



NAIC #:

95851

NAIC Group Code:

2838

Company Name:

MOUNT CARMEL BEHAVIORAL HEALTHCARE COMPANY

**Company Type:**

<input type="checkbox"/> P&C	<input type="checkbox"/> Life	<input checked="" type="checkbox"/> HIC	<input type="checkbox"/> Frat	<input type="checkbox"/> Title	<input type="checkbox"/> MEWA	<input type="checkbox"/> HW	<input type="checkbox"/> MPA
<input checked="" type="checkbox"/> DOMESTIC				<input type="checkbox"/> 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

**2002**

TO THE  
**Insurance Department**  
OF THE STATE OF  
Ohio

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

**OFFICERS**

President Joseph T. Calvaruso  
 Secretary Michael Cunniff  
 Treasurer Russell W. Gardner

**VICE PRESIDENTS**

**DIRECTORS OR TRUSTEES**

State of Ohio  
 County of Franklin 68

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 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.

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

Michael Cunniff  
 (Signature)  
 Michael Cunniff  
 (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  
Lori 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[X]

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

## Statement of Actuarial Opinion

## ASSETS

	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):					
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
<b>DETAILS OF WRITE-INS</b>					
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)		8,843		8,843	8,843
2201. Prepaid Assets					
2202. Franklin County Escrow					
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	XXX	XXX	500	500
20. Preferred capital stock	XXX	XXX		
21. Gross paid in and contributed surplus	XXX	XXX	4,907,579	4,907,579
22. Surplus notes	XXX	XXX		
23. Aggregate write-ins for other surplus funds	XXX	XXX		
24. Unassigned funds (surplus)	XXX	XXX	(3,837,468)	(3,583,720)
25. Less treasury stock, at cost:				
25.1 ..... shares common (value included in Line 19 \$.....)	XXX	XXX		
25.2 ..... shares preferred (value included in Line 20 \$.....)	XXX	XXX		
26. Total capital and surplus (Lines 19 to 24, Less 25)	XXX	XXX	1,070,611	1,324,359
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	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	XXX	XXX		
2302	XXX	XXX		
2303	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	XXX	XXX		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year Total
	1 Uncovered	2 Total	
	XXX	217,680	
1. Member Month	XXX	217,680	178,454
2. Net premium income	XXX	40,343	160,608
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$..... medical expenses)	XXX	423,347	3,398,508
5. Risk revenue	XXX	221,845	810,842
6. Aggregate write-ins for other health care related revenues	XXX		
7. TOTAL REVENUES (Lines 2 to 6)	XXX	685,535	4,369,958
<b>Medical and Hospital:</b>			
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
<b>LESS:</b>			
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)	XXX	(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	XXX		
30. Net income (loss) (Lines 28 minus 29)	XXX	(253,349)	(534,484)
<b>DETAILS OF WRITE-INS</b>			
0601. Claims Processing and Other	XXX	221,845	810,842
0602	XXX		
0603	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	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		482,465	3,053,610
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)			
2701. Rental Income		1,900	20,900
2702			
2703			
2798. Summary of remaining write-ins for Line 27 from overflow page		1,900	20,900
2799. TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)			

## STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>		
31. Capital and surplus prior reporting year	1,324,359	986,950
<b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS</b>		
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
<b>DETAILS OF WRITE-INS</b>		
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
<b>Cash from Operations</b>			
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)		
6	Net investment income	(268,498)	(511,198)
7	Other income (expenses)		75,990
8	Federal and foreign income taxes (paid) recovered	1,900	20,900
9	Net cash from operations (Lines 5 to 8)	(266,598)	(514,308)
<b>Cash from Investments</b>			
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)		
<b>Cash from Financing and Miscellaneous Sources</b>			
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		
13.5	TOTAL (Lines 13.1 to 13.4)	13,961	89,265
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		
14.5	TOTAL (Lines 14.1 to 14.4)	128,684	254,186
15	Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	153,605	254,186
		(139,644)	997,499
<b>RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS</b>			
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	Complaints (Hospital & Medical)		4	5	6	7	8	9	10
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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									
Total Member Ambulatory Encounters for Period:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Patient 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

**N O N E**

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		Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year	Claims Incurred in Prior Years (Columns 1+3)	5	6
	1	2	3	4				
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  X

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  X

2. If yes, has the report been filed with the domiciliary state?  Yes  No  X

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. 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  X

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  X

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

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  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? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)  Yes  No  X

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?

Yes  No 

2 If yes, please complete the following:

		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?

Yes  No 

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 

3. 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 I - General, Section IV, H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes  No 

3.1 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

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?

Yes  No 

5.4 If yes, give full and complete information relating thereto:

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

behalf of the reporting entity.

1 Central Registration Depository	2 Name(s)	3 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	XXX	XXX			
58.	TOTAL (Direct Business)		XXX	(a) 1	40,343		

## DETAILS OF WRITE-INS

5701		XXX	XXX				
5702		XXX	XXX				
5703		XXX	XXX				
5798.	Summary of remaining write-ins for Line 57 from overflow page	XXX	XXX				
5799.	TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above)	XXX	XXX				

(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 I**

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

RESPONSES  
Yes

Will the SVO Compliance Certification be filed with this statement?

xplanation:

ar Code:

## OVERFLOW PAGE FOR WRITE-INS

## LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1704	Rounding				2
1797	Summary of remaining write-ins for Line 17				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	XXX						
0199999 Totals - Open Depositories	XXX				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	XXX						
0299999 Totals - Suspended Depositories	XXX						
0399999 Total Cash On Deposit	XXX				1,517,036	1,409,245	1,283,821
0499999 Cash in Company's Office	XXX	XXX	XXX		150	150	150
0599999 Total Cash	XXX				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)	No	No	No
(IF "YES" ENCLOSURE HARD COPY PAGES FOR EACH CHANGE.)				
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: