

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

IN THE MATTER OF:)
)
Coordinated Care Corporation Indiana, Inc.)
7711 Carondelet Avenue, Suite 800)
St. Louis, Missouri 63105)

Examination of Coordinated Care Corporation Indiana,
Inc.

NOTICE OF ENTRY OF ORDER

Enclosed is the Final Order entered by Doug Webber, Acting Commissioner of the Indiana Department of Insurance, after fully considering and reviewing the Verified Report of Examination of Coordinated Care Corporation Indiana, Inc., any relevant examination work papers, and any written submissions or rebuttals. The Verified Report of Examination, as sent to you on April 7, 2010, 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 Indiana, Inc. 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.

May 6, 2010
Date

Connie Ridinger
Connie Ridinger, CPA, CFE
Chief Examiner/Deputy Commissioner

CERTIFIED MAIL NUMBER: 7004 1160 0000 3839 1975

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IN THE MATTER OF:)
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Coordinated Care Corporation Indiana, Inc.)
7711 Carondelet Avenue, Suite 800)
St. Louis, Missouri 63105)

Examination of Coordinated Care Corporation Indiana,
Inc.

FINDINGS AND FINAL ORDER

The Indiana Department of Insurance conducted an examination into the affairs of the Coordinated Care Corporation Indiana, Inc. (hereinafter "Company") for the time period January 1, 2004 through December 31, 2008.

The Verified Report of Examination was filed with the Commissioner of the Department of Insurance (hereinafter "Commissioner") by the Examiner on April 1, 2010.

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 7, 2010 and was received by the Company on April 12, 2010.

The Company did not file any objections.

NOW THEREFORE, based on the Verified Report of Examination, I hereby make the following **FINDINGS**:

1. That the Verified Report of Examination is a true and accurate report of the financial condition and affairs of the Coordinated Care Corporation Indiana, Inc. as of December 31, 2008.
2. That the Examiners' Recommendations are reasonable and necessary in order for the Coordinated Care Corporation Indiana, Inc. to comply with the 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, 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. 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 6th day of
May, 2010.

Douglas Webber
Acting Insurance Commissioner

STATE OF INDIANA

Department of Insurance

REPORT OF EXAMINATION

OF

COORDINATED CARE CORPORATION INDIANA, INC.

NAIC Co. CODE 95831

As of

December 31, 2008

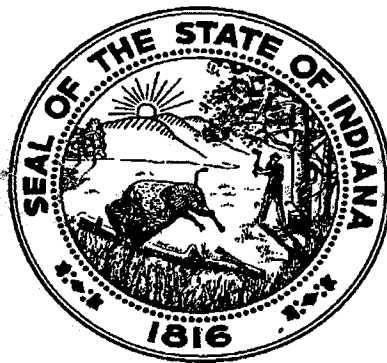


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STATE OF INDIANA

MITCHELL E. DANIELS, JR., Governor

IDOI

INDIANA DEPARTMENT OF INSURANCE
311 W. WASHINGTON STREET, SUITE 300
INDIANAPOLIS, INDIANA 46204-2787
TELEPHONE: (317) 232-2385
FAX: (317) 232-5251

CAROL CUTTER, Commissioner

April 2, 2010

Honorable Alfred W. Gross
Chair, NAIC Financial Condition (E) Committee, NAIC
Commissioner, Virginia Bureau of Insurance
State Corporation Commission
1300 East Main Street
Richmond, Virginia 23219

Honorable Douglas Webber
Acting Commissioner, Indiana Department of Insurance
311 W. Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

Dear Commissioners:

Pursuant to the authority vested in Appointment Number 3583, an examination has been made of the affairs and financial condition of:

Coordinated Care Corporation Indiana, Inc.
1099 N. Meridian Street, Suite 400
Indianapolis, IN 46204

an Indiana limited service health maintenance organization hereinafter referred to as the "Company". The examination was conducted at the office of Noble Consulting Services, Inc. in Indianapolis, Indiana.

The Report of Examination, reflecting the status of the Company as of December 31, 2008, 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
In-State 1-800-622-4461

EXAMINATIONS / FINANCIAL SERVICES
(317) 232-2390

MEDICAL MALPRACTICE
(317) 232-2402

SECURITIES / COMPANY RECORDS
(317) 232-1991

SCOPE OF EXAMINATION

The Company was last examined by representatives of Statutory Examination Resources as of the period ending December 31, 2005. The present risk-focused examination was conducted by Noble Consulting Services, Inc. (Noble) and covered the period from January 1, 2006 through December 31, 2008 and included any material transactions and/or events occurring subsequent to the examination date and noted during the course of this examination.

Merlinos & Associates, Inc. was appointed by the IDOI and conducted a review of the Company's statutory reserves as of December 31, 2008. There were no actuarial adjustments or recommendations resulting from the review performed by Merlinos & Associates, Inc.

We conducted our examination pursuant to and in accordance with the 2009 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. Such 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.

All accounts and activities of the Company were considered in accordance with the risk-focused examination process. The working papers prepared by KPMG, LLP, the Company's auditors, in their audit of the Company's accounts for the year ended December 31, 2008 were reviewed. A portion of the auditor's working papers have been incorporated into the working papers of the examiners and have been utilized for the purposes of this examination in accordance with the provisions contained in the Handbook.

HISTORY

The Company was organized in 1994 as a network model Health Maintenance Organization (HMO). Centene Corporation (Centene), a publicly traded company and a fully integrated multi-state government services managed care corporation headquartered in St. Louis, MO, is the parent company. The Company is a for-profit HMO licensed exclusively in Indiana. The Office of Medicaid and Policy Planning (OMPP) awarded a four (4)-year contract for its Indiana Medicaid business, effective January 1, 2007, to the Company.

CAPITAL AND SURPLUS

The Company has 10,000 shares authorized with 1,000 shares issued and outstanding. Dividends are paid as determined by the Board of Directors. The Company paid no dividends in 2008 or 2006. During 2007, the IDOI approved and the Company paid a \$7.5 million extraordinary cash dividend to its sole shareholder, Centene.

TERRITORY AND PLAN OF OPERATION

The Company arranges for the delivery of healthcare services to Indiana Medicaid clients and contracts with physicians and other providers of healthcare 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. 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's Health Insurance Program (CHIP). Through its awarded statewide Medicaid managed care contract, the Company manages a portion of the approximately 535,000 eligible Hoosier Healthwise members. The Company serves approximately 173,800 recipients in all ninety-two (92) Indiana counties as of year-end 2008. The Company's membership is comprised primarily of preschool/children (64%), teenagers (21%), and adult females (13%).

GROWTH OF THE COMPANY

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

<u>Year</u>	<u>Admitted Assets</u>	<u>Liabilities</u>	<u>Capital & Surplus</u>	<u>Net Premium Income</u>	<u>Net Income (Loss)</u>
2008	\$ 71,273,416	\$ 35,463,166	\$ 35,810,250	\$ 326,308,996	\$ 4,534,856
2007	62,294,742	31,579,492	30,715,250	314,967,714	7,419,895
2006	60,285,402	31,588,827	28,696,575	337,708,469	(3,326,824)

During 2008, the Company had net cash from operations of \$8.7 million, which is reflected in the overall increase of admitted assets. Capital and surplus increased \$5.0 million from 2007 to 2008. The increase is due to net income of \$4.5 million, a decrease in net deferred income tax of \$252,000, and an increase in nonadmitted assets of \$813,000.

Liabilities increased \$3.9 million from 2007 to 2008. During 2008, the Company's claims unpaid balance increased \$4.9 million, accrued medical incentive pool and bonus amounts decreased \$2.2 million, and current federal and foreign income tax payable increased \$696,000. Regarding accrued medical incentive pool and bonus amounts, during 2008, medical costs as a percentage of revenue were higher than in 2007. As such, the payouts decreased from 2007 to 2008.

Net premium income increased \$11.3 million from 2007 to 2008 primarily due to membership growth. Although there was some membership losses, those occurred in the higher-capitated rate cells resulting in higher capitation revenue overall, but lower capitation revenue on a per member basis.

Net income decreased \$2.9 million from 2007 to 2008 as a result of increasing medical trends, specifically in the areas of pharmacy and professional physician costs. These trends were primarily the result of a state mandated physician fee schedule increase, as well as unfavorable seasonal utilization trends in pharmacy. From 2006 to 2007, net income increased \$10.7 million. While total revenues decreased \$22.7 million, the Company had a favorable decrease in its total underwriting deductions of \$36.5 million. During 2007, the Company experienced favorable medical trends specifically in the areas

of pharmacy utilization, professional physician cost and inpatient utilization. These trends were primarily the result of changing member demographic and medical management initiatives.

MANAGEMENT AND CONTROL

Directors

The Company is managed by a Board of Directors. The Company's Bylaws state that the Board of Directors shall not be less than one (1) nor more than ten (10). The Board members are elected by the shareholder at the annual meeting. The following is a listing of persons serving as Directors as of December 31, 2008:

<u>Name and Residence</u>	<u>Principal Occupation</u>
Christopher Bowers St. Louis, Missouri	Senior Vice President Health Plans
Bennett Desadier MD Carmel, Indiana	Physician Private Practice
Marco Dominguez Indianapolis, Indiana	President Mount Vista Productions
Diane Maas South Bend, Indiana	Vice President Memorial Health System
Rev. Roderic Reid Indianapolis, Indiana	Pastor Bethel AME Church
Patrick Rooney Carmel, Indiana	President and Chief Executive Office Coordinated Care Corporation Indiana, Inc.
Steve Simpson MD Gary, Indiana	Physician Private Practice
Beth Wrobel Valparaiso, Indiana	Chief Executive Officer HealthLinc

Officers

The Company's Bylaws state that the officers are elected by the Board of Directors and are to be a Chief Executive Officer, a President, and one or more Vice Presidents, a Secretary, and a Treasurer. The officers do not need to be a member of the Board, and the same individual may hold more than one office. The following is a list of officers and their respective titles as of December 31, 2008:

<u>Name</u>	<u>Title</u>
Patrick Rooney	President and Chief Executive Officer
Jeffrey Schwanek	Treasurer

John Barth Secretary
Keith Williamson Vice President and Assistant Treasurer
Tricia Dinkelman Director of Tax
Mark Ponder Assistant Treasurer

CONFLICT OF INTEREST

The Company requires new employees to complete a Conflict of Interest survey approximately forty-five (45) days after being hired and yearly thereafter. All officers and Directors listed in the management and control section of this Report of Examination who are employees of the Company have completed a Conflict of Interest survey as of year-end 2008. Please see the Other Significant Issues section of the report regarding Directors.

CORPORATE RECORDS

Articles of Incorporation and Bylaws

The Articles of Incorporation were not amended during the examination period. The Board of Directors amended the Bylaws during November 2008 to remove the position of the Chief Operations Officer.

Minutes

The Board of Directors and shareholder meeting minutes were reviewed for the period under examination through the fieldwork date and significant actions taken during each meeting were noted. The annual meetings and other regular Board meetings were held in accordance with the Company's Bylaws.

AFFILIATED COMPANIES

Organizational Structure

Please see the organizational chart below which shows only the Company and its parent. The other subsidiaries of the parent are not shown.

Centene Corporation	DE
Coordinated Care Corporation Indiana, Inc.	IN

Affiliated Agreements

The following affiliated agreements and transactions were disclosed as part of the Form B – Holding Company Registration Statement and were filed and not disapproved by the IDOI as required, in accordance with IC 27-1-23-4.

Management Agreement

The Management Agreement is between the Company and Centene Management Company, LLC (CMC). CMC provides administrative services to 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. Management services include program planning and development, management information systems, financial systems and services, claims administration, utilization review and other important functions. In 2008, the Company paid CMC \$40.1 million related to this agreement.

NurseWise Agreement

The NurseWise Agreement is between NurseWise, LP and the Company. Under this agreement, NurseWise, LP provides management and triage services, which include triage health conditions (including emergency matters), pre-certification procedures, eligibility decisions and other important functions. In 2008, the Company paid \$2.0 million related to this agreement.

Behavioral Health Services Agreement

The Behavioral Health Services Agreement is between Cenpatco Behavioral Health, LLC (CBH) and the Company. CBH provides behavioral health services to the Company to administer mental health benefits to eligible members. In 2008, the Company paid CBH \$12.2 million in fees.

Disease Management Services Agreement

The Disease Management Services Agreement is between Nurtur, Inc. and the Company. Nurtur, Inc. provides chronic pulmonary disease management services to the Company. In 2008, the Company paid \$1.0 million for services provided.

Pharmacy Services Agreement

The Pharmacy Services Agreement is between US Script, Inc. and the Company. US Script, Inc. provides pharmacy services to the Company. In 2008, the Company paid \$65.0 million for services provided.

Vision Services Agreement

The Vision Services Agreement is between Opticare Vision Company, Inc. (Opticare) and the Company. Opticare provides vision services to the Company. In 2008, the Company paid \$4.4 million for services provided.

Tax Allocation Agreement

The Tax Allocation Agreement is between the Company and Centene Corporation (Centene). Under the terms of the agreement, Centene and the Company will file a consolidated federal income tax return. The tax will be allocated to the parties on a stand-alone basis as if the Company were not a party to a consolidated return. All amounts due 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 employees through a fidelity bond issued by Hartford Fire Insurance Company. The bond provides coverage of \$5.0 million with a deductible of \$150,000. The fidelity bond is adequate to meet the prescribed minimum coverage specified by the NAIC. The Company did not have any additional coverages in-force at December 31, 2008.

STATUTORY AND SPECIAL DEPOSITS

The Company reported a statutory deposit for the State of Indiana with a book value of \$499,951 and a fair value of \$501,760 at December 31, 2008.

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 \$125,000 per person and provides \$2.0 million of coverage per covered person. The premium is \$2.95 per covered person per month with a minimum premium of \$4.1 million. Please see the Other Significant Issues of this report regarding compliance with Indiana statute.

RESERVES

Arthur L. Baldwin III, associated with the firm of Milliman, Inc., Consultants and Actuaries reviewed the actuarial liabilities and examined the actuarial assumptions and actuarial methods used in determining actuarial liabilities as shown in the Annual Statement of the Company as prepared for filing with state regulatory officials as of December 31, 2008. The 2008 opinion stated that the claims liabilities 1) are computed in accordance with commonly accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles based upon the appropriate Standards of Practice and Compliance Guidelines as promulgated by the Actuarial Standards Board; 2) are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose of the Statement was prepared; 3) meet the requirements of the insurance laws of the State of Indiana; 4) make good and sufficient provision for all unpaid claims and other actuarial liabilities of the Company guaranteed under the terms of its contracts and agreements; 5) are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the Company for the preceding year-end; and 6) include provision for all related actuarial items which ought to be established.

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 balances prepared from the Company's general ledger for the years ended December 31, 2008 and 2007 were agreed to the respective Annual Statements. The Annual Statements for the years ended December 31, 2006 through December 31, 2008 were agreed to each year's independent audit report without exception.

COORDINATED CARE CORPORATION INDIANA, INC.

FINANCIAL STATEMENTS

Assets

	As of December 31, 2008			December 31, Prior Year
	Per Annual Statement	Examination Adjustments	Per Examination	
Assets:				
Common Stocks	\$ 35,697,276	\$ -	\$ 35,697,276	\$ 32,331,931
Cash, cash equivalents and short-term investments	21,976,002	-	21,976,002	16,346,274
Subtotals, cash and invested assets	\$ 57,673,278	\$ -	\$ 57,673,278	\$ 48,678,205
Investment income due and accrued	391,766	-	391,766	534,248
Uncollected premiums and agents' balances in the course of collection	6,663,450	-	6,663,450	5,030,818
Amounts recoverable from reinsurers	493,284	-	493,284	980,771
Federal and foreign income tax recoverable	-	-	-	467,315
Net deferred tax asset	555,810	-	555,810	780,850
Receivable from parent, subsidiaries and affiliates	83,450	-	83,450	723,579
Health care and other amounts receivable	435,545	-	435,545	253,663
Aggregate write-ins for other than invested	4,976,833	-	4,976,833	4,845,293
Total assets	\$ 71,273,416	\$ -	\$ 71,273,416	\$ 62,294,742

COORDINATED CARE CORPORATION INDIANA, INC.

FINANCIAL STATEMENTS

Liabilities, Capital and Surplus

	As of December 31, 2008			December 31,
	Per Annual Statement	Examination Adjustments	Per Examination	Prior Year
Liabilities:				
Claims unpaid	\$ 28,630,872	\$ -	\$ 28,630,872	\$ 23,700,658
Accrued medical incentive pool	4,465,473	-	4,465,473	6,682,190
Unpaid claims adjustment expenses	957,000	-	957,000	674,000
General expenses due or accrued	434,449	-	434,449	271,991
Federal and foreign income tax payable	695,972	-	695,972	-
Aggregate write-ins for other liabilities	279,400	-	279,400	250,653
Total liabilities	\$ 35,463,166	\$ -	\$ 35,463,166	\$ 31,579,492
Common capital stock	\$ 545,000	\$ -	\$ 545,000	\$ 545,000
Gross paid in and contributed surplus	21,700,000	-	21,700,000	21,700,000
Unassigned funds (surplus)	13,565,250	-	13,565,250	8,470,250
Total capital and surplus	\$ 35,810,250	\$ -	\$ 35,810,250	\$ 30,715,250
Total liabilities, capital and surplus	\$ 71,273,416	\$ -	\$ 71,273,416	\$ 62,294,742

COORDINATED CARE CORPORATION INDIANA, INC.

FINANCIAL STATEMENTS

Statement of Revenue and Expenses

	As of December 31, 2007			December 31, Prior Year
	Per Annual Statement	Examination Adjustments	Per Examination	
Member Months	1,968,218	-	1,968,218	1,938,498
Net premium income	\$ 326,308,996	\$ -	\$ 326,308,996	\$ 314,967,714
Total revenues	\$ 326,308,996	\$ -	\$ 326,308,996	\$ 314,967,714
Hospitals and Medical:				
Hospital/medical benefits	\$ 171,459,597	\$ -	\$ 171,459,597	\$ 172,055,285
Other professional services	22,492,948	-	22,492,948	18,869,035
Emergency room and out-of-area	17,049,561	-	17,049,561	16,547,360
Prescription drugs	65,048,480	-	65,048,480	59,835,260
Incentive pool, withheld adjustments	4,069,909	-	4,069,909	6,113,414
Subtotal	\$ 280,120,495	\$ -	\$ 280,120,495	\$ 273,420,354
Less:				
Net reinsurance recoveries	2,677,377	-	2,677,377	9,154,772
Total hospital and medical	\$ 277,443,118	\$ -	\$ 277,443,118	\$ 264,265,582
Claims adjustment expenses	10,246,458	-	10,246,458	9,784,585
General administrative expenses	33,674,320	-	33,674,320	31,974,343
Total underwriting deductions	\$ 321,363,896	\$ -	\$ 321,363,896	\$ 306,024,510
Net underwriting gain	\$ 4,945,100	\$ -	\$ 4,945,100	\$ 8,943,204
Net investment income earned	\$ 1,440,715	\$ -	\$ 1,440,715	\$ 2,005,830
Net realized capital gains (losses)	37,257	-	37,257	-
Net investment gains	\$ 1,477,972	\$ -	\$ 1,477,972	\$ 2,005,830
Net income or (loss) after capital gains tax and before all other federal income taxes	\$ 6,423,072	\$ -	\$ 6,423,072	\$ 10,949,034
Federal and foreign income taxes incurred	1,888,216	-	1,888,216	3,529,139
Net income	\$ 4,534,856	\$ -	\$ 4,534,856	\$ 7,419,895
Capital and Surplus Account:				
Capital and surplus prior-reporting year	\$ 30,715,247	\$ -	\$ 30,715,247	\$ 28,696,575
Net income	\$ 4,534,856	\$ -	\$ 4,534,856	\$ 7,419,895
Change in net deferred income tax	(252,942)	-	(252,942)	(705,997)
Change in nonadmitted assets	813,089	-	813,089	2,804,774
Dividend to stockholders	-	-	-	(7,500,000)
Net change in capital and surplus	\$ 5,095,003	\$ -	\$ 5,095,003	\$ 2,018,672
Capital and surplus end of reporting year	\$ 35,810,250	\$ -	\$ 35,810,250	\$ 30,715,247

COMMENTS ON THE FINANCIAL STATEMENTS

There were no recommended adjustments to surplus as of December 31, 2008 based on the results of this examination.

OTHER SIGNIFICANT ISSUES

During the examination, it was noted that the Company does not require Directors and officers who are not employees to sign a Conflict of Interest Statement on an annual basis. It is recommended that the Company amend its Conflict of Interest policy to require all Directors and officers, regardless of employment, to sign a Conflict of Interest statement on an annual basis.

During the examination, it was noted that as of December 31, 2008, the Company was not in compliance with IC 27-13-16-1 and Rule 70. The Company amended its agreement with Ace American Insurance Company in 2009 and is now in compliance.

SUBSEQUENT EVENTS

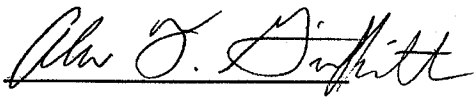
There were no significant subsequent events noted after year end December 31, 2008.

MANAGEMENT REPRESENTATION

In support of contingencies and accuracy of information provided during the course of the examination, the Examiners obtained a completed management representation letter in the standard NAIC format. This letter was executed by key financial personnel of the Company and provided to the IDOI.

CONCLUSION

The preceding report of examination of **Coordinated Care Corporation Indiana, Inc.** as of December 31, 2008 reflects its financial condition in accordance with the National Association of Insurance Commissioners Accounting Practices and Procedures Manual and any and all prescribed and permitted accounting practices of the Indiana Department of Insurance. An Affidavit of the Examiner-in-Charge, Lisa Warrum, CFE, is on file with the Indiana Department of Insurance and attests that the examination was performed in a manner consistent with the standards and procedures required by the Indiana Department of Insurance and the National Association of Insurance Commissioners Financial Condition Examiners Handbook. Based on my review, to the best of my knowledge, the examination was performed in a manner consistent with those standards and procedures and properly reflects the financial condition of **Coordinated Care Corporation Indiana, Inc.**



Alan T. Griffieth, CFE
Examinations Manager
Department of Insurance
State of Indiana