

STATE OF INDIANA)
) SS: BEFORE THE INDIANA
COUNTY OF MARION) COMMISSIONER OF INSURANCE

IN THE MATTER OF:)
)
Coordinated Care Corporation)
7700 Forsyth Blvd)
St. Louis, Missouri 63105)

Examination of Coordinated Care Corporation

NOTICE OF ENTRY OF ORDER

Enclosed is the Final Order entered by Stephen W. Robertson, Commissioner of the Indiana Department of Insurance, after fully considering and reviewing the Verified Report of Examination of Coordinated Care Corporation, any relevant examination work papers, and any written submissions or rebuttals. The Verified Report of Examination, as amended by the Final Order, has been adopted by the Commissioner.

Pursuant to Ind. Code § 27-1-3.1-12(b), within thirty (30) days of receipt of the Final Order, each director of Coordinated Care Corporation shall file an affidavit with the Indiana Department of Insurance stating that he/she has received a copy of the Verified Report of Examination and the Final Order.

The Final Order is a final administrative decision that may be appealed pursuant to Ind. Code § 4-21.5-5.

June 5, 2014
Date

Cynthia D. Donovan
Cynthia D. Donovan
Chief Financial Examiner

CERTIFIED MAIL NUMBER: 9214 8901 0661 5400 0033 1613 16

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St. Louis, Missouri)

Examination of Coordinated Care Corporation

FINDINGS AND FINAL ORDER

The Indiana Department of Insurance conducted an examination into the affairs of the Coordinated Care Corporation (hereinafter "Company") for the time period January 1, 2012 through December 31, 2012.

The Verified Report of Examination was filed with the Commissioner of the Department of Insurance (hereinafter "Commissioner") by the Examiner on March 21, 2014.

A copy of the Verified Report of Examination, along with a Notice of Opportunity to Make Written Submission or Rebuttal, was mailed to the Company via Certified Mail on April 15, 2014 and was received by the Company on April 21, 2014.

On May 15, 2014, pursuant to Ind. Code § 27-1-3.1-10, the Company filed a response to the Verified Report of Examination. The Commissioner has fully considered the Company's response.

NOW THEREFORE, based on the Verified Report of Examination and the response filed by the Company, the Commissioner hereby FINDS as follows:

1. The suggested modifications to the Verified Report of Examination submitted by the Company are reasonable and shall be incorporated into the Verified Examination Report. A copy of the Verified Report of Examination, as amended, is attached hereto.

2. The Verified Report of Examination, as amended, is true and accurate report of the financial condition and affairs of the Company as of December 31, 2012.
3. The Examiners' recommendations are reasonable and necessary in order for the Company to comply with the insurance laws of the state of Indiana.

Based on the FINDINGS, the Commissioner does hereby ORDER:

1. Pursuant to Ind. Code § 27-1-3.1-11(a)(1), the Verified Report of Examination is adopted and shall be filed. Hereafter the Verified Report of Examination, as amended, may constitute prima facie evidence of the facts contained therein in any action or proceeding taken by the Indiana Department of Insurance against the Company, its officers, directors, or agents.
2. The Company shall comply with the Examiner's Recommendations enumerated in summary form and throughout the text of the Verified Report of Examination, as amended. A written response to these recommendations should be provided to the Department within 30 days of receipt of this order.
3. Compliance with the Examiner's recommendations shall be completed on or before the filing of the subsequent annual statement. In the event it is not feasible to comply with a recommendation before the filing of the subsequent annual statement, the Company shall submit a written explanation as to why it was not feasible with the filing of the annual statement.

Signed and Sealed this 5 day of June, 2014.


Stephen W. Robertson
Insurance Commissioner

ABOUT AFFIRMATIONS

The following pages for affirmations need to be signed by each Board Member and returned to the Indiana Department of Insurance within thirty (30) days in accordance with I.C. §27-1-3.1-12(b).

If your affirmations list individuals that are no longer on your Board of Directors, you may simply retype the form on plain white paper with the correct names and a line to the right for signature. If the names are misspelled, you may do the same, simply re-type the corrected form with a line to the right for signature.

Should you have any questions or difficulties with these forms or you require additional time past the thirty (30) day requirement, please do not hesitate to contact this department at (317) 232-2390.

