



# QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2015  
OF THE CONDITION AND AFFAIRS OF THE

## THP Insurance Company

NAIC Group Code 1297 , 1297 NAIC Company Code 60016 Employer's ID Number 55-0765726  
(Current Period) (Prior Period)

Organized under the Laws of West Virginia , State of Domicile or Port of Entry West Virginia

Country of Domicile United States

Licensed as business type: Life, Accident & Health  Property/Casualty  Hospital, Medical & Dental Service or Indemnity   
 Dental Service Corporation  Vision Service Corporation  Health Maintenance Organization   
 Other  Is HMO Federally Qualified? Yes  No

Incorporated/Organized 03/01/1999 Commenced Business 03/01/1999

Statutory Home Office 52160 National Road East E , St. Clairsville, OH, US 43950-9306  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1137 Van Voorhis Road Morgantown, WV, US 26505 740-695-3585  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 52160 National Road East E , St. Clairsville, OH, US 43950-9306  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1137 Van Voorhis Road Morgantown, WV, US 26505 740-695-3585  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.healthplan.org

Statutory Statement Contact Jeffrey Michael Knight 740-695-3585  
(Name) (Area Code) (Telephone Number) (Extension)  
jeffk@healthplan.org 740-695-6161  
(E-Mail Address) (FAX Number)

### OFFICERS

Name	Title	Name	Title
<u>James M. Pennington</u>	<u>President</u>		
<u>Jeffrey M Knight</u>	<u>Treasurer</u>		

### OTHER OFFICERS

\_\_\_\_\_

### DIRECTORS OR TRUSTEES

<u>James M. Pennington</u>	<u>Jeffrey M. Knight</u>	<u>John E. Wright IV</u>	<u>Nick P. Zervos</u>
<u>John D. Holloway MD</u>			

State of Ohio

ss

County of Belmont

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

James M. Pennington  
President

Jeffrey M Knight  
Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of November, 2015

a. Is this an original filing? Yes  No

b. If no:

1. State the amendment number \_\_\_\_\_

2. Date filed 11/16/2015

3. Number of pages attached \_\_\_\_\_

**STATEMENT AS OF SEPTEMBER 30, 2015 OF THE THP Insurance Company**

**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 .....	2,471,872		2,471,872	2,806,162
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	4,939,675		4,939,675	4,885,119
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 (\$ .....11,564,546 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....0 ) .....	11,564,546		11,564,546	15,846,465
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) .....	18,976,093	0	18,976,093	23,537,746
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	19,120		19,120	19,842
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,631,735		1,631,735	212,738
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 .....	1,060,183		1,060,183	1,060,183
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	877,537
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 .....	7,553,989		7,553,989	7,553,989
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 .....	355,286		355,286	10,150
24. Health care (\$ ..... ) and other amounts receivable .....	1,383,394		1,383,394	1,529,697
25. Aggregate write-ins for other-than-invested assets .....	6,264	0	6,264	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	30,986,064	0	30,986,064	34,801,882
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	30,986,064	0	30,986,064	34,801,882
<b>DETAILS OF WRITE-INS</b>				
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. Miscellaneous A/R .....	6,264		6,264	0
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) .....	6,264	0	6,264	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	9,164,809		9,164,809	8,828,532
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	295,775		295,775	295,775
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	2,207,109		2,207,109	2,207,109
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 .....	493,075		493,075	420,716
9. General expenses due or accrued .....	1,038,700		1,038,700	1,117,427
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 .....	1,576,739		1,576,739	3,055,425
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).....	14,776,207	0	14,776,207	15,924,984
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	476,919	0
26. Common capital stock .....	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	83,820,000	83,820,000
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	(70,587,064)	(67,443,104)
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	16,209,855	18,876,896
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	30,986,062	34,801,880
<b>DETAILS OF WRITE-INS</b>				
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. Affordable Care Act Health Insurer Fee Allocation.....	XXX	XXX	476,919	
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	476,919	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 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	96,593	150,556	196,955
2. Net premium income (including \$ non-health premium income).....	XXX	38,563,657	52,561,886	51,957,800
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	38,563,657	52,561,886	51,957,800
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		29,365,340	33,055,342	44,620,267
10. Other professional services .....		1,664,217	2,495,474	3,038,541
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....		3,030,764	2,589,461	3,433,300
13. Prescription drugs .....		4,360,568	21,188,141	9,690,160
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	38,420,889	59,328,418	60,782,268
<b>Less:</b>				
17. Net reinsurance recoveries .....		2,287	16,068	873,751
18. Total hospital and medical (Lines 16 minus 17) .....	0	38,418,602	59,312,350	59,908,517
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ cost containment expenses.....		1,101,026	1,939,207	627,780
21. General administrative expenses.....		3,333,231	5,870,727	4,961,845
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	42,852,859	67,122,284	65,498,142
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(4,289,202)	(14,560,398)	(13,540,342)
25. Net investment income earned .....		121,275	102,960	316,985
26. Net realized capital gains (losses) less capital gains tax of \$ .....		509	30,663	74,898
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	121,784	133,623	391,883
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	(4,167,418)	(14,426,775)	(13,148,459)
31. Federal and foreign income taxes incurred .....	XXX		0	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(4,167,418)	(14,426,775)	(13,148,459)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX		0	0
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	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	18,876,896	14,909,993	14,909,993
34. Net income or (loss) from Line 32 .....	(4,167,418)	(14,426,775)	(13,148,459)
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	(389,521)	287,873	(87,737)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....		0	0
39. Change in nonadmitted assets .....	1,889,897	2,659,291	2,203,099
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		15,000,000	15,000,000
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(2,667,042)	3,520,389	3,966,903
49. Capital and surplus end of reporting period (Line 33 plus 48)	16,209,854	18,430,382	18,876,896
<b>DETAILS OF WRITE-INS</b>			
4701. ....	0	0	0
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)	0	0	0

