



QUARTERLY STATEMENT

AS OF JUNE 30, 2017
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 [] Dental Service Corporation [] Other []	Property/Casualty [] Vision Service Corporation []	Hospital, Medical & Dental Service or Indemnity [] Health Maintenance Organization [X] 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, County 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) 740-695-3585 (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)		
Internet Web Site Address	www.healthplan.org					
Statutory Statement Contact	Ryan James Ralston (Name) ralston@healthplan.org (E-Mail Address)			740-699-6236 (Area Code) (Telephone Number) (Extension) 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.	John Gianola
John Wright	Nick Zervos	James M Pennington PhD	Edward Polack M.D.
John T McDonald, CPA Jr.		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

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

Subscribed and sworn to before me this
15th day of August, 2017

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	617,015		617,015	617,015
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 1,672,232), cash equivalents (\$ 0) and short-term investments (\$ 340,753)		2,012,985	2,012,985	2,007,149
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	2,630,000	0	2,630,000	2,624,164
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	11,245		11,245	11,184
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,641,245	0	2,641,245	2,635,348
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	2,641,245	0	2,641,245	2,635,348
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).			0	0
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	0		0	6,504
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current))			0	0
15. Amounts due to parent, subsidiaries and affiliates	0		0	1,700
16. Derivatives.....		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	0	0	0	8,204
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	2,000,000	2,000,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	641,245	627,144
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,641,245	2,627,144
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	2,641,245	2,635,348
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX.....		0.....	0.....
2. Net premium income (including \$ non-health premium income).....	XXX.....		0.....	0.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....		0.....	0.....
4. Fee-for-service (net of \$ medical expenses).....	XXX.....		0.....	0.....
5. Risk revenue.....	XXX.....		0.....	0.....
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0.....	0.....	0.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0.....	0.....	0.....
8. Total revenues (Lines 2 to 7).....	XXX.....	0.....	0.....	0.....
Hospital and Medical:				
9. Hospital/medical benefits.....			0.....	0.....
10. Other professional services.....			0.....	0.....
11. Outside referrals.....			0.....	0.....
12. Emergency room and out-of-area.....			0.....	0.....
13. Prescription drugs.....			0.....	0.....
14. Aggregate write-ins for other hospital and medical.....	.0.....	0.....	0.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts.....			0.....	0.....
16. Subtotal (Lines 9 to 15).....	.0.....	0.....	0.....	0.....
Less:				
17. Net reinsurance recoveries.....			0.....	0.....
18. Total hospital and medical (Lines 16 minus 17).....	.0.....	0.....	0.....	0.....
19. Non-health claims (net).....			0.....	0.....
20. Claims adjustment expenses, including \$ cost containment expenses.....			0.....	0.....
21. General administrative expenses.....		.5,945.....	.3,359.....	.5,113.....
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0.....	0.....
23. Total underwriting deductions (Lines 18 through 22).....	.0.....	.5,945.....	.3,359.....	.5,113.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(5,945).....	(3,359).....	(5,113).....
25. Net investment income earned.....		.20,046.....	.15,163.....	.21,254.....
26. Net realized capital gains (losses) less capital gains tax of \$.....			0.....	0.....
27. Net investment gains (losses) (Lines 25 plus 26).....	.0.....	.20,046.....	.15,163.....	.21,254.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....			0.....	0.....
29. Aggregate write-ins for other income or expenses.....	.0.....	0.....	0.....	0.....
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	.14,101.....	.11,804.....	.16,141.....
31. Federal and foreign income taxes incurred.....	XXX.....		0.....	0.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	.14,101.....	.11,804.....	.16,141.....
DETAILS OF WRITE-INS				
0601.....	XXX.....			
0602.....	XXX.....			
0603.....	XXX.....			
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0.....	0.....	0.....
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....	0.....	0.....	0.....
0701.....	XXX.....			
0702.....	XXX.....			
0703.....	XXX.....			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0.....	0.....	0.....
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	0.....	0.....	0.....
1401.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	.0.....	0.....	0.....	0.....
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	.0.....	0.....	0.....	0.....
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	.0.....	0.....	0.....	0.....
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	.0.....	0.....	0.....	0.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	2,627,150	2,611,009	2,611,009
34. Net income or (loss) from Line 32	14,101	11,804	16,141
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	0
39. Change in nonadmitted assets	0	0	0
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	(6)	0	0
48. Net change in capital and surplus (Lines 34 to 47)	14,095	11,804	16,141
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,641,245	2,622,813	2,627,150
DETAILS OF WRITE-INS			
4701. Rounding Adjustment	(6)		
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(6)	0	0

