

The March annual filing is being amended as a result of a comment letter from the NAIC.



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2016**  
**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 [ ]		Property/Casualty [ ]	Hospital, Medical & Dental Service or Indemnity [ ]		
	Dental Service Corporation [ ]		Vision Service Corporation [ ]	Health Maintenance Organization [ X ]		
	Other [ ]		Is HMO, Federally Qualified? Yes [ X ] No [ ]			
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)			
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)			
Internet Web Site Address	www.healthplan.org					
Statutory Statement Contact	Ryan James Ralston (Name)		740-699-6236 (Area Code) (Telephone Number) (Extension)			
	rralston@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**

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

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

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.

James M. Pennington  
President

Jeffrey M. Knight  
Treasurer

Subscribed and sworn to before me this  
19th day of September, 2017

a. Is this an original filing? Yes [ ] No [ X ]  
b. If no:  
1. State the amendment number 3  
2. Date filed 09/19/2017  
3. Number of pages attached

## 1. Summary of Significant Accounting Policies

### A. Accounting Practices

The financial statements of Hometown Health Plan (the Plan or the Company) have been prepared in conformity with the accounting practices prescribed or permitted by the Ohio Department of Insurance. The statements have been completed in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual except to the extent that state law differs.

A reconciliation of Hometown Health Plan's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	<b>SSAP #</b>	<b>F/S Page #</b>	<b>F/S Line #</b>	<b>2016</b>	<b>2015</b>
<b>NET INCOME</b>					
Hometown Health Plan State Basis – Ohio DOI		4	32	\$16,141	\$27,439
State Prescribed Practices that Increase (Decrease) NAIC SAP				0	0
State Permitted Practices that Increase (Decrease) NAIC SAP				0	0
NAIC SAP		4	32	\$16,141	\$27,439
<b>SURPLUS</b>					
Hometown Health Plan State Basis – Ohio DOI		3	33	\$2,627,144	\$2,611,003
State Prescribed Practices that Increase (Decrease) NAIC SAP				0	0
State Permitted Practices that Increase (Decrease) NAIC SAP				0	0
NAIC SAP		3	33	\$2,627,144	\$2,611,003

### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of statutory-basis financial statements in conformity with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the statutory-basis financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates and assumptions.

### C. Accounting Policy

The Company uses the following significant accounting policies:

- 1. Cash, Cash Equivalents and Short-Term Investments** - Cash includes cash on hand and cash on deposit. Cash equivalents include investments with original maturities of three months or less. Short-term investments include all investments whose maturity at the time of acquisition are one year or less. Short-term investments, principally money market funds, are reported at cost, which approximates estimated fair value.
- 2. Debt Investments** - Debt investments, which are classified as bonds and consist of government securities, are recorded at amortized cost or fair value based on their NAIC rating. Premiums and discounts on debt investments are amortized or accreted into income on the constant yield method over the term of the investment.
- 3. Common Stocks** – The Company has no investments in common stocks.
- 4. Preferred Stocks** – The Company has no investments in preferred stocks.
- 5. Mortgage Loans** – The Company has no investments in mortgage loans.
- 6. Loan-backed Securities** – The Company has no investments in loan-backed securities.
- 7. Investments in Subsidiaries, Controlled, and Affiliated Entities** – The Company has no investments in subsidiaries, controlled, and affiliated entities.
- 8. Investments in Joint Ventures, Partnerships, and Limited Liability Companies** – The Company has no investments in joint ventures, partnerships, and limited liability companies.
- 9. Derivatives** – The Company has no investments in derivatives.
- 10. Premium Deficiency Reserve** – Not applicable.