## STATEMENT AS OF SEPTEMBER 30, 2015 OF THE THP Insurance Company

## CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	37,217,424	48,402,713	52,912,336
2. Net investment income .....	121,997	76,718	339,485
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	37,339,421	48,479,431	53,251,821
5. Benefit and loss related payments .....	33,796,284	60,888,931	62,752,764
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	4,512,984	7,642,801	6,479,911
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9) .....	38,309,268	68,531,732	69,232,675
11. Net cash from operations (Line 4 minus Line 10) .....	(969,847)	(20,052,301)	(15,980,854)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	140,518	377,369	465,179
12.2 Stocks .....	757,865	764,124	1,080,507
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 .....	211	52,440	9,419
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	898,594	1,193,933	1,555,105
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	406,942	519,858
13.2 Stocks .....	28,724	588,529	1,318,193
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 .....	979,148	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	1,007,872	995,471	1,838,051
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) .....	(109,278)	198,462	(282,946)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	15,000,000	15,000,000
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(3,202,796)	258,848	1,863,082
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(3,202,796)	15,258,848	16,863,082
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(4,281,921)	(4,594,991)	599,282
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	15,846,465	15,247,183	15,247,183
19.2 End of period (Line 18 plus Line 19.1) .....	11,564,544	10,652,192	15,846,465

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE THP Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	15,377	.0	8,102	462	.0	.0	.0	6,813	.0	.0
2. First Quarter .....	10,559	.0	8,891	977	.0	.0	.0	691	.0	.0
3. Second Quarter .....	10,443	.0	8,565	1,183	.0	.0	.0	695	.0	.0
4. Third Quarter .....	11,098	.0	9,084	1,322	.0	.0	.0	692	.0	.0
5. Current Year	0									
6. Current Year Member Months	96,593	0	80,324	10,042	0	0	0	6,227	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician .....	44,622	198	30,814	4,627	.0	.0	.0	8,983	.0	.0
8. Non-Physician .....	10,966	35	8,078	762	0	0	0	2,091	0	0
9. Total	55,588	233	38,892	5,389	0	0	0	11,074	0	0
10. Hospital Patient Days Incurred	2,667		1,275	104				1,288		
11. Number of Inpatient Admissions	496		299	26				171		
12. Health Premiums Written (a).....	38,837,686		31,135,936	1,639,641				5,531,228		530,881
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	38,837,686		31,135,936	1,639,641				5,531,228		530,881
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	37,981,902		30,758,307	872,032				5,624,132		727,431
18. Amount Incurred for Provision of Health Care Services	38,420,889		31,971,799	965,336				5,112,410		371,344

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



STATEMENT AS OF SEPTEMBER 30, 2015 OF THE THP Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	4,702,414	26,055,893	62,134	5,652,430	4,764,548	4,501,072
2. Medicare Supplement .....	151,324	720,708		249,947	151,324	156,643
3. Dental only .....					0	0
4. Vision only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....	1,411,299	6,308,781		1,460,437	1,411,299	4,068,107
7. Title XIX - Medicaid .....					0	0
8. Other health .....	102,712	(1,368,517)		1,739,861	102,712	102,712
9. Health subtotal (Lines 1 to 8).....	6,367,749	31,716,865	62,134	9,102,675	6,429,883	8,828,534
10. Health care receivables (a) .....	877,537	2,287			877,537	877,537
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....					0	0
13. Totals (Lines 9-10+11+12)	5,490,212	31,714,578	62,134	9,102,675	5,552,346	7,950,997

6

(a) Excludes \$ .....0 loans or advances to providers not yet expensed.

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The financial statements of THP Insurance Company are presented on the basis of accounting practices prescribed or permitted by the West Virginia Department of Insurance.

The West Virginia Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of West Virginia for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the West Virginia Insurance Law. 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 West Virginia.

A reconciliation of THP Insurance Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of West Virginia is shown below:

	State of Domicile	2015	2014
NET INCOME			
Company state basis (Page 4, Line 32, Columns 2 & 3)	WV	(4,167,418)	(13,148,459)
NAIC SAP (1-2-3=4)	WV	(4,167,418)	(13,148,459)
SURPLUS			
Company state basis (Page 3, Line 33, Columns 3 & 4)	WV	16,209,855	18,876,896
NAIC SAP (5-6-7=8)	WV	16,209,855	18,876,896

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

THP Insurance Company prepares its statutory-basis financial statements in conformity with accounting practices prescribed or permitted by the State of West Virginia Insurance Commission. The State of West Virginia requires that insurance companies domiciled in the State of West Virginia prepare their statutory-basis financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the State of West Virginia Insurance Commission.

The more significant variances between statutory accounting practices prescribed or permitted by the State of West Virginia Insurance Commission and accounting principles generally accepted in the United States (GAAP) are as follows:

- Short-term investments are stated at amortized cost.
- Investments in bonds and mandatory redeemable preferred stocks are reported at amortized cost or fair value based on their National Association of Insurance Commissioners (NAIC) rating; for GAAP, such fixed maturity investments would be designated at purchase as held-to-maturity, trading, or available-for-sale. Held-to-maturity fixed investments would be reported at amortized cost, and the remaining fixed maturity investments would be reported at fair value with unrealized holding gains and losses reported in operations for those designated as trading and as a separate component of other comprehensive income, net of the related deferred taxes, for those designated as available-for-sale. Fair value for statutory purposes is based on the price published by the Securities Valuation Office of the NAIC (SVO), if available, whereas fair value for GAAP is determined in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820.
- Common stocks are stated at fair market value, with the exception of investments in subsidiaries and affiliates, which are reported on an equity value basis.