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	0	0	0
2. Net investment income.....	19,985	15,282	21,237
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 to 3).....	19,985	15,282	21,237
5. Benefit and loss related payments.....	0	0	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	12,443	3,840	1,077
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9).....	12,443	3,840	1,077
11. Net cash from operations (Line 4 minus Line 10).....	7,542	11,442	20,160
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	0	0	0
12.2 Stocks.....	0	0	0
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0	0
12.7 Miscellaneous proceeds.....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	0	0	0
13.2 Stocks.....	0	14,704	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	0	0
13.6 Miscellaneous applications.....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	14,704	0
14. Net increase (or decrease) in contract loans and premium notes.....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	0	(14,704)	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	(1,706)	544	2,244
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(1,706)	544	2,244
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	5,836	(2,718)	22,404
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,007,149	1,688,250	1,984,745
19.2 End of period (Line 18 plus Line 19.1).....	2,012,985	1,685,532	2,007,149

Prem., Enrollment
NONE

Claims Unpaid
NONE

Underwriting and Investment Exhibit
NONE

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Hometown Health Plan (HHP or the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (“ODI”). The ODI recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under Ohio insurance law and regulations. The National Association of Insurance Commissioners' (“NAIC”) *Accounting Practices and Procedures* manual (“NAIC SAP”) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The ODI has the right to permit other specific practices that deviate from prescribed practices. As of June 30, 2017 and December 31, 2016, HHP had no permitted practices and the ODI had not adopted any prescribed practices which differ from statutory accounting principles.

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

	SSAP #	F/S Page #	F/S Line #	2017	2016
NET INCOME					
HHP State Basis – Ohio Department of Insurance		4	32	\$14,101	\$16,141
State Prescribed Practices that Increase (Decrease) NAIC SAP				0	0
State Permitted Practices that Increase (Decrease) NAIC SAP				0	0
NAIC SAP		4	32	\$14,101	\$16,141
SURPLUS					
HHP State Basis – Ohio Department of Insurance		3	33	\$2,641,245	\$2,627,144
State Prescribed Practices that Increase (Decrease) NAIC SAP				0	0
State Permitted Practices that Increase (Decrease) NAIC SAP				0	0
NAIC SAP		3	33	\$2,641,245	\$2,627,144

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

No significant change.

C. Accounting Policy

No significant change in accounting policy.

6. Loan-backed Securities – HHP has no investments in loan-backed securities.

D. Going Concern

None.

2. Accounting Changes and Corrections of Errors

None.

3. Business Combinations and Goodwill

None.

4. Discontinued Operations

None.

NOTES TO FINANCIAL STATEMENTS

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

	1	2	3	4	5	6	7
	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)
H. Restricted Assets							
Subject to contractual obligation for which liability							
a. is not shown							
Collateral held under							
b. security lending agreements							
Subject to repurchase							
c. agreements							
Subject to reverse							
d. repurchase agreements							
Subject to dollar repurchase							
e. agreements							
Subject to dollar reverse							
f. repurchase agreements							
Placed under option							
g. 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	15.14%	15.14%
On deposit with other							
k. regulatory bodies							
Pledged as collateral to FHLB (including assets							
l. backing funding agreements)							
Pledged as collateral not							
m. captured in other categories							
n. Other restricted assets							
o. Total Restricted Assets	\$ 400,000	\$ 400,000	\$ -	\$ -	\$ 400,000	15.14%	15.14%

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

NOTES TO FINANCIAL STATEMENTS

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

A. Nature of Relationships

No significant change.

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

No significant change.

D. Related Party Receivables and Payables

None.

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.

NOTES TO FINANCIAL STATEMENTS

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

A. Capital Stock

No significant change.

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

No significant change.

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. Contingencies

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.

NOTES TO FINANCIAL STATEMENTS

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. HHP'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

NOTES TO FINANCIAL STATEMENTS

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.

