet Web Site Address		www.healthplan.org				
Statutory Statement Contact		Jeffrey Michael Knight (Name)			740-695-3585 (Area Code) (Telephone Number) (Extension)	
		jeffk@healthplan.org (E-Mail Address)			740-695-6161 (Fax Number)	

## OFFICERS

Name \_\_\_\_\_ Title \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_  
James M. Pennington, President Jeffrey M. Knight, Treasurer

## OTHER OFFICERS

## **DIRECTORS OR TRUSTEES**

Robert Dunlevy	Jill Hall	John Holloway M.D.	Frank Joanou M.D.
Charles Monfradi	James Newton PhD	James M Pennington PhD	Edward Polack M.D.
John Wright	Nick Zervos	Susan L Buchanan, CPA #	Mark D Lancellotti, CLU #
John T McDonald, CPA Jr. #			

State of Ohio.....  
County of Belmont.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of 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.

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James M. Pennington  
President

Jeffrey M. Knight  
Treasurer

Subscribed and sworn to before me this  
day of February, 2016

a. Is this an original filing? Yes [  ] No [  ]  
b. If no:  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_ 03/01/2016  
3. Number of pages attached \_\_\_\_\_

Exhibit 2 - A&H Premiums Due and Unpaid  
**NONE**

Exhibit 3 - Health Care Receivables  
**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Hometown Health Plan

## EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	0	.0	.0	0	0	.0
2. Claim overpayment receivables .....	0	.0	.0	0	0	.0
3. Loans and advances to providers .....	0	.0	.0	0	0	.0
4. Capitation arrangement receivables .....	0	.0	.0	0	0	.0
5. Risk sharing receivables .....	0	.0	.0	0	0	.0
6. Other health care receivables .....	0	.0	.0	0	0	.0
7. Totals (Lines 1 through 6)	0	0	0	0	0	0

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

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Hometown Health Plan

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

## Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid.....	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....	0	0	0	0	0	0
0399999 Aggregate accounts not individually listed-covered	0	0	0	0	0	0
0499999 Subtotals	0	0	0	0	0	0
0599999 Unreported claims and other claim reserves						0
0699999 Total amounts withheld						0
0799999 Total claims unpaid						0
0899999 Accrued medical incentive pool and bonus amounts						0

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Hometown Health Plan

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0199999 Individually listed receivables .....	.0	0	0	0	0	0	0
0299999 Receivables not individually listed	544	0	0	0	0	544	0
0399999 Total gross amounts receivable	544	0	0	0	0	544	0

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HOMETOWN HEALTH PLAN

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

Exhibit 7 - Part 1

**NONE**

Exhibit 7 - Part 2

**NONE**

Exhibit 8

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Hometown Health Plan

**SCHEDULE S - PART 1 - SECTION 2**

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Hometown Health Plan

## **SCHEDULE S - PART 2**

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

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Hometown Health Plan

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
99999999	Totals						0	0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HOMETOWN HEALTH PLAN

## **SCHEDULE S - PART 4**

## **Reinsurance Ceded To Unauthorized Companies**

**NONE**

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Hometown Health Plan

## **SCHEDULE S - PART 5**

**Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)**

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (See Definitions)																										
1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Certified Reinsurer Rating(1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreements	Collateral				23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 24)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 23 / Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)
																		16	17	18	19	20	21	22		
99999999	Total (Sum of 2399999 and 3499999)								0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	

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(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Hometown Health Plan**

**SCHEDULE S – PART 6**

Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	XXX
18. Funds deposited by and withheld from (F)	0	0	0	0	XXX
19. Letters of credit (L)	0	0	0	0	XXX
20. Trust agreements (T)	0	0	0	0	XXX
21. Other (O)	0	0	0	0	XXX