**11. Unpaid Claims** – Not applicable.

**12. Capitalization Policy** – The Company has not modified its capitalization policy from the prior period.

**13. Pharmacy Rebates** – Not applicable.

**14. Impairment** – The Company continually reviews investments for impairment conditions that indicate an other-than-temporary decline in market value has occurred. In conducting this review, numerous factors are considered which individually or in combination indicate that a decline is other than temporary and that a reduction of the carrying value is required. These factors include specific information pertaining to an individual company or a particular industry and general market conditions that reflect prospects for the economy as a whole. If a decline of fair value is determined to be other-than-temporary, the cost basis of the security is written down to the fair value and the amount is recorded as a net realized loss in the statutory-basis statements of revenues and expenses.

**15. Investment Income** - Investment income consists of interest income. Interest income includes amortization of premium and accretion of discount on bonds based on the constant yield method. Interest is recognized on an accrual basis. All investment income due and accrued with amounts over 90 days past due are nonadmitted. The Company had no such amounts nonadmitted as of December 31, 2016 or 2015.

Realized capital gains and losses on securities sold are determined using the first-in, first-out method and are reflected in operations.

**16. Revenue Recognition** – Not applicable.

**17. Retrospectively Rated Contracts** – Not applicable.

**18. Reinsurance** – Not applicable.

**19. Income Taxes** – Not applicable.

**20. Patient Protection and Affordable Care Act** - In 2010, the U.S. Congress passed and the President signed into law the Affordable Care Act (ACA). The ACA has created significant changes and will continue to create significant changes for health insurance markets. Certain requirements included changes to Medicare Advantage payments and the minimum Medical Loss Ratio (MLR) provision that requires insurers to pay rebates to customers when insurers do not meet or exceed the specified MLR thresholds. Most of the provisions of the ACA with more significant effects on the health insurance marketplace, both state and federal, went into effect on January 1, 2014, including a requirement that insurers guarantee the issuance of coverage to all individuals regardless of health status, strict rules on how health insurance is rated, the assessment of new taxes and fees (including annual fees on health insurance companies), the creation of new insurance exchanges for individuals and small groups, the availability of premium subsidies for certain individual products, and substantial expansions in eligibility for Medicaid.

Implementation of the ACA brings with it significant oversight responsibilities by health insurers that may result in increased governmental audits, increased assertions of False Claims Act violations, and an increased risk of other asserted claims.

**21. Health Insurer Fee** – Not applicable.

**22. Affordable Care Act Risk Sharing Provisions** – Not applicable.

D. Going Concern

None.

**2. Accounting Changes and Corrections of Errors**

None.

**3. Business Combinations and Goodwill**

None.

**4. Discontinued Operations**

None.

**5. Investments**

- A. Mortgage loans, including mezzanine real estate loans – None.
- B. Troubled debt restructuring for creditors – None.
- C. Reverse Mortgages – None.
- D. Loan-Backed Securities – None.
- E. Repurchase Agreements and/or securities lending transactions – None.
- F. Real Estate investments – None.
- G. Low-Income Housing Tax Credits – None.
- H. Restricted Assets –

		Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/ Decrease (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
<b>H. Restricted Assets</b>								
	Subject to contractual obligation for which liability							
a.	is not shown							
b.	Collateral held under security lending agreements							
c.	Subject to repurchase agreements							
d.	Subject to reverse repurchase agreements							
e.	Subject to dollar repurchase agreements							
f.	Subject to dollar reverse repurchase agreements							
g.	Placed under option contracts							
	Letter stock or securities restricted as to sale -							
h.	excluding FHLB capital stock							
i.	FHLB capital stock							
j.	On deposit with states	\$ 400,000	\$ 400,000	\$ -	\$ -	\$ 400,000	15.18%	15.18%
	On deposit with other							
k.	regulatory bodies							
	Pledged as collateral to FHLB (including assets backing							
l.	funding agreements)							
	Pledged as collateral not captured in other categories							
m.	Other restricted assets							
o.	Total Restricted Assets	\$ 400,000	\$ 400,000	\$ -	\$ -	\$ 400,000	15.18%	15.18%

- I. Working Capital Finance Investments – None.
- J. Offsetting and Netting of Assets – None.
- K. Structured Notes – None.
- L. 5\* Securities – None.