Handwritten signature: [Illegible]

STATE OF INDIANA
Department of Insurance
REPORT OF EXAMINATION
OF

COORDINATED CARE CORPORATION

NAIC Co. CODE 95831
NAIC GROUP CODE 1295

As of

December 31, 2012

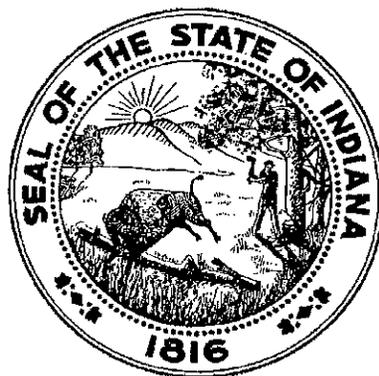


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STATE OF INDIANA

IDOI

MICHAEL R. PENCE, Governor

Indiana Department of Insurance
311 W. Washington Street, Suite 300
Indianapolis, Indiana 46204-2787
Telephone: (317) 232-2385
Fax: (317) 232-5251
Stephen W. Robertson, Commissioner

March 21, 2014

Honorable Stephen W. Robertson, Commissioner
Indiana Department of Insurance
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

Dear Commissioner:

Pursuant to the authority vested in Appointment Number 3784, an examination has been made of the affairs and financial condition of:

Coordinated Care Corporation
7700 Forsyth Boulevard
St. Louis, Missouri 63105

hereinafter referred to as the "Company", or "CCC", an Indiana domestic health maintenance organization. The examination was conducted at the offices of Noble Consulting Services, Inc., in Indianapolis, Indiana.

The Report of Examination, reflecting the status of the Company as of December 31, 2012, is hereby respectfully submitted.

ACCREDITED BY THE
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES (317) 232-2413 COMPANY COMPLIANCE (317) 233-0697 CONSUMER SERVICES (317) 232-2395 EXAMINATIONS/FINANCIAL SERVICES (317) 232-2390 MEDICAL MALPRACTICE (317) 232-2402 SECURITIES/COMPANY RECORDS (317) 232-1991 STATE HEALTH INSURANCE PRO 1-800-332-4674
1-800-622-4461

SCOPE OF EXAMINATION

The Company was last examined by representatives of the Indiana Department of Insurance (INDOI) as of the period ending December 31, 2011. The present risk-focused examination was conducted by Noble Consulting Services, Inc., and covered the period from January 1, 2012 through December 31, 2012, and included any material transactions and/or events occurring subsequent to the examination date and noted during the course of this examination.

The examination was conducted in accordance with the NAIC *Financial Condition Examiners Handbook* (Handbook). The Handbook requires that we plan and perform the examination to evaluate the financial condition and identify prospective risks of the Company by obtaining information about the Company, including corporate governance, identifying and assessing inherent risks within the Company, and evaluating system controls and procedures used to mitigate those risks. An examination also includes assessing the principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation, management's compliance with Statutory Accounting Principles and Annual Statement instructions, when applicable to domestic state regulations.

The examination of the Texas domestic health maintenance organization (HMO) Superior HealthPlan, Inc., a wholly-owned subsidiary of Centene Corporation (Centene), was called by the Texas Department of Insurance (TDI) in accordance with the Handbook guidelines, through the NAIC's Financial Examination Electronic Tracking System. The TDI served as the lead state on the coordinated examination, and the Florida Office of Insurance Regulation, the Indiana Department of Insurance, the Mississippi Insurance Department, the Ohio Department of Insurance, and the Wisconsin Office of the Commissioner of Insurance served as participants.

The TDI staff provided all actuarial services throughout the examination and conducted a review of the Company's loss reserves and loss adjustment expense reserves as of December 31, 2012.

All accounts and activities of the Company were considered in accordance with the risk-focused examination process.

A report comment made in the prior examination indicated that the directors were not elected at the annual shareholders meeting as stipulated in Article VI, Section 1 of the Company's Bylaws. See the Corporate Records section of this Report of Examination for reference.

HISTORY

The Company was organized in 1994 as a network model HMO. The Company is a wholly owned subsidiary of Centene, a Delaware stock corporation. Centene is a publicly traded company and a fully integrated multi-state government services managed care corporation headquartered in St. Louis, Missouri. The Company is a for-profit HMO licensed in Indiana and Washington. The Company changed its licensed name from Coordinated Care Corporation Indiana, Inc., to Coordinated Care Corporation, effective December 19, 2011. The Office of Medicaid Policy and Planning (OMPP) awarded the Company a four (4) year contract for its Indiana Medicaid business, effective January 1, 2011. The Washington Health Care Authority awarded the Company a new contract to serve Washington Medicaid beneficiaries and comprehensive members, effective July 1, 2012.

