



IMAGING COVER SHEET

NAIC #:

95851

NAIC Group Code:

2838

Company Name:

MOUNT CARMEL BEHAVIORAL HEALTHCARE COMPANY

Company Type:

☐ P&C ☐ Life ☒ HIC ☐ Frat ☐ Title ☐ MEWA ☐ HW ☐ MPA
☒ DOMESTIC ☐ FOREIGN

Form Type:

STATEMENTS

Sub-form Type:

QUARTERLY

Transaction # (if applicable):

Effective Date:

Additional Info:

FIRST QUARTER, PERIOD ENDING MARCH 31, 2002

Date Scanned:

Scanned By (initials):

✓

QUARTERLY STATEMENT
OF THE
Mount Carmel Behavioral Healthcare Company

of
Columbus
in the state of
Ohio

TO THE
Insurance Department
OF THE STATE OF
Ohio

FOR THE QUARTER ENDED
MARCH 31, 2002

2002

HEALTH

2002



HEALTH QUARTERLY STATEMENT
AS OF MARCH 31, 2002
OF THE CONDITION AND AFFAIRS OF THE
Mount Carmel Behavioral Healthcare Company

NAIC Group Code	<u>2838</u> (Current Period)	<u>2838</u> (Prior Period)	NAIC Company Code	<u>95851</u>	Employer's ID Number	<u>31-0971510</u>
Organized under the Laws of	<u>Ohio</u>		State of Domicile or Port of Entry			<u>Ohio</u>
Country of Domicile	<u>USA</u>					
Licensed as business type	Life, Accident & Health[<input checked="" type="checkbox"/>] Dental Service Corporation[<input type="checkbox"/>] Other[<input type="checkbox"/>]		Property/Casualty[<input type="checkbox"/>] Vision Service Corporation[<input type="checkbox"/>] Is HMO Federally Qualified? Yes[<input type="checkbox"/>] No[<input checked="" type="checkbox"/>]		Hospital, Medical & Dental Service or Indemnity[<input type="checkbox"/>] Health Maintenance Organization[<input type="checkbox"/>]	
Date Incorporated or Organized	<u>10/01/1979</u>		Date Commenced Business			<u>01/01/1997</u>
Statutory Home Office	<u>1808 East Broad Street</u> (Street and Number)		Columbus, OH 43215 (City, or Town, State and Zip Code)			
Main Administrative Office	<u>Columbus, OH 43215</u> (City, or Town, State and Zip Code)		<u>1808 East Broad Street</u> (Street and Number)			<u>614-251-8242</u> (Area Code) (Telephone Number)
Mail Address	<u>1808 East Broad Street</u> (Street and Number or P.O. Box)		Columbus, OH 43215 (City, or Town, State and Zip Code)			<u>614-234-8600-8911</u> (Area Code) (Telephone Number)
Primary Location of Books and Records	<u>Columbus, OH 43213</u> (City, or Town, State and Zip Code)		<u>5955 East Broad Street</u> (Street and Number)			<u>614-234-8911</u> (Area Code) (Telephone Number)
Internet Website Address						<u>614-234-8713</u> (Area Code) (Telephone Number)
Statutory Statement Contact	<u>David D. Hensel</u> (Name)		<u>614-234-8911</u> (Area Code) (Telephone Number) (Extension)			
	<u>d.hensel@mchs.com</u> (E-Mail Address)		<u>614-234-8713</u> (Area Code) (Telephone Number)			
Policyowner Relations Contact	<u>Columbus, OH 43203</u> (City, or Town, State and Zip Code)		<u>1808 East Broad Street</u> (Street and Number)			<u>(614)251-8242</u> (Area Code) (Telephone Number) (Extension)

OFFICERS

President	<u>Joseph T. Calvaruso</u>
Secretary	<u>Michael Cuniff</u>
Treasurer	<u>Russell W. Gardner</u>

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

State of Ohio
County of Franklin ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the 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 manuals 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.