## 6. Joint Ventures, Partnerships and Limited Liability Companies

None.

## 7. Investment Income

### A. Basis for Excluding Due and Accrued Investment Income from Statutory Surplus

Investment income due and accrued that is over 90 days past due is excluded from statutory surplus.

### B. Amounts Excluded from Statutory Surplus

None.

## 8. Derivative Instruments

None.

## 9. Income Taxes

None.

## 10. Information Concerning Parent, Subsidiaries, Affiliates, and Other Related Parties

### A. Nature of Relationships

The Company is a wholly-owned subsidiary of the Health Plan of the Upper Ohio Valley, Inc. (HPUOV).

**B. and C. Details of Transactions and Effects of Any Change in Terms of Intercompany Arrangements**

There were no significant change in terms of intercompany arrangements.

**D. Related Party Receivables and Payables**

The Company had a \$1,700 payable to HPUOV as of December 31, 2016.

**E. Guarantees or Undertakings**

None.

**F. Management, Service Contracts, and Cost Sharing Arrangements**

None.

**G. Nature of Relationships That Could Affect Operations**

None.

**H. Amounts Deducted for Investment in Upstream Company**

None.

**I. Details of Investments in Affiliates Greater than 10% of Admitted Assets**

None.

**J. Write-down for Impairments of Investments in Affiliates**

None.

**K. Investments in Foreign Insurance Subsidiaries**

None.

**L. Investments in a Downstream Noninsurance Holding Company**

None.

**M. All SCA Investments**

None.

**N. Investment in Insurance SCA**

None.

**11. Debt**

None.

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit plans**

None.

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

**A. Capital Stock**

None.

**B. Preferred Stock**

None.

C., D., and E. Dividend Restrictions, Date and Amounts of Dividends Paid, and Amount of Ordinary Dividends That May Be Paid

None.

F. Restrictions on Unassigned Funds

None.

G. Mutual Surplus Advances

None.

H. Company Stock Held for Special Purposes

None.

I. Changes in Special Surplus Funds

None.

J. Changes in Unassigned Funds from Unrealized Gains (Losses)

None.

K. Surplus Notes

None.

L. and M. Impact and Date of Quasi-reorganizations

None.

#### **14. Liabilities, Contingencies, and Assessments**

None.

#### **15. Leases**

None.

#### **16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

None.

#### **17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

A. Transfers of Receivables Reported as Sales

None.

B. Transfer and Servicing of Financial Assets

None.

C. Wash Sales

None.

#### **18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans**

#### A. Administrative Services Only (ASO) Plans

None.

#### B. Administrative Services Contract (ASC) Plans

None.

#### C. Medicare or Similarly Structured Cost Based Reimbursement Contract

None.

### **19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

None.

### **20. Fair Value Measurements**

#### A. Assets and Liabilities Measured at Fair Value

SSAP No. 100, Fair Value, clarifies the definition of estimated fair value and establishes a hierarchy for measuring estimated fair value. The hierarchy established by this standard consists of three levels to indicate the quality of the estimated fair value measurements as follows:

- Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: Unadjusted quoted prices for identical assets or liabilities in active markets that are readily and regularly obtainable.
- Level 2 - Significant Other Observable Inputs: Quoted prices in markets that are not active or inputs that are observable either directly or indirectly. These inputs can include quoted prices for similar but not identical assets or liabilities other than quoted prices in Level 1.
- Level 3 - Significant Unobservable Inputs: Unobservable inputs that are supported by little or no market activity and are significant to the determination of estimated fair value of the assets and liabilities. Unobservable inputs reflect the entity's judgement or estimation about the assumptions that market participants would use in pricing the asset or liability.

As defined in SSAP No. 100, estimated fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. SSAP No. 100 establishes a three-level hierarchy for valuing assets and liabilities based on how transparent (observable) the inputs are that are used to determine estimated fair value, with the inputs considered most observable categorized as Level 1 and those that are the least observable categorized as Level 3. For some assets, the inputs used to measure estimated fair value may fall into different levels of the fair value hierarchy. When this is the case, the asset is categorized in the table based on the lowest level input that is significant to the fair value measurement in its entirety. The Company's assessment of the significance of a particular input to the estimated fair value measurement in its entirety requires judgment and considers factors specific to the assets being valued.

When available, the estimated fair values are based on quoted prices in active markets that are readily and regularly obtainable. Generally, these investments are classified in Level 1. Generally, these are the most liquid of the Company's securities holdings and valuation of these securities does not involve management's judgment.

When quoted prices in active markets are not available, the determination of estimated fair value is based on market standard valuation methodologies, giving priority to observable inputs. The significant inputs to the market-standard valuation methodologies for certain types of securities with reasonable levels of price transparency are inputs that are observable in the market or which can be derived principally from or corroborated by observable market data. Generally, these investments are classified as Level 2.

When observable inputs are not available, the market standard valuation methodologies for determining the estimated fair value of certain types of securities that trade infrequently, and therefore have little or no price transparency, rely on inputs that are significant to the estimated fair value that are not observable in the market or which cannot be derived principally from or corroborated by observable market data. These unobservable inputs can be based in large part on management's judgment or estimation and cannot be supported by reference or market activity. Generally, these investments are classified as Level 3.

The estimated fair value of cash, cash equivalents and short-term investments approximates carrying value, and is classified as Level 1.

Due to the short-term nature of accrued investment income, the Company believes there is minimal risk of material changes in interest rates or credit of the issuer such that estimated fair value approximates carrying value. These amounts are generally classified as Level 2.

As of December 31, 2016 and 2015, the Company had no financial instruments measured at their estimated fair value under the three-level fair value hierarchy discussed above.

#### B. Other Fair Value Disclosures

None.

#### C. Fair Values for All Financial Instruments

The following table presents the admitted value and the estimated fair value for all admitted assets that are considered to be financial instruments as of December 31, 2016 and 2015. The Company had no liabilities considered to be financial instruments as of December 31, 2016 and 2015. The estimated fair values are categorized into the three-level fair value hierarchy as described above.

						<b>2016</b>
	<b>Admitted Value</b>	<b>Quoted Prices in Active Markets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>	<b>Estimated Fair Value</b>	
<b>Assets</b>						
Cash, cash equivalents and short-term investments	\$ 2,007,149	\$ 2,007,149	\$ -	\$ -	\$ 2,007,149	
Bonds	<u>617,015</u>	<u>732,534</u>	<u>-</u>	<u>-</u>	<u>732,534</u>	
Accrued investment income	<u>11,184</u>	<u>-</u>	<u>11,184</u>	<u>-</u>	<u>11,184</u>	
	<u><u>\$ 2,635,348</u></u>	<u><u>\$ 2,739,683</u></u>	<u><u>\$ 11,184</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 2,750,867</u></u>	
						<b>2015</b>
	<b>Admitted Value</b>	<b>Quoted Prices in Active Markets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>	<b>Estimated Fair Value</b>	
<b>Assets</b>						
Cash, cash equivalents and short-term investments	\$ 1,984,745	\$ 1,984,745	\$ -	\$ -	\$ 1,984,745	
Bonds	<u>617,015</u>	<u>745,828</u>	<u>-</u>	<u>-</u>	<u>745,828</u>	
Accrued investment income	<u>11,167</u>	<u>-</u>	<u>11,167</u>	<u>-</u>	<u>11,167</u>	
	<u><u>\$ 2,612,927</u></u>	<u><u>\$ 2,730,573</u></u>	<u><u>\$ 11,167</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 2,741,740</u></u>	

#### D. Reasons Not Practicable to Estimate Fair Value

None.

### 21. Other items

#### A. Unusual or Infrequent Items

None.

#### B. Troubled Debt Restructuring

None.

#### C. Other Disclosures

None.

#### D. Business Interruption Insurance Recoveries

None.

**E. State Transferable and Non-Transferable Tax Credits**

None.

**F. Subprime-Mortgage-Related Risk Exposure**

None.

**G. Retained Assets**

None.

**H. Insurance-Linked Securities (ILS) Contracts**

None.

**22. Events Subsequent**

The Company evaluated the effect subsequent events would have on the statutory-basis financial statements through March 1, 2017, which is the date the statutory-basis financial statements were available to be issued. There were no subsequent events (Type 1 or Type 2), through the report date, that merit disclosure or which would have a material impact on the statutory-basis financial condition of the Company.

**23. Reinsurance**

None.

**24. Retrospectively Rated Contracts**

None.

**25. Change in Incurred Claims and Claim Adjustment Expenses**

None.

**26. Intercompany Pooling Arrangements**

None.

**27. Structured Settlements**

None.

**28. Healthcare Receivables**

None.

**29. Participating Policies**

None.

**30. Premium Deficiency**

None.

**31. Anticipated Salvage and Subrogation**

None.

## 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? Yes [  ] No [  ]  
If yes, complete Schedule Y, Parts 1, 1A and 2.

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 [  ]

1.3 State Regulating? Ohio.....

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 [  ] No [  ]

2.2 If yes, date of change: .....  
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....12/31/2012

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. .....03/31/2014

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). .....04/17/2014

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 [  ]

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

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 [  ]  
4.12 renewals? Yes [  ] No [  ]

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 [  ]  
4.22 renewals? Yes [  ] No [  ]

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

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [  ] No [  ]  
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 [  ]  
7.2 If yes,  
7.21 State the percentage of foreign control .....0.0  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Hometown Health Plan**

**GENERAL INTERROGATORIES**

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 locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
N/A; exempt from annual audit.....

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 the 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 [ X ] No [ ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:  
Exempt from filing audited financial statements and actuarial opinion.....

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?  
N/A; exempt from actuarial opinion.....

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 \$.....

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 [ ]

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

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

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).

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Hometown Health Plan**

**GENERAL INTERROGATORIES**

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
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**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 [ ] No [ X ]

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 the 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

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 [ ] NA [ 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 [ ] NA [ X ]

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

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 [ ] NA [ 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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Hometown Health Plan**

**GENERAL INTERROGATORIES**

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 [  ]

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	\$ .....400,000
25.29 On deposit with other regulatory bodies	\$ .....0
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$ .....0
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$ .....0
25.32 Other	\$ .....0

25.3 For category (25.26) provide the following:

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

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [  ] No [  ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [  ] No [  ] N/A [  ]

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 [  ]

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

\$.....

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 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [  ] No [  ]

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

1 Name of Custodian(s)	2 Custodian's Address
US Bank.....	425 E. Walnut St., Cincinnati, OH 45202.....

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....
.....	.....	.....
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [  ] No [  ]

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

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Hometown Health Plan**

**GENERAL INTERROGATORIES**

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
Jeff Knight, Chief Financial Officer.....	.....
.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets?

Yes [ ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets?

Yes [ ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....
.....	.....	.....
<b>29.2999 TOTAL</b>		<b>0</b>

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund’s Book/Adjusted Carrying Value Attributable to the Holding	4 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	942,762	732,534	(210,228)
30.2 Preferred Stocks.....	0	0	0
<b>30.3 Totals</b>	<b>942,762</b>	<b>732,534</b>	<b>(210,228)</b>

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

US Bank (Custodian).....

Yes [ X ] No [ ]

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 [ X ] No [ ]

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 [ X ] No [ ]

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:

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Hometown Health Plan**

**GENERAL INTERROGATORIES**

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ ..... 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

34.1 Amount of payments for legal expenses, if any? \$ ..... 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ ..... 0

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

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....