CAPITAL AND SURPLUS

As of December 31, 2012, the Company had 10,000 shares of common stock authorized, of which 1,000 shares were issued and outstanding. The common stock has no par value. All outstanding shares were owned by Centene during the examination period. The Company reported capital stock totaling \$545,000 and gross paid-in and contributed surplus totaling \$21,700,000 as of December 31, 2012.

The Company had no preferred stock outstanding.

DIVIDENDS TO STOCKHOLDERS

The Company did not pay any dividends during the examination period.

TERRITORY AND PLAN OF OPERATION

The Company arranges for the delivery of healthcare services to Indiana and Washington Medicaid clients. The Company contracts with physicians and other providers of healthcare services pursuant to discounted fee for service arrangements. An open referral network is provided by the Company, and members may go to any accredited Medicaid provider for services within the network. The Company has capitation and fee for service contracts with primary care providers. The capitated providers are at risk for the cost of medical care services provided to enrollees; however, the Company could be responsible for the provision of services to its enrollees should the capitated providers be unable to provide the contracted services.

Under the Hoosier Healthwise program, the Company serves the Hoosier Healthwise population and the children enrolled in Indiana's Children Health Insurance Program. Additionally, the Company began operations in the Healthy Indiana Plan program in 2011. In 2012, the Company began operating under a new contract with the Washington Health Care Authority to serve Medicaid beneficiaries and comprehensive members. The Company served a total of 259,475 recipients in Indiana and Washington as of December 31, 2012.

GROWTH OF THE COMPANY

The following exhibit summarizes the financial results of the Company during the examination period:

<u>Year</u>	<u>Admitted Assets</u>	<u>Liabilities</u>	<u>Capital and Surplus</u>	<u>Total Revenues</u>	<u>Net Income</u>
2012	\$154,092,363	\$103,135,816	\$50,956,547	\$387,529,601	\$1,211,525

Admitted assets, liabilities, and total revenues increased in 2012 due to the addition of the Washington line of business in 2012. Capital and surplus increased due to positive net income in 2012 and a change in statutory reporting related to net deferred income taxes. The decrease in net income from 2011 to 2012 was due to decreases in underwriting and investment gains.

MANAGEMENT AND CONTROL

Directors

The Company is managed by a Board of Directors. The Company's Bylaws state the Board of Directors shall not be less than one (1) or more than ten (10) and shall be elected by the shareholder at the annual meeting.

The following is a listing of persons serving as directors at December 31, 2012, and their principal occupations as of that date:

<u>Name and Address</u>	<u>Principal Occupation</u>
Bennett B. Desadier, MD Carmel, Indiana	Physician Private Practice
Marco A. Dominguez Indianapolis, Indiana	Director of Community Sales Finance Center Federal Credit Union
Daniel J. Fathi, MD Seattle, Washington	Chief Executive Officer Coordinated Care - Washington
Diane M. Maas Granger, Indiana	Vice President Memorial Health System
Stephen C. McCaffrey Knightstown, Indiana	President and Chief Executive Officer Mental Health America of Indiana
Daniel M. Parietti St. Louis, Missouri	Senior Vice President, Health Plan Operations Centene Corporation
Rev. Rodric K. Reid Indianapolis, Indiana	Pastor Uplift Cathedral Church
Patrick J. Rooney Carmel, Indiana	President and Chief Executive Officer Managed Health Services
Beth A. Wrobel Valparaiso, Indiana	Chief Executive Officer HealthLine

Officers

The Company's Bylaws state that the officers are elected by the Board of Directors and are to include a Chief Executive Officer, President, one (1) or more Vice Presidents, Secretary, and Treasurer. The officers do not need to be a member of the Board of Directors, and the same individual may hold more than one (1) office.

The following is a list of key officers and their respective titles as of December 31, 2012:

<u>Name</u>	<u>Office</u>
Patrick J. Rooney	President and Chief Executive Officer
John M. Barth	Secretary
Jeffrey A. Schwaneke	Treasurer
Keith H. Williamson	Assistant Secretary
Tricia L. Dinkelman	Vice President of Tax
Barry A. Smith	Assistant Treasurer
Daniel J. Fathi, MD	Vice President
Jason M. Harrold	Vice President
Daniel M. Parietti	Vice President
William N. Scheffel	Vice President

Corporate Governance

The corporate governance was evaluated through a review of the Company's corporate governance policies, Executive Officer and Board of Director member interviews, Board of Director general meeting minutes, committee meetings, and other various examination documentation obtained from the TDI in its coordinated examination of the Company's affiliates. The Corporate Governance review followed the format provided by Exhibit M of the Handbook.