The following table represents financial instruments measured at their estimated fair value under the three-level fair value hierarchy, as of June 30, 2017 and December 31, 2016:

	2017			
	Level 1	Level 2	Level 3	Total
Assets				
	\$ _____ -	\$ _____ -	\$ _____ -	\$ _____ -
2016				
	Level 1	Level 2	Level 3	Total
Assets				
Common stock	\$ _____ -	\$ _____ -	\$ _____ -	\$ _____ -

At the end of each reporting period, the Company evaluates whether any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3. The Company had no transfers into or out of any of the levels during 2017.

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 June 30, 2017 and December 31, 2016. The Company had no liabilities considered to be financial instruments as of June 30, 2017 and December 31, 2016. The estimated fair values are categorized into the three-level fair value hierarchy as described above.

	2017				
	Admitted Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Estimated Fair Value
Assets					
Cash, cash equivalents and short-term investments	\$ 2,012,985	\$ 2,012,985	\$ -	\$ -	\$ 2,012,985
Bonds	617,015	739,189	-	-	739,189
Accrued investment income	11,245	-	11,245	-	11,245

NOTES TO FINANCIAL STATEMENTS

\$ 2,641,245 \$ 2,752,174 \$ 11,245 \$ - \$ 2,763,419

	2016				
	Admitted Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Estimated Fair Value
Assets					
Cash, cash equivalents and short-term investments	\$ 2,007,148	\$ 2,007,148	\$ -	\$ -	\$ 2,007,148
Bonds	617,015	732,534	-	-	732,534
Accrued investment income	11,184	-	11,184	-	11,184
	<u>\$ 2,635,347</u>	<u>\$ 2,739,682</u>	<u>\$ 11,184</u>	<u>\$ -</u>	<u>\$ 2,750,866</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 August 15, 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.

NOTES TO FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report

None.

B. Uncollectible Reinsurance

None.

C. Commutation of Ceded Reinsurance

None.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

None.

24. Retrospectively Rated Contracts

A., B., C. Retrospective Premiums

None.

D. Medical Loss Ratio Rebates

None.

E. Risk Sharing Provisions of the Affordable Care Act

1. HHP did not write accident and health insurance premium that was subject to the Affordable Care Act risk-sharing provisions.

2. Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year

NOTES TO FINANCIAL STATEMENTS

			2017	2016
<u>Permanent ACA Risk Adjustment Program</u>				
Assets				
Premium adjustments receivable due to ACA Risk Adjustment			\$ -	\$ -
Liabilities				
Risk adjustment user fees payable for ACA Risk Adjustment			\$ -	\$ -
Premium adjustments payable due to ACA Risk Adjustment			\$ -	\$ -
Operations (Revenue and Expense)				
Reported as revenue in premium for accident and health contracts due to ACA Risk Adjustment			\$ -	\$ -
Reported in expenses as ACA risk adjustment user fees			\$ -	\$ -
<u>Transitional ACA Reinsurance Program</u>				
Assets				
Amounts recoverable for claims paid due to ACA Reinsurance			\$ -	\$ -
Amounts recoverable for claims unpaid due to ACA reinsurance			\$ -	\$ -
Amounts recoverable relating to uninsured plans for contributions for ACA Reinsurance			\$ -	\$ -
Liabilities				
Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium			\$ -	\$ -
Ceded reinsurance premiums payable due to ACA reinsurance			\$ -	\$ -
Liabilities for amounts held under uninsured plans contributions for ACA reinsurance			\$ -	\$ -
Operations (Revenue and Expense)				
Ceded reinsurance premiums due to ACA reinsurance			\$ -	\$ -
Reinsurance recoveries due to ACA reinsurance payments or expected payments			\$ -	\$ -
ACA reinsurance contributions - not reported as ceded premium			\$ -	\$ -
<u>Temporary ACA Risk Corridors Program</u>				
Assets				
Accrued retrospective premium due to ACA Risk Corridors			\$ -	\$ -
Liabilities				
Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors			\$ -	\$ -
Operations (Revenue and Expense)				
Effect of ACA Risk Corridors on net premium income			\$ -	\$ -
Effect of ACA Risk Corridors on change in reserves for rate credits			\$ -	\$ -

3. Rollforward of Prior Year ACA Risk-Sharing Provisions

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

NOTES TO FINANCIAL STATEMENTS

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8	9	10	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment											
1	Premium adjustments receivable	0	0	0	0	0	0	0	0	0	0	0
2	Premium adjustments (payable)	0	0	0	0	0	0	0	0	0	0	0
3	Subtotal ACA Permanent Risk Adjustment Program	0	0	0	0	0	0	0	0	0	0	0
b.	Transitional ACA Reinsurance											
1	Amounts recoverable for claims paid	0	0	0	0	0	0	0	0	0	0	0
2	Amounts recoverable for claims unpaid (contra liability)	0	0	0	0	0	0	0	0	0	0	0
3	Amounts receivable relating to uninsured plans	0	0	0	0	0	0	0	0	0	0	0
4	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	0	0	0	0	0	0	0	0	0	0	0
5	Ceded reinsurance premiums payable	0	0	0	0	0	0	0	0	0	0	0
6	Liability for amounts held under uninsured plans	0	0	0	0	0	0	0	0	0	0	0
7	Subtotal ACA Transitional Reinsurance Program	0	-	0	-	0	0	0	0	0	0	0
c.	Temporary ACA Risk Corridors											
1	Accrued retrospective premium	0	0	0	0	0	0	0	0	0	0	0
2	Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0	0	0	0
3	Subtotal ACA Risk Corridors Program	0	0	0	0	0	0	0	0	0	0	0
d	Total for ACA Risk Sharing Provisions	0	0	0	0	0	0	0	0	0	0	0

4. Rollforward of Risk Corridor Asset and Liability Balances by Program Benefit Year

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

NOTES TO FINANCIAL STATEMENTS

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year	Differences		Adjustments		Unsettled Balances as of the Reporting Date				
			Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)			
	1	2	3	4	5	6	7	8	9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued Retrospective Premium	0	0	0	0	0	0	0	0	0	0	
2. Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0	0	0	
b. 2015											
1. Accrued Retrospective Premium	0	0	0	0	0	0	0	0	0	0	
2. Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0	0	0	
c.. 2016											
1. Accrued Retrospective Premium	0	0	0	0	0	0	0	0	0	0	
2. Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0	0	0	
d. Total for Risk Corridors	0	0	0	0	0	0	0	0	0	0	

5. ACA Risk Corridor Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts Received from CMS	4 Asset Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	\$0	\$0	\$0	\$0	\$0	\$0
b. 2015	0	0	0	0	0	0
c. 2016	0	0	0	0	0	0
d. Total	\$0	\$0	\$0	\$0	\$0	\$0

25. Change in Incurred Claims and Claim Adjustment Expenses

None.

26. Intercompany Pooling Arrangements

None.

27. Structured Settlements

None.

28. Healthcare Receivables

A. Pharmaceutical Rebate Receivables

None.

B. Risk Sharing Receivables

None.

29. Participating Policies

None.

30. Premium Deficiency

NOTES TO FINANCIAL STATEMENTS

None.

31. Anticipated Salvage and Subrogation

None.

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [X] No []

2.2 If yes, date of change: 01/23/2017

3.1 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 [X] No []

If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

.....

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

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2012

6.2 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

6.3 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

6.4 By what department or departments?

Ohio Department of Insurance.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] NA []

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

.....

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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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
.....

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan**GENERAL INTERROGATORIES**

- 9.1 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.

- 9.11 If the response to 9.1 is No, please explain:
-

- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
-
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).
-

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]
- 11.2 If yes, give full and complete information relating thereto:
-

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

13. Amount of real estate and mortgages held in short-term investments: \$

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

- 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
 16.3 Total payable for securities lending reported on the liability page \$.....0
17. 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 [X] No []

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

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

- 17.2 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)
.....

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

- 17.4 If yes, give full and complete information relating thereto:

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

- 17.5 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.....
.....
.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, 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 [X]

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity’s assets? Yes [] No [X]

- 17.6 For those firms or individuals listed in the table for 17.5 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
.....
.....
.....

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

- 18.2 If no, list exceptions:
-

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

GENERAL INTERROGATORIES
PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent.....	0.0 %
1.2 A&H cost containment percent.....	0.0 %
1.3 A&H expense percent excluding cost containment expenses.....	(100.0) %
2.1 Do you act as a custodian for health savings accounts?.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$ _____
2.3 Do you act as an administrator for health savings accounts?.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$ _____