## NOTES TO FINANCIAL STATEMENTS

- The company has no investments in mortgage loans on real estate.
- Certain types of assets are classified as “nonadmitted,” including office furniture and fixtures and related accumulated depreciation, computer software and related depreciation, accounts receivable greater than 90 days, prepaid expenses, assets capitalized under capital leases, non-income producing investments, pharmacy rebates that do not meet specific criteria, and other assets not specifically identified as an admitted asset within the NAIC’s Accounting Practices and Procedures Manual are excluded from the accompanying balance sheets and are charged directly to unassigned surplus. In accordance with GAAP, such assets are included in the balance sheet to the extent those assets are not impaired.
- Cash, cash equivalents, and short-term investments in the statement of cash flows represent cash balances and investments with initial maturities of one year or less. In accordance with GAAP, the corresponding captions of cash and cash equivalents include cash balances and investments with initial maturities of three months or less.
- Deferred Income Taxes: Deferred tax assets are limited to 1) the amount of federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse by the end of the subsequent calendar year, plus 2) the lesser of the remaining gross deferred tax assets expected to be realized within one year of the balance sheet date or 10% of capital and surplus excluding any net deferred tax assets, EDP equipment and operating software, and any net positive goodwill, plus 3) the amount of remaining gross deferred tax assets that can be offset against existing gross deferred tax liabilities.

The remaining deferred tax assets are nonadmitted. Deferred taxes do not include amounts for state taxes. In accordance with GAAP, state taxes are included in the computation of deferred taxes, a deferred tax asset is recorded for the amount of gross deferred tax assets expected to be realized in future years, and a valuation allowance is established for deferred tax assets not realizable.

Other significant accounting practices are as follows:

### Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

### Cash, Cash Equivalents, and Short-Term Investments

Cash, cash equivalents, and short-term investments include demand deposits with financial institutions and highly liquid investments with maturities of one year or less.

### Investments

Short-term investments are stated at amortized cost.

Debt investments, which consist of government securities and corporate bonds, are recorded at amortized cost and equity securities are recorded at market value, as determined by the SVO. Premiums and discounts on debt investments are amortized on the effective yield method over the term of the investment. All mortgage-backed/asset-backed securities are adjusted for the effects of changes in prepayment assumptions on the related accretion of discount or amortization of premium of such securities using either the retrospective or prospective methods. If it is determined that a decline in fair value is other than temporary, the cost basis of the security is written down to the undiscounted estimated future cash flows.

Realized capital gains and losses are determined on the first-in, first-out cost method. Changes in admitted asset carrying amounts of bonds and common stocks are credited or charged directly to surplus.

THP Insurance Company continually reviews investments for impairment conditions that indicate that an other-than-temporary decline in market value has occurred. In conducting this review, numerous factors are considered which, individually or in combination, indicate that a decline is other than temporary and that a reduction of the carrying value is required. These factors include specific information pertaining to an

## NOTES TO FINANCIAL STATEMENTS

individual company or a particular industry and general market conditions that reflect prospects for the economy as a whole.

As a result of the increased credit risk and reduced liquidity in the secondary marketplace for mortgage-backed securities, these products have experienced extreme price volatility and reduced trading activity. Exposure to these securities increases the risk of significant financial losses in the future as a result of the current situation in the financial markets.

The company has no investments in joint ventures, partnerships, or limited liability companies.

All derivatives are stated at fair value.

THP Insurance utilizes anticipated investment income as a factor in the premium deficiency calculation.

### Revenue Recognition

Member premiums are recognized as income in the period in which enrollees are entitled to receive health care services. Premiums received or billed prior to the period of coverage are classified as unearned premiums.

Reinsurance premiums are recognized as income in the period coverage is provided.

### Medical Costs

THP Insurance Company provides medical care to its members under contracts with various health care providers. Medical costs payable includes estimates for claims reported, estimated claims costs for claims incurred but unreported, and the estimated adjustment expenses related to those claims as of the balance sheet date. Adjustments to prior period estimates of medical costs are reflected in the current period.

Medical costs payable, which include approximately \$46,000 and \$189,000 at September 30, 2015 and 2014, respectively, related to the reinsurance line of business, represent management's best estimate. There is uncertainty as to whether the actual medical costs payable will conform to the assumptions inherent in the determination of the amount. Because of the uncertainties related to the recording of health care costs, the ultimate settlement of the health care cost estimates may vary significantly from the estimated amounts included in the accompanying financial statements.

### Application of New Accounting Standards

The NAIC issued Statement of Statutory Accounting Principles No. 101 (SSAP No. 101), *Income Taxes*, a replacement of SSAP No. 10R and SSAP No. 10, which supersedes current income tax guidance in SSAP No. 10R. SSAP No. 101 incorporates GAAP guidance, and it also includes changes to the three-part admissibility test, including requiring the use of current reporting period's capital and surplus as opposed to prior reporting period's capital and surplus. The Company adopted the new standard effective January 1, 2012, and it did not have a material impact on the financial statements.

### Other

THP Insurance Company has not modified its capitalization policy from the prior period.

### 2. Accounting Changes and Corrections of Errors:

A. NONE

B. Illustrative Disclosure for Insurers Upon Initial Implementation of Codification:

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

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

NONE

### 7. Investment Income:

Due and accrued investment income was excluded from the financial statements on the following basis: Investment income due and accrued with amounts over 90 days past due are excluded, with the exception of mortgage loans which are admitted up to 180 days past due. No amounts were excluded at September 30, 2015 or 2014.

### 8. Derivative Instruments:

NONE

### 9. Income Taxes:

Through December 31, 2014, the Company has incurred net operating losses (NOL) approximating \$50,000,000 for federal income tax purposes, which are available to offset future taxable income. The NOLs expire beginning in 2025 through 2033.

The potential tax benefit of the net operating loss carryforward has not been reported as an admitted asset in the financial statements due to the uncertainty of realizing these benefits in the foreseeable future.

### 10. Information Concerning Parent, Subsidiaries and Affiliates:

THP Insurance Company is wholly owned by, and has a management services contract (Contract) with, The Health Plan of the Upper Ohio Valley, Inc., a Health Maintenance Organization domiciled in the State of West Virginia.

The Contract requires THP Insurance Company to pay a fixed percentage of its monthly premium revenue to The Health Plan in return for executive management, administration, marketing, accounting, and claims administration services. For the years ended December 31, 2014 and 2013, THP Insurance Company paid approximately \$2,099,000 and \$6,359,000, respectively, to The Health Plan pursuant to the Contract. In addition, The Health Plan collects premiums for THP Insurance Company, which is settled on a monthly basis.

For the years ended December 31, 2014 and 2013, HPUOV made capital contributions of \$15,000,000 and \$12,000,000, respectively, to THP Insurance Company to ensure there would not be a financial violation of the operating loss being greater than 50% of the remaining surplus. No capital contribution has been necessary or completed in 2015.

At September 30, 2015 THP Insurance Company reported \$1,576,000 as due from parent. The terms of the agreement require that any amounts be settled within 30 days.

The Company had no investments in subsidiary, controlled, or affiliated companies during the statement period.

### 11. Debt:

- A. Capital Notes  
NONE

- B. All Other 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:**

#### **I. Special Surplus Funds**

Effective January 1, 2014, the Company is subject to an annual fee under section 9010 of the Patient Protection and Affordable Care Act (PPACA), which is not deductible for income tax purposes. This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year.

As of September 30, 2015, \$477,000 for ACA fees has been recognized as a reduction of Special Surplus Funds, and recognized as an addition to General Expenses Payable of the Company.

### **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:**

NONE

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

NONE

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

NONE

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

On December 5, 2009, the NAIC issued Statement of Statutory Accounting Principles No. 100 (SSAP No. 100), *Fair Value Measurements*, which established a framework for measuring fair value and required specific disclosures regarding assets and liabilities that are measured at fair value. This statement was effective December 31, 2012. THP elected to adopt SSAP No. 100 as of December 31, 2010.

Included in various investment-related line items in the financial statements are certain financial instruments carried at fair value. Other financial instruments are periodically measured at fair value, such as when impaired, or, for certain bonds when carried at the lower of cost or market.

As defined in SSAP No. 100, 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 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 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. THP's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the assets being valued

Hierarchy levels are defined by SSAP No. 100 as follows:

- Level 1: Quoted (unadjusted) market prices in active markets for identical assets and liabilities. For THP, Level 1 inputs are generally quoted for debt or equity securities actively traded in exchange or over-the-counter markets.

## NOTES TO FINANCIAL STATEMENTS

• Level 2: Market data obtained from sources independent of the reporting entity (observable inputs). For THP, Level 2 inputs generally include quoted prices in markets that are not active, quoted prices for similar assets/liabilities, and other observable inputs such as interest rates and yield curves that are generally available at commonly quoted intervals.

• Level 3: The reporting entity's own assumptions about market participant assumptions developed based on the best information available in the circumstances (unobservable inputs). For THP, Level 3 inputs are used in situations where little or no Level 1 or 2 inputs are available or are inappropriate given the particular circumstances. Level 3 inputs include results from pricing models and discounted cash flow methodologies as well as adjustments to externally quoted prices that are based on management judgment or estimation.

### A. (1) Fair Value Measurements at Reporting Date

<u>Description for each class of asset or liability</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Total</u>
a. Assets at fair value				
Perpetual Preferred stock				
Industrial and Misc				
Parent, Subsidiaries and Affiliates				
Total Perpetual Preferred Stock	\$ 0			\$ 0
Bonds				
U.S. Governments	\$ 662,418			\$ 662,418
Industrial and Misc	1,990,872			1,990,872
Hybrid Securities				
Parent, Subsidiaries and Affiliates				
Total Bonds	\$2,653,290			\$2,653,290
Common Stock				
Industrial and Misc	\$4,939,675			\$4,939,675
Parent, Subsidiaries and Affiliates				
Total Common Stocks	\$4,939,675			\$4,939,675
Derivative assets				
Interest rate contracts				
Foreign exchange contracts				
Credit Contracts				
Commodity futures contracts				
Commodity forward contracts				
Total Derivatives	\$ 0			\$ 0
Seperate account assets				
Total assets at fair value	<u>\$7,592,965</u>			<u>\$7,592,965</u>
b. Liabilities at fair value				
Derivative liabilities				
Total liabilities at fair value	<u>\$ 0</u>			<u>\$ 0</u>

### 21. Other Items:

- A. Extraordinary Items - NONE
- B. Troubled Debt Restructuring - NONE
- C. Other Disclosures (Unusual Items) - NONE
- D. Disclose Uncollectible Assets - NONE
- E. Business Interruption Insurance Recoveries - NONE
- F. State Transferable Tax Credits - NONE
- G. Subprime-Mortgage Risk Exposure - NONE
- H. Retained Assets

## NOTES TO FINANCIAL STATEMENTS

### 22. Events Subsequent:

#### Type II. Nonrecognized Subsequent Events

Effective January 1, 2014, the Company is subject to an annual fee under section 9010 of the Patient Protection and Affordable Care Act (PPACA), which is not deductible for income tax purposes. This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year.

A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, 2014. As of June 30, 2015, the Company has written health insurance subject to the PPACA assessment, has conducted health insurance business in 2015, and estimates its portion of the annual health insurance industry fee payable in 2015 to be approximately \$478,000, which has been recorded and admitted.

Management of THP evaluated events and transactions occurring subsequent to September 30, 2015 through November 13, 2015. No other subsequent events requiring disclosure in the financial statements were identified.

### 23. Reinsurance:

THP Insurance Company purchases reinsurance, which provides coverage for catastrophic inpatient hospital claims. Effective November 1, 2014, the deductible is \$400,000, of allowable expenses subject to a 20% coinsurance, depending on whether the reinsurer's claim audit review services are utilized, for each member for each contract year, with a maximum lifetime reinsurance indemnity for each member of \$2,000,000. THP Insurance Group and HPUOV share a combined reinsurance risk with the reinsurance carrier through a layered risk arrangement in which the layers of risk are assessed on a per-member per-month calculation.

THP Insurance Company also purchases reinsurance for stop-loss insurance sold to self-insured groups administered by The Health Plan of the Upper Ohio Valley, Inc. The reinsurer is liable for up to 100% of claims and claim expenses per covered person per policy year in excess of the greater of \$600,000 above the employer group's specific deductible, or \$300,000 above the specific deductible for an employer group's named covered person up to \$2,000,000 per covered person's lifetime. THP Insurance Company is contingently liable for reinsured losses to the extent that the reinsurance company cannot meet its obligations under the reinsurance contract.

Reinsurance expenses of \$274,000 and \$268,000 in 2015 and 2014, respectively, are included in the statements of operations and changes in surplus as a reduction of member premiums. Reinsurance recoveries of \$2,000 and \$16,000 for 2015 and 2014, respectively, are included in the statements of operations and changes in surplus as a reduction of medical cost expenses.

Neither THP Insurance Company nor any of its related parties control, directly or indirectly, any direct reinsurers with whom THP Insurance Company conducts business. No policies issued by THP Insurance Company have been reinsured with a foreign company, which is controlled, either directly or indirectly, by a party not primarily engaged in the business of insurance. The THP Insurance Company does not have any reinsurance agreements in effect, under which the reinsurer may unilaterally cancel the agreement.

### 24. Retrospectively Rated Contracts:

NONE

### 25. Change in Incurred Claims and Claim Adjustment Expenses:

The following table provides a reconciliation of the beginning and ending reserve balances for medical costs payable for the years ended December 31, 2014 and 2013:

	2014	2013
Medical costs payable at beginning of year, net of reinsurance	11,477,640	6,293,812
Add provision for medical costs occurring in:		
Current year	59,963,432	56,665,527
Prior years	(54,911)	(231,932)

**NOTES TO FINANCIAL STATEMENTS**

Net incurred medical costs during the current year	59,908,520	56,433,595
Deduct payments for medical costs occurring in:		
Current year	52,048,036	48,620,635
Prior years	11,387,127	6,555,287
Net medical cost payments during the current year	63,435,163	55,175,922
Medical costs payable, net of reinsurance and nonadmitted pharmacy rebates receivable	7,950,997	7,551,485
Reinsurance receivable	877,537	106,787
Nonadmitted pharmacy rebates receivable	1,878,807	3,926,151
Reserve for medical costs at end of year	10,707,341	11,584,423

**26. Intercompany Pooling Arrangements:**

NONE

**27. Structured Settlements:**

NONE

**28. Healthcare Receivables:**

NONE

**29. Participating Policies:**

NONE

**30. Premium Deficiency:**

Premium deficiency reserves are established for the amount of anticipated losses, loss adjustment expenses, commissions and other acquisition costs, and maintenance costs that have not previously been expensed in excess of the recorded unearned premium reserve and future installment premiums on existing policies. THP does not consider anticipated investment income when calculating its premium deficiency. Premium deficiency reserves were \$2,207,000 and \$635,000 at September 30, 2015 and 2014, respectively.

**31. Anticipated Salvage and Subrogation:**

NONE

# 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 [ ] No [X]
- 2.2 If yes, date of change: .....
- 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?  
West Virginia 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

## 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  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

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

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....355,286

### 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

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: ..... \$ .....0

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes  No

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....0	\$ .....0
14.22 Preferred Stock .....	\$ .....0	\$ .....0
14.23 Common Stock .....	\$ .....0	\$ .....0
14.24 Short-Term Investments .....	\$ .....0	\$ .....0
14.25 Mortgage Loans on Real Estate .....	\$ .....0	\$ .....0
14.26 All Other .....	\$ .....0	\$ .....0
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 .....	\$ .....0	\$ .....0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No

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.

**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.....	Cincinnati, Ohio.....

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 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
	US Bank.....	Cincinnati, Ohio.....

18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? ..... Yes [X] No [ ]

18.2 If no, list exceptions:  
.....

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent.....	99.6 %
1.2 A&H cost containment percent .....	0.0 %
1.3 A&H expense percent excluding cost containment expenses.....	99.6 %
2.1 Do you act as a custodian for health savings accounts?.....	Yes [ ] No [X]
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 [ ] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$ _____



STATEMENT AS OF SEPTEMBER 30, 2015 OF THE THP Insurance Company

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

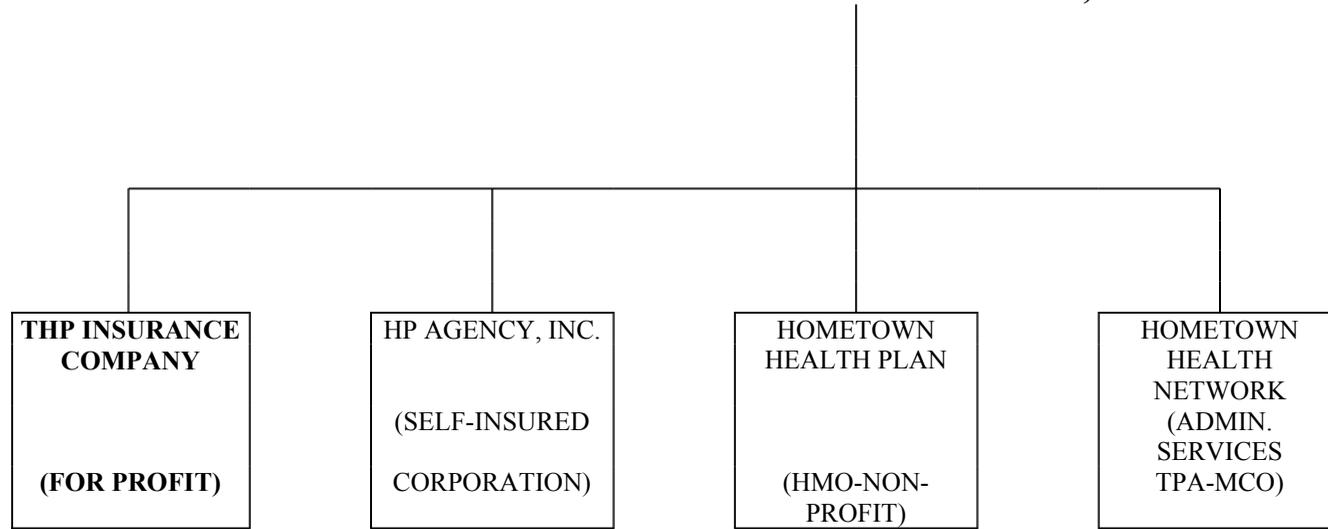
States, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
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	14,921,039	2,037,558	0	0	0	0	16,958,597	0
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	L	0	0	0	0	0	0	0	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	L	18,385,419	3,493,670	0	0	0	0	21,879,089	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	0
59. Subtotal	XXX		33,306,458	5,531,228	0	0	0	0	38,837,686	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a)	3	33,306,458	5,531,228	0	0	0	0	38,837,686	0
<b>DETAILS OF WRITE-INS</b>										
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	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	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  
THE UPPER OHIO VALLEY, INC.**





## 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?

.....YES.....

**Explanation:**

**Bar Code:**

**OVERFLOW PAGE FOR WRITE-INS**

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**SCHEDULE A – VERIFICATION**

**Real Estate**

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

NONE

**SCHEDULE B – VERIFICATION**

**Mortgage Loans**

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

NONE

**SCHEDULE BA – VERIFICATION**

**Other Long-Term Invested Assets**

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

NONE

**SCHEDULE D – VERIFICATION**

**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	7,691,281	7,443,928
2. Cost of bonds and stocks acquired .....	768,103	1,838,051
3. Accrual of discount .....	372	0
4. Unrealized valuation increase (decrease) .....	(120,422)	(96,719)
5. Total gain (loss) on disposals .....	297	74,461
6. Deduct consideration for bonds and stocks disposed of .....	898,382	1,545,686
7. Deduct amortization of premium .....	29,702	22,754
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other-than-temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	7,411,547	7,691,281
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	7,411,547	7,691,281

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE THP Insurance Company

**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
<b>BONDS</b>								
1. NAIC 1 (a).....	2,204,740	0	50,484	(8,836)	2,428,908	2,204,740	2,145,420	2,479,710
2. NAIC 2 (a).....	326,452	0	0	0	326,452	326,452	326,452	326,452
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	2,531,192	0	50,484	(8,836)	2,755,360	2,531,192	2,471,872	2,806,162
<b>PREFERRED STOCK</b>								
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	2,531,192	0	50,484	(8,836)	2,755,360	2,531,192	2,471,872	2,806,162

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ;  
NAIC 3 \$ .....0 ; NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

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Schedule DA - Part 1

**NONE**

Schedule DA - Verification

**NONE**

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**

(Cash Equivalents)

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

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**



STATEMENT AS OF SEPTEMBER 30, 2015 OF THE THP Insurance Company

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Governments</b>																					
3620AM-CF-7...	RMBS - GN 733670		09/15/2015	Direct		938		1,032	1,034	28	(124)	0	(96)	0	938	0	0	0	31	05/15/2040	1
38373V-2C-3...	CMO/RMBS - GNR 2002-80 B		09/20/2015	Direct		1,057		1,157	1,182	9	(134)	0	(125)	0	1,057	0	0	0	39	11/20/2032	1
38373Y-4Y-7...	CMO/RMBS - GNR 2003-13 AG		09/20/2015	Direct		593		639	647	9	(63)	0	(53)	0	593	0	0	0	20	02/20/2033	1
38374B-PY-3...	CMO/RMBS - GNR 2003-58 VB		08/17/2015	Direct		998		1,089	1,281	(79)	(204)	0	(283)	0	998	0	0	0	32	10/17/2022	1
38374H-GV-6...	CMO/RMBS - GNR 2004-55 C		09/20/2015	Direct		826		895	915	21	(111)	0	(90)	0	826	0	0	0	30	07/20/2034	1
38374K-2D-4...	CMO/RMBS - GNR 2005-33 AY		09/16/2015	Direct		954		1,046	1,070	(8)	(107)	0	(115)	0	954	0	0	0	34	04/16/2035	1
38374L-HA-2...	CMO/RMBS - GNR 2005-48 CY		09/20/2015	Direct		1,084		1,168	1,194	6	(116)	0	(110)	0	1,084	0	0	0	36	06/20/2035	1
38374L-RM-5...	CMO/RMBS - GNR 2005-56 BD		09/20/2015	Direct		1,198		1,287	1,311	12	(125)	0	(113)	0	1,198	0	0	0	40	07/20/2035	1
38375D-RM-2...	CMO/RMBS - GNR 2008-76 PC		09/20/2015	Direct		1,236		1,349	1,406	(40)	(131)	0	(171)	0	1,236	0	0	0	48	05/20/2038	1
38375J-J2-2...	CMO/RMBS - GNR 2007-27 NV		09/20/2015	Direct		867		940	1,044	(86)	(91)	0	(177)	0	867	0	0	0	31	04/20/2036	1
38375Q-EY-1...	CMO/RMBS - GNR 2008-33 PB		09/20/2015	Direct		2,356		2,561	2,632	39	(314)	0	(276)	0	2,356	0	0	0	86	04/20/2038	1
<b>0599999 - Bonds - U.S. Governments</b>						12,107		13,163	13,716	(91)	(1,518)	0	(1,609)	0	12,106	0	0	0	428	XXX	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																					
31283K-4D-7...	RMBS - FG 611720		09/15/2015	Direct		879		924	953	3	(77)	0	(74)	0	879	0	0	0	26	08/01/2020	1
3128P7-CV-3...	RMBS - FG C90984		09/15/2015	Direct		788		859	876	45	(133)	0	(89)	0	788	0	0	0	32	08/01/2026	1
3128PJ-N4-5...	RMBS - FG J06711		09/15/2015	Direct		956		1,029	1,044	14	(103)	0	(88)	0	956	0	0	0	33	01/01/2023	1
31301A-BB-3...	RMBS - FG K00034		09/15/2015	Direct		1,030		1,092	1,030	16	(82)	0	(65)	0	1,030	0	0	0	38	05/01/2037	1
3133T2-YT-1...	CMO/RMBS - FHR 1643 PK		09/15/2015	Direct		386		419	432	11	(56)	0	(46)	0	386	0	0	0	17	12/15/2023	1
3133TH-HD-2...	CMO/RMBS - FHR 2102 Z		09/15/2015	Direct		317		349	361	2	(47)	0	(45)	0	317	0	0	0	12	12/15/2028	1
3133TL-MU-9...	CMO/RMBS - FHR 2174 PN		09/15/2015	Direct		99		107	110	2	(13)	0	(11)	0	99	0	0	0	4	07/15/2029	1
31359R-AQ-5...	CMO/RMBS - FNR 1997-79 PL		09/18/2015	Direct		583		655	672	8	(97)	0	(89)	0	583	0	0	0	26	12/18/2027	1
3137AX-3N-1...	CMO/RMBS - FHR 4142 AT		09/15/2015	Direct		819		753	762	48	9	0	57	0	819	0	0	0	9	12/15/2032	1
31392E-PC-8...	CMO/RMBS - FNR 2002-58 PG		09/25/2015	Direct		510		558	576	(2)	(63)	0	(65)	0	510	0	0	0	20	09/25/2032	1
31392U-PS-7...	CMO/RMBS - FHR 2501 PW		09/15/2015	Direct		567		623	627	21	(82)	0	(61)	0	567	0	0	0	24	09/15/2032	1
31393A-FD-4...	CMO/RMBS - FNR 2003-28 TC		09/25/2015	Direct		913		1,027	1,058	(46)	(99)	0	(145)	0	913	0	0	0	33	04/25/2023	1
31393E-RS-0...	CMO/RMBS - FNR 2003-83 PG		09/25/2015	Direct		486		519	536	(15)	(35)	0	(50)	0	486	0	0	0	16	06/25/2023	1
31393F-ZW-9...	CMO/RMBS - FHR 2531 PM		09/15/2015	Direct		703		771	788	(12)	(74)	0	(85)	0	703	0	0	0	26	12/15/2032	1
31393V-4V-0...	CMO/RMBS - FHR 2627 MW		09/15/2015	Direct		1,048		1,142	1,172	(5)	(119)	0	(124)	0	1,048	0	0	0	35	06/15/2023	1
31393X-N6-0...	CMO/RMBS - FNR 2004-27 HB		09/25/2015	Direct		1,197		1,243	1,285	7	(96)	0	(88)	0	1,197	0	0	0	32	05/25/2019	1
31393Y-YL-3...	CMO/RMBS - FNR 2004-45 LZ		09/25/2015	Direct		1,078		1,103	1,119	115	(156)	0	(41)	0	1,078	0	0	0	43	10/25/2032	1
31394A-ZG-4...	CMO/RMBS - FNR 2004-68 LC		09/25/2015	Direct		796		854	880	(11)	(73)	0	(84)	0	796	0	0	0	26	09/25/2029	1
31394B-B5-2...	PE		09/25/2015	Direct		781		835	899	(63)	(55)	0	(118)	0	781	0	0	0	26	10/25/2033	1
31394D-A4-2...	CMO/RMBS - FNR 2005-48 AR		09/25/2015	Direct		233		251	259	1	(28)	0	(27)	0	233	0	0	0	9	02/25/2035	1
31394E-7B-8...	CMO/RMBS - FNR 2005-68 PG		09/25/2015	Direct		650		720	729	4	(84)	0	(80)	0	650	0	0	0	23	08/25/2035	1
31394L-PP-1...	CMO/RMBS - FHR 2698 BC		09/15/2015	Direct		474		503	505	24	(56)	0	(32)	0	474	0	0	0	16	11/15/2032	1
31394R-N6-2...	CMO/RMBS - FHR 2752 VB		09/15/2015	Direct		961		1,077	1,077	(75)	(41)	0	(115)	0	961	0	0	0	32	11/15/2020	1
31394X-Y2-6...	CMO/RMBS - FHR 2798 JL		09/15/2015	Direct		711		754	780	(9)	(60)	0	(69)	0	711	0	0	0	21	05/15/2019	1
31395K-RZ-8...	CMO/RMBS - FHR 2901 KB		09/15/2015	Direct		2,884		3,109	3,288	(125)	(279)	0	(404)	0	2,884	0	0	0	91	12/15/2034	1
31396J-AF-2...	CMO/RMBS - FHR 3133 TE		09/15/2015	Direct		842		926	942	22	(123)	0	(100)	0	842	0	0	0	33	03/15/2036	1
31396J-U2-9...	CMO/RMBS - FHR 3148 CY		09/15/2015	Direct		403		445	452	1	(50)	0	(49)	0	403	0	0	0	16	04/15/2036	1
31396K-GX-4...	CMO/RMBS - FNR 2006-77 PC		09/25/2015	Direct		814		911	926	32	(144)	0	(112)	0	814	0	0	0	35	08/25/2036	1
31396L-BD-1...	CMO/RMBS - FNR 2006-93 YL		09/25/2015	Direct		1,845		2,017	2,085	(62)	(179)	0	(240)	0	1,845	0	0	0	63	10/25/2036	1
31396R-ND-5...	CMO/RMBS - FHR 3154 KW		09/15/2015	Direct		828		911	918	39	(129)	0	(90)	0	828	0	0	0	32	05/15/2036	1
31397H-JC-3...	CMO/RMBS - FHR 3316 CD		09/15/2015	Direct		265		284	295	1	(31)	0	(30)	0	265	0	0	0	10	05/15/2037	1
31397W-OB-4...	CMO/RMBS - FHR 3473 CH		09/15/2015	Direct		696		788	756	5	(92)	0	(92)	0	696	0	0	0	25	07/15/2038	1
31418U-4Z-4...	RMBS - FN AD7139		09/25/2015	Direct		2,035		2,211	2,216	91	(272)	0	(180)	0	2,035	0	0	0	75	07/01/2040	1
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						27,577		29,740	30,507	90	(3,020)	0	(2,930)	0	27,577	0	0	0	960	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
026870-BC-1...	AMERICAN INTL GROUP		07/01/2015	TENDER/PURCHASE OFFER		5,282		5,414	5,413	(4)	(125)	0	(28)	0	5,285	0	(3)	(3)	212	10/18/2016	2FE
260543-BV-4...	DOW CHEMICAL CO/THE		09/15/2015	TENDER/PURCHASE OFFER		2,228		2,167	2,167	80	(51)	0	(29)	0	2,197	0	31	31	96	05/15/2018	2FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						7,510		7,581	7,580	77	(176)	0	(99)	0	7,481	0	28	28	307	XXX	XXX
<b>8399997 - Subtotals - Bonds - Part 4</b>						47,193		50,484	51,803	75	(4,714)	0	(4,639)	0	47,164	0	28	28	1,695	XXX	XXX
<b>8399999 - Subtotals - Bonds</b>						47,193		50,484	51,803	75	(4,714)	0	(4,639)	0	47,164	0	28	28	1,695	XXX	XXX
<b>Common Stocks - Industrial and Miscellaneous (Unaffiliated)</b>																					
<b>000000-00-0</b>								XXX												XXX	
<b>9999999 Totals</b>						47,193	XXX	50,484	51,803	75	(4,714)	0	(4,639)	0	47,164	0	28	28	1,695	XXX	XXX

E05

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

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**







STATEMENT AS OF SEPTEMBER 30, 2015 OF THE THP Insurance Company

**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
<b>NONE</b>							
8699999 Total Cash Equivalents					0	0	0



**SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2015 OF THE THP Insurance Company  
 MEDICARE PART D COVERAGE SUPPLEMENT**

**(Net of Reinsurance)**

NAIC Group Code.....1297

NAIC Company Code.....60016

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....		XXX		XXX	.0
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid.....		XXX		XXX	.0
4. Claims Incurred.....		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a).....	XXX		XXX		.0
6. Aggregate Policy Reserves - Change.....		XXX		XXX	XXX
7. Expenses Paid.....		XXX		XXX	.0
8. Expenses Incurred.....		XXX		XXX	XXX
9. Underwriting Gain or Loss.....	.0	XXX	.0	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	0

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ ..... due from CMS or \$ ..... due to CMS