CONFLICT OF INTEREST

Directors and officers are required to review and sign Conflict of Interest statements annually. It was determined that all directors and officers listed in the Management and Control section of this Report of Examination have reviewed and signed their statements as of December 31, 2012.

CORPORATE RECORDS

Articles of Incorporation

There were no amendments made to the Articles of Incorporation during the examination period.

Bylaws

The amended Bylaws were submitted to the INDOI for review and were approved in October 2012. The amendment made changes and added terms relating to the election of directors.

Minutes

The Board of Directors and Senior Executive Quality Improvement Committee meeting minutes were reviewed for the period under examination through the fieldwork date. Significant actions taken during each meeting were noted.

AFFILIATED COMPANIES

Organizational Structure

The following abbreviated organizational chart shows the upstream affiliates from the Company to the ultimate controlling entity as of December 31, 2012:

	<u>NAIC Co. Code</u>	<u>Domiciliary State</u>
Centene Corporation		DE
Coordinated Care Corporation d/b/a Managed Health Services	95831	IN

Affiliated Agreements

The following affiliated agreements and transactions were disclosed as part of the Form B – Holding Company Registration Statement and were filed with the INDOI, as required, in accordance with Indiana Code (IC) 27-1-23-4.

Behavioral Health Services Agreement

Effective January 1, 2011, the Company entered into a Behavioral Health Services Agreement with Cenpatico Behavioral Health, LLC (Cenpatico). Under this agreement, Cenpatico provides behavioral health services to Indiana eligible members based upon state mandated provisions, Medicaid products, or provider manual provisions.

Effective July 1, 2012, the Company entered into another Behavioral Health Services Agreement with Cenpatico. Under this agreement, Cenpatico provides behavioral health services to Washington eligible members based upon state mandated provisions, Medicaid products, or provider manual provisions.

During 2012, the Company paid \$19,728,134 for services provided under these agreements.

Disease Management Program Services Agreement

Effective January 1, 2011, the Company entered into a Disease Management Program Services Agreement with Nurtur Health, Inc. (Nurtur). Under this agreement, Nurtur provides disease management services for the Company's Indiana members with chronic diseases.

Effective, July 1, 2012, the Company entered into another Disease Management Program Services Agreement with Nurtur. Under this agreement, Nurtur provides disease management services for the Company's Washington members with chronic diseases.

During 2012, the Company paid \$2,066,816 for services provided under these agreements.

Management Agreement

Effective January 1, 2011, the Company entered into a Management Agreement with Centene Management Company, LLC (CMC). Under this agreement, CMC contracts with the Company to provide management services to Indiana eligible enrollees covered under State Medical Assistance Plan contracts between insurance carriers and the Indiana Family & Social Services Administration. The Company pays CMC a fee of 12% of gross revenues for services related to this agreement. Management services include claims administration, financial systems and services, management information systems, program planning and development, utilization review, case management, care coordination, general management and other functions as necessary.

Effective July 1, 2012, the Company entered into another Management Agreement with CMC. Under this agreement, CMC contracts with the Company to provide administrative services to Washington eligible enrollees. The Company pays CMC a fee of 12% of gross revenues for services related to this agreement. Management services include claims administration, financial systems and services, management information systems, program planning and development, utilization review, and other functions as necessary.

During 2012, the Company paid \$47,012,746 for services provided under these agreements.

NurseWise Agreement

Effective January 1, 2011, the Company entered into the NurseWise Agreement with NurseWise, LP (NurseWise). Under this agreement, NurseWise provides management and triage services to the Company's Indiana line of business, which includes eligibility decisions, pre-certification procedures, triage health conditions (including emergency matters), and other important functions.

Effective July 1, 2012, the Company entered into another NurseWise Agreement with NurseWise. Under this agreement, NurseWise provides management and triage services to the Company's Washington line of business, which includes eligibility decisions, pre-certification procedures, triage health conditions (including emergency matters), and other important functions.