Joseph T. Calvaruso
(Signature)
Joseph T. Calvaruso
(Printed Name)
President

Michael Cuniff
(Signature)
Michael Cuniff
(Printed Name)
Secretary

Russell W. Gardner
(Signature)
Russell W. Gardner
(Printed Name)
Treasurer

Subscribed and sworn to before me this 22nd day of May, 2002

Lorie E. Coleman
(Notary Public Signature)

- a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[☐] No[☒]

Lorie E. Coleman
Notary Public, State of Ohio
My Commission Expires Sept. 8, 2008

Statement of Actuarial Opinion

ASSETS

		Current Period			Prior Year
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1.	Bonds	147,563		147,563	147,563
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate (Schedule A):			(a)	
4.1	Properties occupied by the company (less \$..... encumbrances)				
4.2	Properties held for the production of income (less \$..... encumbrances)				
4.3	Properties held for sale (less \$..... encumbrances)				
5.	Cash (\$..... 1,283,971) and short-term investments (\$.....)	1,283,971		1,283,971	1,690,213
6.	Other long-term invested assets				
7.	Receivable for securities				
8.	Aggregate write-ins for invested assets				
9.	Subtotal cash and invested assets (Lines 1 to 8)	1,431,533		1,431,533	1,837,776
10.	Accident and health premiums due and unpaid	35,452	1,155	34,297	7,542
11.	Health care receivables	91,480	8,245	83,235	72,055
12.	Amounts recoverable from reinsurers				
13.	Net adjustment in assets and liabilities due to foreign exchange rates				
14.	Investment income due and accrued				
15.	Amounts due from parent, subsidiaries and affiliates				
16.	Amounts receivable relating to uninsured accident and health plans				
17.	Furniture and equipment	6,084		6,084	7,299
18.	Amounts due from agents				
19.	Federal and foreign income tax recoverable and interest thereon (including \$..... net deferred tax asset)				
20.	Electronic data processing equipment and software	38,541		38,541	44,211
21.	Other nonadmitted assets				
22.	Aggregate write-ins for other than invested assets	8,843		8,843	15,920
23.	Total assets (Lines 9 plus 10 through 22)	1,611,934	9,400	1,602,534	1,984,803
DETAILS OF WRITE-INS					
0801					
0802					
0803					
0898	Summary of remaining write-ins for Line 8 from overflow page				
0899	TOTALS (Lines 0801 through 0803 plus 0898) (Line 8 above)				
2201.	Prepaid Assets	8,843		8,843	8,843
2202.	Franklin County Escrow				7,077
2203					
2298.	Summary of remaining write-ins for Line 22 from overflow page				
2299.	TOTALS (Lines 2201 through 2203 plus 2298) (Line 22 above)	8,843		8,843	15,920

(a) \$..... health care delivery assets included in Line 4.1, Column 3.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period				Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total	
1. Claims unpaid (less \$..... reinsurance ceded)					
2. Accrued medical incentive pool and bonus payments					
3. Unpaid claims adjustment expenses					
4. Aggregate policy reserves					
5. Aggregate claim reserves					
6. Premiums received in advance	46,867		46,867	33,088	
7. General expenses due or accrued	12,208		12,208	12,084	
8. Federal and foreign income tax payable and interest thereon (including \$..... on realized capital gains (losses) (including \$..... net deferred tax liability)					
9. Amounts withheld or retained for account of others					
10. Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current)					
11. Amounts due to parent, subsidiaries and affiliates	143,307		143,307	168,228	
12. Payable for securities					
13. Funds held under reinsurance treaties with (\$..... authorized reinsurers and \$..... unauthorized reinsurers)					
14. Reinsurance in unauthorized companies					
15. Net adjustments in assets and liabilities due to foreign exchange rates					
16. Liability for amounts held under uninsured accident and health plans					
17. Aggregate write-ins for other liabilities (including \$..... current)	329,540		329,540	447,044	
18. Total liabilities (Lines 1 to 17)	531,922		531,922	660,444	
19. Common capital stock	X X X	X X X	500	500	
20. Preferred capital stock	X X X	X X X			
21. Gross paid in and contributed surplus	X X X	X X X	4,907,579	4,907,579	
22. Surplus notes	X X X	X X X			
23. Aggregate write-ins for other surplus funds	X X X	X X X			
24. Unassigned funds (surplus)	X X X	X X X	(3,837,468)	(3,583,720)	
25. Less treasury stock, at cost:	X X X	X X X			
25.1 shares common (value included in Line 19 \$.....)	X X X	X X X			
25.2 shares preferred (value included in Line 20 \$.....)	X X X	X X X			
26. Total capital and surplus (Lines 19 to 24, Less 25)	X X X	X X X	1,070,611	1,324,359	
27. Total liabilities, capital and surplus (Lines 18 and 26)	X X X	X X X	1,602,534	1,984,803	
DETAILS OF WRITE-INS					
1701. Unearned ASO Fees	77,171		77,171	58,538	
1702. Franklin County Escrow	51,803		51,803		
1703. Accrued IO Claims Payable	200,566		200,566	388,504	
1798. Summary of remaining write-ins for Line 17 from overflow page				2	
1799. TOTALS (Lines 1701 through 1703 plus 1798) (Line 17 above)	329,540		329,540	447,044	
2301	X X X	X X X			
2302	X X X	X X X			
2303	X X X	X X X			
2398. Summary of remaining write-ins for Line 23 from overflow page	X X X	X X X			
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	X X X	X X X			