STATEMENT AS OF JUNE 30, 2017 OF THE HOMETOWN HEALTH PLAN

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NONE

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

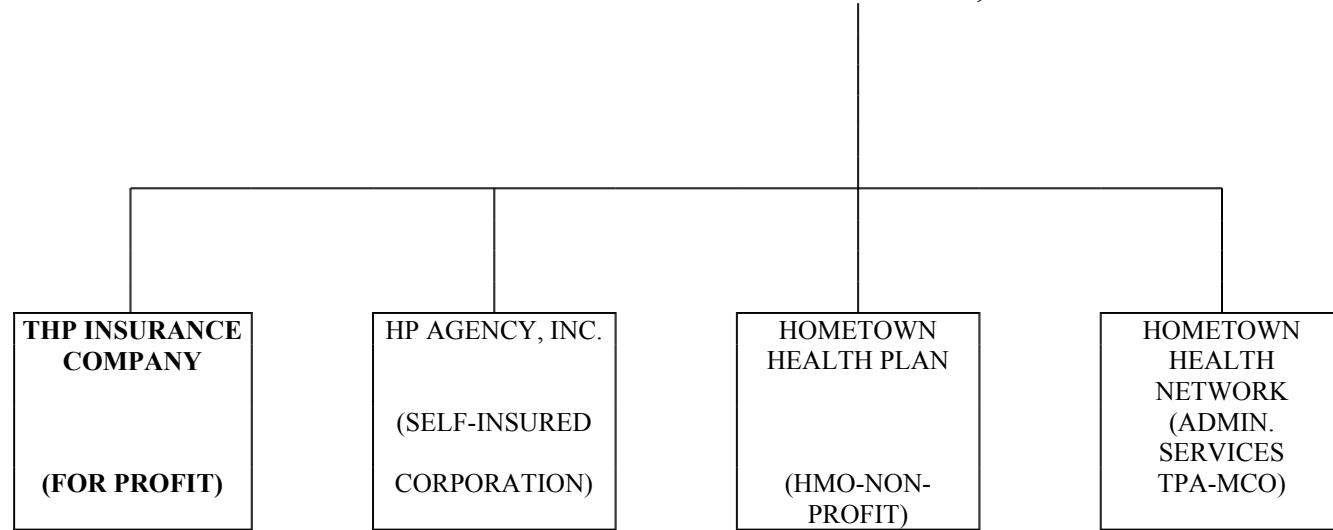
States, Etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL	N.						0	
2. Alaska	AK	N.						0	
3. Arizona	AZ	N.						0	
4. Arkansas	AR	N.						0	
5. California	CA	N.						0	
6. Colorado	CO	N.						0	
7. Connecticut	CT	N.						0	
8. Delaware	DE	N.						0	
9. Dist. Columbia	DC	N.						0	
10. Florida	FL	N.						0	
11. Georgia	GA	N.						0	
12. Hawaii	HI	N.						0	
13. Idaho	ID	N.						0	
14. Illinois	IL	N.						0	
15. Indiana	IN	N.						0	
16. Iowa	IA	N.						0	
17. Kansas	KS	N.						0	
18. Kentucky	KY	N.						0	
19. Louisiana	LA	N.						0	
20. Maine	ME	N.						0	
21. Maryland	MD	N.						0	
22. Massachusetts	MA	N.						0	
23. Michigan	MI	N.						0	
24. Minnesota	MN	N.						0	
25. Mississippi	MS	N.						0	
26. Missouri	MO	N.						0	
27. Montana	MT	N.						0	
28. Nebraska	NE	N.						0	
29. Nevada	NV	N.						0	
30. New Hampshire	NH	N.						0	
31. New Jersey	NJ	N.						0	
32. New Mexico	NM	N.						0	
33. New York	NY	N.						0	
34. North Carolina	NC	N.						0	
35. North Dakota	ND	N.						0	
36. Ohio	OH	L.						0	
37. Oklahoma	OK	N.						0	
38. Oregon	OR	N.						0	
39. Pennsylvania	PA	N.						0	
40. Rhode Island	RI	N.						0	
41. South Carolina	SC	N.						0	
42. South Dakota	SD	N.						0	
43. Tennessee	TN	N.						0	
44. Texas	TX	N.						0	
45. Utah	UT	N.						0	
46. Vermont	VT	N.						0	
47. Virginia	VA	N.						0	
48. Washington	WA	N.						0	
49. West Virginia	WV	N.						0	
50. Wisconsin	WI	N.						0	
51. Wyoming	WY	N.						0	
52. American Samoa	AS	N.						0	
53. Guam	GU	N.						0	
54. Puerto Rico	PR	N.						0	
55. U.S. Virgin Islands	VI	N.						0	
56. Northern Mariana Islands	MP	N.						0	
57. Canada	CAN	N.						0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Subtotal		XXX	0	0	0	0	0	0	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	
61. Total (Direct Business)	(a)	1	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
58001		XXX							
58002		XXX							
58003		XXX							
58998	Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0
58999	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

**THE HEALTH PLAN OF
WEST VIRGINIA, INC.**



STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

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

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

SCHEDULE A – VERIFICATION

Real Estate		1	2
	Year To Date	Prior Year Ended	December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0	0
2. Cost of acquired:			
2.1 Actual cost at time of acquisition.....	0	0	0
2.2 Additional investment made after acquisition.....	0	0	0
3. Current year change in encumbrances.....	0	0	0
4. Total gain (loss) on disposals.....	0	0	0
5. Deduct amounts received on disposals.....	0	0	0
6. Total foreign exchange change in book/adjusted carrying value.....	0	0	0
7. Deduct current year's other-than-temporary impairment recognized.....	0	0	0
8. Deduct current year's depreciation.....	0	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0	0
10. Deduct total nonadmitted amounts.....	0	0	0
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans		1	2
	Year To Date	Prior Year Ended	December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	0	0
2. Cost of acquired:			
2.1 Actual cost at time of acquisition.....	0	0	0
2.2 Additional investment made after acquisition.....	0	0	0
3. Capitalized deferred interest and other.....	0	0	0
4. Accrual of discount.....	0	0	0
5. Unrealized valuation increase (decrease).....	0	0	0
6. Total gain (loss) on disposals.....	0	0	0
7. Deduct amounts received on disposals.....	0	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	0	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0	0
12. Total valuation allowance.....	0	0	0
13. Subtotal (Line 11 plus Line 12).....	0	0	0
14. Deduct total nonadmitted amounts.....	0	0	0
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets		1	2
	Year To Date	Prior Year Ended	December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0	0
2. Cost of acquired:			
2.1 Actual cost at time of acquisition.....	0	0	0
2.2 Additional investment made after acquisition.....	0	0	0
3. Capitalized deferred interest and other.....	0	0	0
4. Accrual of discount.....	0	0	0
5. Unrealized valuation increase (decrease).....	0	0	0
6. Total gain (loss) on disposals.....	0	0	0
7. Deduct amounts received on disposals.....	0	0	0
8. Deduct amortization of premium and depreciation.....	0	0	0
9. Total foreign exchange change in book/adjusted carrying value.....	0	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0	0
12. Deduct total nonadmitted amounts.....	0	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks		1	2
	Year To Date	Prior Year Ended	December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	617,015	617,015	617,015
2. Cost of bonds and stocks acquired.....	0	0	0
3. Accrual of discount.....	0	0	0
4. Unrealized valuation increase (decrease).....	0	0	0
5. Total gain (loss) on disposals.....	0	0	0
6. Deduct consideration for bonds and stocks disposed of.....	0	0	0
7. Deduct amortization of premium.....	0	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	617,015	617,015	617,015
11. Deduct total nonadmitted amounts.....	0	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	617,015	617,015	617,015

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	957,565	202			957,565	957,767	0	942,762
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds.....	957,565	202	0	0	957,565	957,767	0	942,762
PREFERRED STOCK								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock.....	957,565	202	0	0	957,565	957,767	0	942,762

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 340,753 ; NAIC 2 \$;

NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	340,753	XXX	340,753	370	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	325,747	296,501
2. Cost of short-term investments acquired	15,006	29,246
3. Accrual of discount		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals		0
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	340,753	325,747
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	340,753	325,747

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

SCHEDULE E - PART 1 - CASH

Month End Depository Balances								
1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
United Bank.....	Charleston, WV		0.000	0	0	1,675,765	1,673,811	1,672,232
0199998 Deposits in	depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX					XXX
0199999 Total Open Depositories		XXX	XXX	0	0	1,675,765	1,673,811	1,672,232
0399999 Total Cash on Deposit		XXX	XXX	0	0	1,675,765	1,673,811	1,672,232
0499999 Cash in Company's Office		XXX	XXX	XXX	XXX			XXX
0599999 Total		XXX	XXX	0	0	1,675,765	1,673,811	1,672,232

STATEMENT AS OF JUNE 30, 2017 OF THE Hometown Health Plan

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter							
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year

NONE

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