During 2012, the Company paid \$2,307,913 for services provided under these agreements.

Pharmacy Services Agreement

Effective January 1, 2011, the Company entered into a Pharmacy Services Agreement with US Script, Inc. (US Script). Under this agreement, US Script provides certain pharmacy services to the Company's Indiana line of business.

Effective July 1, 2012, the Company entered into another Pharmacy Services Agreement with US Script. Under this agreement, US Script provides certain pharmacy services to the Company's Washington line of business.

During 2012, the Company paid \$13,910,987 for services provided under these agreements.

Vision Services Agreement

Effective January 1, 2011, the Company entered into a Vision Services Agreement with OptiCare Vision Company, Inc. (OptiCare). Under this agreement, OptiCare provides routine vision examinations and hardware services to the Company's Indiana enrollees via its contracted provider network.

Effective July 1, 2012, the Company entered into another Vision Services Agreement with OptiCare. Under this agreement, OptiCare provides routine vision examinations and hardware services to the Company's Washington enrollees via its contracted provider network.

During 2012, the Company paid \$6,000,468 for services under these agreements.

Tax Allocation Agreement

Effective July 1, 1996, the Company became a party in the Tax Allocation Agreement with Centene. Under this agreement, the parties file a consolidated federal income tax return with Centene. The tax amount is allocated to the parties on a stand-alone basis as if the Company were not a party to the consolidated return. All amounts due for either party shall be settled on or before the due date for the filing of the consolidated federal income tax return.

FIDELITY BOND AND OTHER INSURANCE

The Company protects itself against loss from any fraudulent or dishonest acts by any employees through a fidelity bond issued by National Union Fire Insurance Company of Pittsburgh. The bond has blanket coverage of \$5,000,000. The fidelity bond is adequate to meet the prescribed minimum coverage specified by the NAIC.

The Company had additional types of coverage in-force at December 31, 2012, including but not limited to automobile liability, general liability, ManageCare liability, umbrella liability, and workers' compensation and employers' liability.

PENSION, STOCK OWNERSHIP, AND INSURANCE PLANS

The Company has no direct employees; therefore, there were no employee pension or insurance plans. All personnel necessary to conduct business operations of the Company are provided to the Company by CMC under the aforementioned Management Agreement.

STATUTORY DEPOSITS

The Company reported the following statutory deposits at December 31, 2012:

<u>State</u>	<u>Book Value</u>	<u>Fair Value</u>
For All Policyholders:		
Indiana	\$ 502,834	\$ 503,275
Washington	159,832	160,675
Total Deposits	<u>\$ 662,666</u>	<u>\$ 663,950</u>

REINSURANCE

The need for reinsurance is limited to serve the statutory requirements of IC 27-13-16, which requires an HMO to have a plan for receivership that allows for the continuation of benefits after the date of receivership. The Company has a reinsurance agreement with Ace American Insurance Company. The agreement has a deductible of \$200,000 per person and provides \$2 million of coverage per covered person.

During 2012, the Company paid \$1,852,445 (Indiana) and \$724,760 (Washington) for services under this agreement.

ACCOUNTS AND RECORDS

The Company's accounting procedures, practices, account records, and supporting data were reviewed and tested to the extent deemed necessary. The trial balance prepared from the Company's general ledger for the year ended December 31, 2012, was agreed to the respective Annual Statement. The Annual Statement for the year ended December 31, 2012, was agreed to the independent audit report without material exception. The Company's accounting procedures, practices, and account records were deemed satisfactory.

COORDINATED CARE CORPORATION

Assets

As of December 31, 2012

	<u>Per Examination*</u>
Bonds	\$ 42,130,488
Cash, cash equivalents and short-term investments	88,176,976
Other invested assets	1,299,177
Receivables for securities	<u>5,000</u>
Subtotals, cash and invested assets	131,611,641
Investment income due and accrued	464,665
Premiums and considerations:	
Uncollected premiums and agents' balances in course of collection	11,897,969
Reinsurance:	
Amounts recoverable from reinsurers	745,177
Net deferred tax asset	3,710,600
Receivables from parent, subsidiaries and affiliates	67,257
Health care and other amounts receivable	41,976
Aggregate write-ins for other than invested assets	<u>5,553,078</u>
Total	<u>\$ 154,092,363</u>

* There were no adjustments to the as-filed financial statements, therefore the Annual Statement amounts agree to the examination amounts.

COORDINATED CARE CORPORATION
Liabilities, Surplus and Other Funds
As of December 31, 2012

	Per Examination*
Claims unpaid	\$ 52,689,614
Accrued medical incentive pool and bonus amounts	2,946,531
Unpaid claims adjustment expenses	1,150,000
Aggregate health policy reserves	4,679,976
Premiums received in advance	23,291,195
General expenses due or accrued	14,290,652
Current federal and foreign income tax payable and interest thereon	3,937,398
Amounts due to parent, subsidiaries and affiliates	142,708
Aggregate write-ins for other liabilities	7,742
Total liabilities	103,135,816
Common capital stock	545,000
Gross paid in and contributed surplus	21,700,000
Unassigned funds (surplus)	28,711,547
Total capital and surplus	50,956,547
Total liabilities, capital and surplus	\$ 154,092,363

* There were no adjustments to the as-filed financial statements, therefore the Annual Statement amounts agree to the examination amounts.

COORDINATED CARE CORPORATION
Statement of Revenue and Expenses
For the Year Ended December 31, 2012

	Per Examination*
Member Months	2,701,174
Net premium income	\$ 387,529,601
Total revenues	387,529,601
Hospital and Medical:	
Hospital/medical benefits	247,910,610
Other professional services	37,053,056
Emergency room and out-of-area	30,273,390
Prescription drugs	14,381,346
Incentive pool, withhold adjustments and bonus amounts	2,290,101
Subtotal	331,908,503
Less:	
Net reinsurance recoveries	1,296,723
Total hospital and medical	330,611,780
Claims adjustment expenses	12,236,187
General administrative expenses	34,679,648
Increase in reserves for life and accident and health contracts	4,679,976
Total underwriting deductions	382,207,591
Net underwriting gain or (loss)	5,322,010
Net investment income earned	1,131,521
Net income or (loss) after capital gains tax and before all other federal income taxes	6,453,531
Federal and foreign income taxes incurred	5,242,006
Net income (loss)	\$ 1,211,525

* There were no adjustments to the as-filed financial statements, therefore the Annual Statement amounts agree to the examination amounts.

COORDINATED CARE CORPORATION
Capital and Surplus Account Reconciliation

	2012
Capital and surplus prior reporting year	\$ 46,778,375
Net income or (loss)	1,211,525
Change in net unrealized capital gains (losses) less capital gains tax	(91,549)
Change in net deferred income tax	3,316,199
Change in nonadmitted assets	(258,004)
Dividends to stockholders	-
Net change in capital and surplus	4,178,171
Capital and surplus end of reporting year	\$ 50,956,546

COMMENTS ON THE FINANCIAL STATEMENTS

There were no recommended adjustments to the financial statements as of December 31, 2012, based on the results of this examination.

OTHER SIGNIFICANT ISSUES

There were no significant issues identified as of December 31, 2012, based on the results of this examination.

SUBSEQUENT EVENTS

There were no events subsequent to the examination date and prior to the completion of field work which were considered material events requiring disclosure in this Report of Examination.

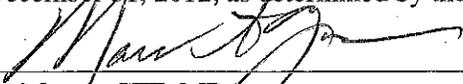
AFFIDAVIT

This is to certify that the undersigned is a duly qualified Examiner-in-Charge appointed by the Indiana Department of Insurance and that he, in coordination with staff assistance from Noble Consulting Services, Inc., hereinafter collectively referred to as the "Examiners", performed an examination of Coordinated Care Corporation, as of December 31, 2012.

The Indiana Department of Insurance is accredited under the National Association of Insurance Commissioners Financial Regulation Accreditation Standards.

This examination was performed in accordance with those procedures required by the NAIC Financial Condition Examiners Handbook and other procedures tailored for this examination. Such procedures performed on this examination do not constitute an audit made in accordance with generally accepted auditing standards and no audit opinion is expressed on the financial statements contained in this report.

The attached report of examination is a true and complete report of condition of Coordinated Care Corporation as of December 31, 2012, as determined by the undersigned.



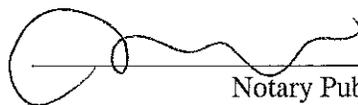
Marc Moyer, CFE, MBA
Noble Consulting Services, Inc.

State of: Indiana
County of: Marion

On this 20 day of March, 2014, before me personally appeared, Marc Moyer, to sign this document.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal in said County and State, the day and year last above written.

My commission expires 



Notary Public