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	217,680	178,454
2. Net premium income	X X X	40,343	160,608
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ medical expenses)	X X X		
5. Risk revenue	X X X	423,347	3,398,508
6. Aggregate write-ins for other health care related revenues	X X X	221,845	810,842
7. TOTAL REVENUES (Lines 2 to 6)	X X X	685,535	4,369,958
Medical and Hospital:			
8. Hospital/medical benefits			
9. Other professional services			
10. Outside referrals			
11. Emergency room and out-of-area			
12. Prescription drugs			
13. Aggregate write-ins for other medical and hospital		482,465	3,053,610
14. Incentive pool and withhold adjustments			
15. Subtotal (Lines 8 to 14)		482,465	3,053,610
LESS:			
16. Net reinsurance recoveries			
17. Total medical and hospital (Lines 15 minus 16)		482,465	3,053,610
18. Claims adjustment expenses			
19. General administrative expenses		464,620	1,947,722
20. Increase in reserves for accident and health contracts			
21. Total underwriting deductions (Lines 17 through 20)		947,084	5,001,332
22. Net underwriting gain or (loss) (Lines 7 minus 21)	X X X	(261,550)	(631,374)
23. Net investment income earned		6,301	75,990
24. Net realized capital gains or (losses)			
25. Net investment gains or (losses) (Lines 23 plus 24)		6,301	75,990
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....), (amount charged off \$.....)]			
27. Aggregate write-ins for other income or expenses		1,900	20,900
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		(253,349)	(534,484)
29. Federal and foreign income taxes incurred	X X X		
30. Net income (loss) (Lines 28 minus 29)	X X X	(253,349)	(534,484)
DETAILS OF WRITE-INS			
0601. Claims Processing and Other	X X X	221,845	810,842
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	221,845	810,842
1301. Consolidated Medical Expense		482,465	3,053,610
1302.			
1303.			
1398. Summary of remaining write-ins for Line 13 from overflow page			
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)		482,465	3,053,610
2701. Rental Income		1,900	20,900
2702.			
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page			
2799. TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)		1,900	20,900

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year to Date	Prior Year
CAPITAL & SURPLUS ACCOUNT			
31.	Capital and surplus prior reporting year	1,324,359	986,950
GAINS AND LOSSES TO CAPITAL & SURPLUS			
32.	Net income or (loss) from Line 30	(253,349)	(534,484)
33.	Change in valuation basis of aggregate policy and claim reserves		
34.	Net unrealized capital gains and losses		
35.	Change in net unrealized foreign exchange capital gain or (loss)		
36.	Change in net deferred income tax		
37.	Change in nonadmitted assets	(399)	71,893
38.	Change in unauthorized reinsurance		
39.	Change in treasury stock		
40.	Change in surplus notes		
41.	Cumulative effect of changes in accounting principles		
42.	Capital Changes:		
42.1	Paid in		
42.2	Transferred from surplus (Stock Dividend)		
42.3	Transferred to surplus		
43.	Surplus adjustments:		
43.1	Paid in		800,000
43.2	Transferred to capital (Stock Dividend)		
43.3	Transferred from capital		
44.	Dividends to stockholders		
45.	Aggregate write-ins for gains or (losses) in surplus		
46.	Net change in capital and surplus (Lines 32 to 45)	(253,748)	337,409
47.	Capital and surplus end of reporting period (Line 31 plus 46)	1,070,611	1,324,359
DETAILS OF WRITE-INS			
4501.	Rounding		
4502.			
4503.			
4598.	Summary of remaining write-ins for Line 45 from overflow page		
4599.	TOTALS (Lines 4501 through 4503 plus 4598) (Line 45 above)		

CASH FLOW

		1 Current Year To Date	2 Prior Year
	Cash from Operations		
1	Premiums and revenues collected net of reinsurance	556,046	3,568,731
2	Claims and claims adjustment expenses		
3	General administrative expenses paid	1,937,187	1,937,187
4	Other underwriting income (expenses)	1,112,643	(2,242,742)
5	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(268,498)	(611,198)
6	Net investment income		75,990
7	Other income (expenses)	1,900	20,900
8	Federal and foreign income taxes (paid) recovered		
9	Net cash from operations (Lines 5 to 8)	(266,598)	(514,308)
	Cash from Investments		
10	Proceeds from investments sold, matured or repaid:		
10.1	Bonds		
10.2	Stocks		
10.3	Mortgage loans		
10.4	Real estate		
10.5	Other invested assets		
10.6	Net gains or (losses) on cash and short-term investments		
10.7	Miscellaneous proceeds		
10.8	TOTAL investment proceeds (Lines 10.1 to 10.7)		
11	Cost of investments acquired (long-term only):		
11.1	Bonds		
11.2	Stocks		
11.3	Mortgage loans		
11.4	Real estate		
11.5	Other invested assets		
11.6	Miscellaneous applications		
11.7	TOTAL investments acquired (Lines 11.1 to 11.6)		
12	Net cash from investments (Line 10.8 minus Line 11.7)		
	Cash from Financing and Miscellaneous Sources		
13	Cash provided:		
13.1	Surplus notes, capital and surplus paid in		800,000
13.2	Net transfers from affiliates		362,420
13.3	Borrowed funds received		
13.4	Other cash provided	13,961	89,265
13.5	TOTAL (Lines 13.1 to 13.4)	13,961	1,251,685
14	Cash applied:		
14.1	Dividends to stockholders paid		
14.2	Net transfers to affiliates	24,921	
14.3	Borrowed funds repaid		
14.4	Other applications	128,684	254,186
14.5	TOTAL (Lines 14.1 to 14.4)	153,605	254,186
15	Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	(139,644)	997,499
	RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16	Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	(406,242)	483,191
17	Cash and short-term investments:		
17.1	Beginning of period	1,690,213	1,207,022
17.2	End of period (Line 16 plus Line 17.1)	1,283,971	1,690,213

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	178,454									178,454
2. First Quarter	217,680									217,680
3. Second Quarter										
4. Third Quarter										
5. Current Year	217,680									217,680
6. Current Year Member Months	217,680									217,680
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Premiums Collected	27,368									27,368
13. Premiums Earned	40,343									40,343
14. Amount Paid for Provision of Health Care Services										
15. Amount Incurred for Provision of Health Care Services										

CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
NONE						
0899999 Accrued Medical Incentive Pool						

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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (Hospital & Medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other						
9. Subtotal						
10. Medical incentive pools, accruals and disbursements						
11. TOTALS						

Notes to Financial Statement

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes ☐ No ☒
2 If yes, explain.

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 ☒
2 If yes, has the report been filed with the domiciliary state? Yes ☐ No ☒

1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes ☐ No ☒
2 If yes, date of change.
If not previously filed, furnish herewith a certified copy of the instrument as amended.

Have there been any substantial changes in the organizational since the prior quarter end? Yes ☐ No ☒
If yes attach an organizational chart.

1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ☐ No ☒
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	2	3
Name of Entity	NAIC Company Code	State of Domicile

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 ☒ N/A ☐
If yes, attach an explanation.

1 State as of what date the latest financial examination of the reporting entity was made or is being made.
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.
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).
4 By what department or departments?

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 ☒
(You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)
2 If yes, give full information

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

INVESTMENT

- 1 Has there been any changes in the reporting entity's own preferred or common stock?
2 If yes, explain

Yes ☐ No ☒

- 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.)
2 If yes, give full and complete information relating thereto:

Yes ☐ No ☒

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$

Amount of real estate and mortgages held in short-term investments:

\$

- 1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?
2 If yes, please complete the following:

Yes ☐ No ☒

	1 Prior Year End Statement Value	2 Current Quarter Statement Value
13.21 Bonds		
13.22 Preferred Stock		
13.23 Common Stock		
13.24 Short-Term Investments		
13.25 Mortgages, Loans or Real Estate		
13.26 All Other		
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)		
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above		
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above		