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Hometown Health Plan**

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	2,601,760	0	2,601,760
2. Accident and health premiums due and unpaid (Line 15).....	0	0	0
3. Amounts recoverable from reinsurers (Line 16.1).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	11,711	0	11,711
6. Total assets (Line 28)	2,613,471	0	2,613,471
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	0	0	0
8. Accrued medical incentive pool and bonus payments (Line 2).....	0	0	0
9. Premiums received in advance (Line 8).....	0	0	0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0	0	0
14. All other liabilities (Balance).....	2,468	0	2,468
15. Total liabilities (Line 24).....	2,468	0	2,468
16. Total capital and surplus (Line 33).....	2,611,003	XXX	2,611,003
17. Total liabilities, capital and surplus (Line 34)	2,613,471	0	2,613,471
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0	0	0
19. Accrued medical incentive pool.....	0	0	0
20. Premiums received in advance .....	0	0	0
21. Reinsurance recoverable on paid losses .....	0	0	0
22. Other ceded reinsurance recoverables .....	0	0	0
23. Total ceded reinsurance recoverables .....	0	0	0
24. Premiums receivable .....	0	0	0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0	0	0
26. Unauthorized reinsurance .....	0	0	0
27. Reinsurance with Certified Reinsurers.....	0	0	0
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0	0	0
29. Other ceded reinsurance payables/offsets .....	0	0	0
30. Total ceded reinsurance payables/offsets .....	0	0	0
31. Total net credit for ceded reinsurance	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Hometown Health Plan**

**SCHEDULE T – PART 2**  
**INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama .....	AL .....					0
2. Alaska .....	AK .....					0
3. Arizona .....	AZ .....					0
4. Arkansas .....	AR .....					0
5. California .....	CA .....					0
6. Colorado .....	CO .....					0
7. Connecticut .....	CT .....					0
8. Delaware .....	DE .....					0
9. District of Columbia .....	DC .....					0
10. Florida .....	FL .....					0
11. Georgia .....	GA .....					0
12. Hawaii .....	HI .....					0
13. Idaho .....	ID .....					0
14. Illinois .....	IL .....					0
15. Indiana .....	JN .....					0
16. Iowa .....	JA .....					0
17. Kansas .....	KS .....					0
18. Kentucky .....	KY .....					0
19. Louisiana .....	LA .....					0
20. Maine .....	ME .....					0
21. Maryland .....	MD .....					0
22. Massachusetts .....	MA .....					0
23. Michigan .....	MI .....					0
24. Minnesota .....	MN .....					0
25. Mississippi .....	MS .....					0
26. Missouri .....	MO .....					0
27. Montana .....	MT .....					0
28. Nebraska .....	NE .....					0
29. Nevada .....	NV .....					0
30. New Hampshire .....	NH .....					0
31. New Jersey .....	NJ .....					0
32. New Mexico .....	NM .....					0
33. New York .....	NY .....					0
34. North Carolina .....	NC .....					0
35. North Dakota .....	ND .....					0
36. Ohio .....	OH .....	0	0	0	0	0
37. Oklahoma .....	OK .....					0
38. Oregon .....	OR .....					0
39. Pennsylvania .....	PA .....					0
40. Rhode Island .....	RI .....					0
41. South Carolina .....	SC .....					0
42. South Dakota .....	SD .....					0
43. Tennessee .....	TN .....					0
44. Texas .....	TX .....					0
45. Utah .....	UT .....					0
46. Vermont .....	VT .....					0
47. Virginia .....	VA .....					0
48. Washington .....	WA .....					0
49. West Virginia .....	WV .....					0
50. Wisconsin .....	WI .....					0
51. Wyoming .....	WY .....					0
52. American Samoa .....	AS .....					0
53. Guam .....	GU .....					0
54. Puerto Rico .....	PR .....					0
55. US Virgin Islands .....	VI .....					0
56. Northern Mariana Islands .....	MP .....					0
57. Canada .....	CAN .....					0
58. Aggregate Other Alien .....	OT .....	0	0	0	0	0
59. Totals .....		0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE HOMETOWN HEALTH PLAN

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

41

Asterisk	Explanation
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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Hometown Health Plan

## SCHEDULE Y

## **PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Hometown Health Plan

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

### Responses

.....SEE EXPLANATION.....  
.....WAIVED.....  
.....YES.....  
.....YES.....

### APRIL FILING

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

### JUNE FILING

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

### AUGUST FILING

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

.....WAIVED.....

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

### MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?
14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
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?
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?
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
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?
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

### APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
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?
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?
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?

### AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....NO.....

### **Explanation:**

1. No data to report
11. Business not written
12. Business not written
13. Business not written
14. Business not written
15. Business not written
16. Business not written
17. Business not written
18. Business not written
19. Business not written

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Business not written

21. Business not written

22. Business not written

23. Business not written

24. Business not written

25. Business not written

26. Business not written

**Bar code:**

2.   
9 5 1 9 5 2 0 1 5 4 4 0 0 0 0 0 0

8.   
9 5 1 9 5 2 0 1 5 2 2 0 0 0 0 0 0

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**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

23.   
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