- 1.1 Does the reporting entity have any hedging transactions reported in Schedule DB?
1.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes ☐ No ☒Yes ☐ No ☒

5. Excluding items in Schedule E, 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 Part 1 - General, Section IV, H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

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

Yes ☐ No ☒

1 Name of Custodian(s)	2 Custodian Address

- 5.2 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)

- 5.3 Have there been any changes, including name changes, in the custodian(s) identified in 15.1 during the current year?
5.4 If yes, give full and complete information relating thereto:

Yes ☐ No ☒

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

- 5.5 Identify all investment advisors, brokers/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

on behalf of the reporting entity.

1	2	3
Central Registration Depository	Name(s)	Address

13	Schedule A Verification.	NONE
13	Schedule B Verification.	NONE
13	Schedule BA Verification.	NONE
14	Schedule D Part 1B.	NONE
15	Schedule DA Part 1.	NONE
15	Schedule DA Part 2 Verification.	NONE
16	Schedule DB Part F Section 1.	NONE
17	Schedule DB Part F Section 2.	NONE
18	Schedule S Ceded Reinsurance.	NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**Allocated by States and Territories**

State, Etc			1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed (Yes or No)	Direct Business Only Year-to-Date			
					3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums
1. Alabama AL	No	No						
2. Alaska AK	No	No						
3. Arizona AZ	No	No						
4. Arkansas AR	No	No						
5. California CA	No	No						
6. Colorado CO	No	No						
7. Connecticut CT	No	No						
8. Delaware DE	No	No						
9. District of Columbia DC	No	No						
10. Florida FL	No	No						
11. Georgia GA	No	No						
12. Hawaii HI	No	No						
13. Idaho ID	No	No						
14. Illinois IL	No	No						
15. Indiana IN	No	No						
16. Iowa IA	No	No						
17. Kansas KS	No	No						
18. Kentucky KY	No	No						
19. Louisiana LA	No	No						
20. Maine ME	No	No						
21. Maryland MD	No	No						
22. Massachusetts MA	No	No						
23. Michigan MI	No	No						
24. Minnesota MN	No	No						
25. Mississippi MS	No	No						
26. Missouri MO	No	No						
27. Montana MT	No	No						
28. Nebraska NE	No	No						
29. Nevada NV	No	No						
30. New Hampshire NH	No	No						
31. New Jersey NJ	No	No						
32. New Mexico NM	No	No						
33. New York NY	No	No						
34. North Carolina NC	No	No						
35. North Dakota ND	No	No						
36. Ohio OH	No	Yes	40,343					
37. Oklahoma OK	No	No						
38. Oregon OR	No	No						
39. Pennsylvania PA	No	No						
40. Rhode Island RI	No	No						
41. South Carolina SC	No	No						
42. South Dakota SD	No	No						
43. Tennessee TN	No	No						
44. Texas TX	No	No						
45. Utah UT	No	No						
46. Vermont VT	No	No						
47. Virginia VA	No	No						
48. Washington WA	No	No						
49. West Virginia WV	No	No						
50. Wisconsin WI	No	No						
51. Wyoming WY	No	No						
52. American Samoa AS	No	No						
53. Guam GU	No	No						
54. Puerto Rico PR	No	No						
55. U.S. Virgin Islands VI	No	No						
56. Canada CN	No	No						
57. Aggregate other alien OT	X X X	X X X						
58. TOTAL (Direct Business)	X X X	(a) 1	40,343					
DETAILS OF WRITE-INS								
5701	X X X	X X X						
5702	X X X	X X X						
5703	X X X	X X X						
5798. Summary of remaining write-ins for Line 57 from overflow page	X X X	X X X						
5799. TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)	X X X	X X X						

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY
All insurer members of a Holding Company Group that has acquired and/or disposed of any domestic insurer (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

PART 1 - ORGANIZATIONAL CHART

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Will the SVO Compliance Certification be filed with this statement?

RESPONSES

Yes

Explanation:

NAIC Code:

OVERFLOW PAGE FOR WRITE-INS

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1704	Rounding				
1797	Summary of remaining write-ins for Line 17				2
					2

E01	Schedule A Part 2	NONE
E01	Schedule A Part 3	NONE
E02	Schedule B Part 1	NONE
E02	Schedule B Part 2	NONE
E03	Schedule BA Part 1	NONE
E03	Schedule BA Part 2	NONE
E04	Schedule D Part 3	NONE
E05	Schedule D Part 4	NONE
E06	Schedule DB Part A Section 1	NONE
E06	Schedule DB Part B Section 1	NONE
E07	Schedule DB Part C Section 1	NONE
E07	Schedule DB Part D Section 1	NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository			2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			8
						5 First Month	6 Second Month	7 Third Month	
open depositories									
National City Bank						1,517,036	1,409,245	1,283,821	
0199998 Deposits in depositories which do not exceed the allowable limit in any one depository (See Instructions) - open depositories			X X X						
0199999 Totals - Open Depositories			X X X			1,517,036	1,409,245	1,283,821	
0299998 Deposits in depositories which do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories			X X X						
0299999 Totals - Suspended Depositories			X X X						
0399999 Total Cash On Deposit			X X X			1,517,036	1,409,245	1,283,821	
0499999 Cash in Company's Office			X X X	X X X	X X X	150	150	150	
0599999 Total Cash			X X X			1,517,186	1,409,395	1,283,971	



SVO Compliance Certification

"The undersigned is an officer of the insurer responsible for reporting investments to the SVO and/or with performing all filings with appropriate state regulatory officials and the NAIC and is therefore required to be familiar with the requirements of such filings. The undersigned officer certifies that, to the best of his or her knowledge, information, and belief, all prices or NAIC designations for the securities reported in this statement have been obtained directly from the SVO except as specifically identified below. The officer further certifies that, to the best of his or her knowledge, information, and belief, since the last filing of a quarterly or annual statement:

1. All securities previously valued by the insurer and identified by a Z suffix have now been submitted to the SVO for a valuation or disposed of by sale or otherwise with the result that all prices and NAIC Designations reported in this statement have been provided by the SVO, except for new purchases identified in Schedule D and DA with a Z suffix or items submitted but not yet processed by the SVO.
2. Any newly purchased securities now identified with a Z suffix shall be submitted to the SVO within 120 days of purchase.
3. All necessary information on securities which have been previously designated NR (not rated due to lack of current information) by the SVO have either been submitted to the SVO by the insurer for a valuation or disposed of by the insurer.
4. All material issuer events (as defined below) have been reported to the SVO."

A material issuer event is a generic or transaction specific credit event of which the insurer is currently aware, which by its nature would signify to a reasonably prudent insurer that a material change in the credit quality or price of the investment or security has occurred.

As an illustration, and not by way of limitation, the following shall be deemed to constitute material issuer events:

- a. Recapitalizations or capital restructuring whether within or without Chapter 11 of the US Bankruptcy Code;
- b. Nonpayment, deferral, or payment in kind through waiver of any principal or contractual interest payment;
- c. Any change in the maturity of a security;
- d. Changes in the lender's collateral position, including releases of collateral, or the taking of a collateral position whether by operation of negative pledge covenant or otherwise;
- e. Events of a like character or of a like effect, which would be considered material to an investment professional.
- f. Exceptions _____

Name of Investment Officer

Signature of Investment Officer

Title of Signatory

Date

SVO

Amended Statement Cover

NONE

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QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION
(HEALTH)

Name of Insurer

Mount Carmel Behavioral Healthcare Company

Date _____
NAIC Group # 2838FEIN 31-0971510
NAIC Company # 95851THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS. PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY
HELP TO IDENTIFY DISKETTE CONTENT

	First Quarter	Second Quarter	Third Quarter
A01. Is this the first time you've submitted this filing? (Y/N)	No	No	No
A02. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)	No	No	No
A03. Is this being re-filed due to changes to the data originally filed? (Y/N) (If "YES" ENCLOSE HARD COPY PAGES FOR EACH CHANGE.)	No	No	No
A04. Other? (Y/N) (If "yes" attach an explanation.)	No	No	No

B. Additional comments if necessary for clarification:

C. Diskette Contact Person:

Phone:

Address:

D. Software Vendor:

Version:

E. Have material validation failures been addressed in the explanation file? Yes[] No[X]

F. The undersigned hereby certifies, according to the best of his/her knowledge and belief, that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that quarterly statement information required to be contained on diskette is identical to the information in the 2002 Quarterly Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name):

(version number):

(Signed) _____

Type Name and Title: