

AMENDED EXPLANATION COVER



HEALTH ANNUAL STATEMENT

AS OF DECEMBER 31, 2002
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc

NAIC Group Code 2838 (Current Period) NAIC Company Code 95655 (Prior Period) Employer's ID Number 311471229

Organized under the Laws of _____, State of Domicile or Port of Entry Ohio

Country of Domicile US

Licensed as business type:

Life Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes () No (X)

Incorporated August 6, 1996 Commenced Business April 1, 1997

Statutory Home Office 495 Cooper Road Suite 200, Westerville, Ohio 43081
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 495 Cooper Road Suite 200, Westerville, Ohio 43081 614-898-8750
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 495 Cooper Road Suite 200, Westerville, Ohio 43081
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 495 Cooper Road Suite 200, Westerville, Ohio 43081
(Street and Number, City or Town, State and Zip Code)
614-898-8750
(Area Code) (Telephone Number)

Internet Website Address N/A

Statement Contact Veronica Leigh Szydlowski 614-898-8735
(Name) (Area Code) (Telephone Number) (Extension)
vszydlowski@mchs.com 614-898-8587
(E-Mail Address) (Fax Number)

Policyowners 495 Cooper Road Suite 200, Westerville, Ohio 43081 614-898-8750
Relations (Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)
Contact and Phone Number

OFFICERS

President Mark Richardson
Secretary Russell Gardner
Controller Veronica Szydlowski

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Joseph Calvaruso
Jaren Bombach, MD
Sister Barbara Hahl, CSC
Jeffrey Burnich
Russell Gardner
Stephen Smith, MD
Kathy Blair

State of Ohio }
County of US } SS

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

Mark Richardson
President

Russell Gardner
Secretary

Veronica Szydlowski
Controller

Subscribed and sworn to before me this
day of

NOTARY PUBLIC (Seal)

- a. Is this an original filing? Yes (X) No ()
- b. If no: 1. State the amendment number _____
- 2. Date filed _____
- 3. Number of pages attached _____

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0299998 - Premiums due and unpaid not individually listed	32,865	13,411	7,584			53,860
0299999 - TOTAL - Group	32,865	13,411	7,584			53,860
0599999 - Accident and Health Premiums due and unpaid (Page 2, Line 10)	32,865	13,411	7,584			53,860

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Gross health care receivables						
The Ohio State University		6,426				
0499999 - Receivables not individually listed	753	1,586	1,841	8,286	10,128	8,765
0599999 - Gross health care receivables	753	8,012	1,841	8,286	10,128	8,765

EXHIBIT 5 - 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
Individually listed claims payable						
Mount Carmel Medical Center		297,724	62,687	2,941	824	364,175
Mount Carmel East		144,989	30,528	1,432	401	177,351
Mount Carmel St. Anns		94,766	19,953	936	262	115,918
Mount Carmel Home Care		75,560	15,909	746	209	92,424
Grady Memorial Hospital		46,907	9,876	463	130	57,377
The Arthur G James		14,402	3,032	142	40	17,616
Madison County Hospital		17,252	3,633	170	48	21,103
Fairfield Medical Center		50,031	10,534	494	138	61,198
Berger Hospital		19,467	4,099	192	54	23,812
Riverside Methodist Hospital		15,872	3,342	157	44	19,414
Licking Memorial Hospital		10,273	2,163	101	28	12,565
Grant Hospital		17,369	3,657	172	48	21,246
0199999 - Individually listed claims payable		804,611	169,414	7,948	2,227	984,200
0399999 - Aggregate accounts not individually listed-covered		78,447	16,517	775	217	95,957
0499999 - Subtotals		883,058	185,931	8,723	2,444	1,080,156
0599999 - Unreported Claims and other claim reserves						10,110,737
0799999 - Total claims payable						11,190,893

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current

NONE

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
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NONE

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	452,485	0.533	15,384	33.333	452,485	
2. Intermediaries	2,535,284	2.986	15,384	33.333	2,535,284	
3. All other providers	863,555	1.017	15,384	33.333		863,555
4. Total capitation payments	3,851,324	4.536	46,152	100.000	2,987,769	863,555
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	81,057,296	95.464	X X X	X X X	74,027,227	7,030,069
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	81,057,296	95.464	X X X	X X X	74,027,227	7,030,069
13. Total (Line 4 plus Line 12)	84,908,620	100%	X X X	X X X	77,014,996	7,893,624

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with intermediaries					
	AristaCare	2,006,377			12
	Mount Carmel Behavioral Health	528,907			3
9999999	TOTAL Transactions with intermediaries	2,535,284			

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan , Inc
EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	339,877		274,361			65,515
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	339,877		274,361			65,515



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2002

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year										
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NAIC Company Code: 95655

BUSINESS IN THE STATE OF ALASKA DURING THE YEAR 2002

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
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REPORT FOR: 1. CORPORATION

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NAIC Company Code: 95655

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2002

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
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Health



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2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2002

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
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Health



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2002

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2002

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
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REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2002

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
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ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2002

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2002

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2002

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2002

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
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ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
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REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2002

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
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(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2002

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ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2002

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
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NAIC Company Code: 95655

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2002

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NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2002

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
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13. Premiums Earned										
14. Amount Paid for Provision of Health Care Services										
15. Amount Incurred for Provision of Health Care Services										



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF MAINE DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF MONTANA DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION Mount Carmel Health Plan, Inc.

2. DIVISION _____

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2002

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	17,631							17,631		
2. First Quarter	16,332							16,332		
3. Second Quarter	15,992							15,992		
4. Third Quarter	15,832							15,832		
5. Current Year	15,384							15,384		
6. Current Year Member Months	192,362							192,362		
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	5,100							5,100		
12. Premiums Collected	120,513,857							120,513,857		
13. Premiums Earned	112,533,192							112,533,192		
14. Amount Paid for Provision of Health Care Services	84,908,620							84,908,620		
15. Amount Incurred for Provision of Health Care Services	96,099,513							96,099,513		

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF VERMONT DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF AMERICAN SAMOA DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF GUAM DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF U . S . VIRGIN ISLANDS DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF CANADA DURING THE YEAR 2002

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



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF OTHER ALIEN DURING THE YEAR 2002

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

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Health



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2002

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	17,631							17,631		
2. First Quarter	16,332							16,332		
3. Second Quarter	15,992							15,992		
4. Third Quarter	15,832							15,832		
5. Current Year	15,384							15,384		
6. Current Year Member Months	192,362							192,362		
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	5,100							5,100		
12. Premiums Collected	120,513,857							120,513,857		
13. Premiums Earned	112,533,192							112,533,192		
14. Amount Paid for Provision of Health Care Services	84,908,620							84,908,620		
15. Amount Incurred for Provision of Health Care Services	96,099,513							96,099,513		

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Health

SCHEDULE A - VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement)	_____
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10	_____
2.2 Totals, Part 3, Column 7	_____
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	_____
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13	_____
4.2 Totals, Part 3, Column 9	_____
5. Total profit (loss) on sales, Part 3, Column 14	_____
6. Increase (decrease) by foreign exchange adjustm	
6.1 Totals, Part 1, Column 11	_____
6.2 Totals, Part 3, Column 8	_____
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	_____
8. Book/adjusted carrying value at end of current period	_____
9. Total valuation allowance	_____
10. Subtotal (Line 8 plus Line 9)	_____
11. Total nonadmitted amounts	_____
12. Statement value, current period (Page 2, real estate lines, current period)	_____

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year	_____
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	_____
2.2 Additional investment made after acquisitions	_____
3. Accrual of discount and mortgage interest points a	
4. Increase (decrease) by adjustment	_____
5. Total profit (loss) on sale	_____
6. Amounts paid on account or in full during the year	
7. Amortization of premium	_____
8. Increase (decrease) by foreign exchange adjustment	_____
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	_____
10. Total valuation allowance	_____
11. Subtotal (Line 9 plus Line 10)	_____
12. Total nonadmitted amounts	_____
13. Statement value of mortgages owned at end of current period	_____

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	_____
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	_____
2.2 Additional investment made after acquisitions	_____
3. Accrual of discount	_____
4. Increase (decrease) by adjustment	_____
5. Total profit (loss) on sale	_____
6. Amounts paid on account or in full during the year	
7. Amortization of premium	_____
8. Increase (decrease) by foreign exchange adjustment	_____
9. Book/adjusted carrying value of long-term invested assets at end of current period	_____
10. Total valuation allowance	_____
11. Subtotal (Line 9 plus Line 10)	_____
12. Total nonadmitted amounts	_____
13. Statement value of long-term invested assets at end of current period	_____

NONE

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U. S. Governments, Schedules D and DA (Group 1)											
1.1 Class 1		1,819,598				1,819,598	100.0			1,819,598	
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals		1,819,598				1,819,598	100.0			1,819,598	
2. All Other Governments, Schedules D and DA (Group 2)											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals											
3. States, Territories and Possessions etc., Guaranteed, Schedules D and DA (Group 3)											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals											
5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Class 1											
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D and DA (Group 6)											
6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals											
7. Industrial and Miscellaneous (Unaffiliated), Schedules D and DA (Group 7)											
7.1 Class 1											
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals											
8. Credit Tenant Loans, Schedules D and DA (Group 8)											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D and DA (Group 9)											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1		1,819,598				1,819,598	100.0	XXX	XXX	1,819,598	
10.2 Class 2								XXX	XXX		
10.3 Class 3								XXX	XXX		
10.4 Class 4								XXX	XXX		
10.5 Class 5						(c)		XXX	XXX		
10.6 Class 6						(c)		XXX	XXX		
10.7 Totals		1,819,598				(b) 1,819,598	100.0	XXX	XXX	1,819,598	
10.8 Line 10.7 as a % of Column 6		100.0				100.0	XXX	XXX	XXX	100.0	
11. Total Bonds Prior Year											
11.1 Class 1						XXX	XXX				
11.2 Class 2						XXX	XXX				
11.3 Class 3						XXX	XXX				
11.4 Class 4						XXX	XXX				
11.5 Class 5						XXX	XXX	(c)			
11.6 Class 6						XXX	XXX	(c)			
11.7 Totals						XXX	XXX	(b)			
11.8 Line 11.7 as a % of Column 8						XXX	XXX		XXX		
12. Total Publicly Traded Bonds											
12.1 Class 1		1,819,598				1,819,598	100.0			1,819,598	XXX
12.2 Class 2											XXX
12.3 Class 3											XXX
12.4 Class 4											XXX
12.5 Class 5											XXX
12.6 Class 6											XXX
12.7 Totals		1,819,598				1,819,598	100.0			1,819,598	XXX
12.8 Line 12.7 as a % of Column 6		100.0				100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10		100.0				100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1										XXX	
13.2 Class 2										XXX	
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Column 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							XXX	XXX	XXX	XXX	

(a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ current year, \$ prior year of bonds with Z designations and \$ current year, \$ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$ current year, \$ prior year of bonds with 5* designations and \$ current year, \$ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Statement Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, Schedules D and DA (Group 1)											
1.1 Issuer Obligations		1,819,598				1,819,598	100.0	1,819,598	100.0	1,819,598	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 Totals		1,819,598				1,819,598	100.0	1,819,598		1,819,598	
2. All Other Governments, Schedules D and DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 Totals											
3. States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined											
4.6 Other											
4.7 Totals											
5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan , Inc

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31 , At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated) , Schedules D and DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 Totals											
7. Industrial and Miscellaneous (Unaffiliated) , Schedules D and DA (Group 7)											
7.1 Issuer Obligations											
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 Totals											
8. Credit Tenant Loans, Schedules D and DA (Group 8)											
8.1 Issuer Obligations											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D and DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations		1,819,598				1,819,598	100.0	XXX	XXX	1,819,598	
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds								XXX	XXX		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								XXX	XXX		
10.4 Other								XXX	XXX		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								XXX	XXX		
10.6 Other								XXX	XXX		
10.7 Totals		1,819,598				1,819,598	100.0	XXX	XXX	1,819,598	
10.8 Line 10.7 as a % of Column 6		100.0				100.0	XXX	XXX	XXX	100.0	
11. Total Bonds Prior Year											
11.1 Issuer Obligations		1,819,598				XXX	XXX	1,819,598		1,819,598	
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds						XXX	XXX				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						XXX	XXX				
11.4 Other						XXX	XXX				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						XXX	XXX				
11.6 Other						XXX	XXX				
11.7 Totals		1,819,598				XXX	XXX	1,819,598		1,819,598	
11.8 Line 11.7 as a % of Column 8		100.0				XXX	XXX	XXX	XXX	100.0	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations		1,819,598				1,819,598	100.0	1,819,598	100.0	1,819,598	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds											XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											XXX
12.4 Other											XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											XXX
12.6 Other											XXX
12.7 Totals		1,819,598				1,819,598	100.0	1,819,598		1,819,598	XXX
12.8 Line 12.7 as a % of Column 6		100.0				100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10		100.0				100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										XXX	
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds										XXX	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										XXX	
13.4 Other										XXX	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										XXX	
13.6 Other										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Column 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							XXX	XXX	XXX	XXX	

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Asset (a)	Investments in Parent Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	125,393			125,393	
2. Cost of short-term investments acquired	114,051			114,051	
3. Increase (decrease) by adjustment					
4. Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments					
6. Consideration received on disposal of short-term investments					
7. Book/adjusted carrying value, current year	239,444			239,444	
8. Total valuation allowance					
9. Subtotal (Line 7 plus Line 8)	239,444			239,444	
10. Total nonadmitted amounts					
11. Statement value (Line 9 minus Line 10)	239,444			239,444	
12. Income collected during year	2,598			2,598	
13. Income earned during year	2,598			2,598	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

SCHEDULE DB - PART A - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Owned

1. Aggregate write-in book value, December 31, prior year (Line 8, prior year)	_____
2. Cost/Option Premium (Section 2, Column 7)	_____
3. Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	_____
4. Gain/(Loss) on Termination:	
4.1 Recognized (Section 3, Column 14)	_____
4.2 Used to Adjust Basis of Hedged Item (Section 3, Column 15)	_____
5. Consideration received on terminations (Section 3, Column 16)	_____
6. Used to Adjust Basis on Open Contracts (Section 3, Column 17)	_____
7. Disposition of deferred amount on contracts terminated in prior year:	
7.1 Recognized	_____
7.2 Used to Adjust Basis of Hedged Item	_____
8. Aggregate write-in book value, December 31, Current Year (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 minus Line 6 minus Line 7)	=====

NONE

SCHEDULE DB - PART B - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Options, Caps, Floors and Insurance Futures Options Written

1. Aggregate write-in book value, December 31, prior year (Line 8, prior year)	_____
2. Consideration received (Section 2, Column 7)	_____
3. Increase/(Decrease) by Adjustment (Section 1, Column 12) plus (Section 3, Column 13)	_____
4. Gain/(Loss) on Termination:	
4.1 Recognized (Section 3, Column 14)	_____
4.2 Used to Adjust Basis (Section 3, Column 15)	_____
5. Consideration paid on terminations (Section 3, Column 16)	_____
6. Used to Adjust Basis on Open Contracts (Section 3, Column 17)	_____
7. Disposition of deferred amount on contracts terminated in prior year:	
7.1 Recognized	_____
7.2 Used to Adjust Basis	_____
8. Aggregate write-in book value, December 31, Current Year (Line 1 plus Line 2 plus Line 3 minus Line 4 minus Line 5 minus Line 6 minus Line 7)	=====

NONE

SCHEDULE DB - PART C - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Swaps and Forwards

1. Aggregate write-in book value, December 31, prior year (Line 8, prior year)			
2. Cost or (Consideration Received) (Section 2, Column 7)			
3. Increase/ (Decrease) by Adjustment (Section 1,			
4. Gain/ (Loss) on Termination:	NONE		
4.1 Recognized (Section 3, Column 14)			
4.2 Used to Adjust Basis of Hedged Item (Se			
5. Consideration received (or paid) on terminations			
6. Used to Adjust Basis on Hedged Item on Open Contracts (Section 1, Column 13)			
7. Disposition of deferred amount on contracts terminated in prior year:			
7.1 Recognized			
7.2 Used to Adjust Basis of Hedged Item			
8. Aggregate write-in book value, December 31, Current Year (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 minus Line 6 minus Line 7)			

SCHEDULE DB - PART D - VERIFICATION BETWEEN YEARS

Verification Between Years of Aggregate Write-in Book Value on Futures Contracts and Insurance Futures Contracts

1. Aggregate write-in book value, December 31, prior year (Line 8, prior year)			
2. Change in total Variation Margin on Open Contracts (Difference between years-Section 1, Column 6)			
3.1 Change in Variation Margin on Open Contracts Used to Adjust Basis of hedged Item (Section 1, Column 11)			
3.2 Change in Variation Margin on Open Contracts recognized (Difference between years-Section 1, Column 10)			
4.1 Variation Margin on Contracts Terminated During	NONE		
4.2 Less:			
4.21 Gain/ (Loss) Recognized in Current Year			
4.22 Gain/ (Loss) Used to Adjust Basis of Hedged Item			
4.3 Subtotal (Line 4.1 minus Line 4.2)			
5.1 Net Additions to Cash Deposits (Section 2, Column 9)			
5.2 Less: Net Reductions to Cash Deposits (Section 3, Column 9)			
6. Subtotal (Line 1 minus Line 2 plus Line 3.1 plus Line 3.2 minus Line 4.3 plus Line 5.2)			
7. Disposition of Gain/ (Loss) on contracts terminated in prior year:			
7.1 Recognized			
7.2 Used to Adjust Basis of Hedged Item			
8. Aggregate write-in book value, December 31, Current Year (Line 6 plus Line 7.1 plus Line 7.2)			

SCHEDULE DB - PART E - VERIFICATION

Verification of Statement Value and Fair Value of Open Contracts

			Statement Value
1. Part A, Section 1, Column 10			
2. Part B, Section 1, Column 10			
3. Part C, Section 1, Column 10			
4. Part D, Section 1, Column 9 minus Column 12			
5. Line 1 minus Line 2 plus Line 3 plus Line 4			
6. Part E, Section 1, Column 4	NONE		
7. Part E, Section 1, Column 5			
8. Line 5 minus Line 6 minus Line 7			
			Fair Value
9. Part A, Section 1, Column 11			
10. Part B, Section 1, Column 11			
11. Part C, Section 1, Column 11			
12. Part D, Section 1, Column 9			
13. Line 9 minus Line 10 plus Line 11 plus Line 12			
14. Part E, Section 1, Column 7			
15. Part E, Section 1, Column 8			
16. Line 13 minus Line 14 minus Line 15			

SCHEDULE DB - PART F - SECTION 1

Summary of Replicated (Synthetic) Assets Open

Replicated (Synthetic) Asset					Components of the Replicated (Synthetic) Asset						
1	2	3	4	5	Derivative Instruments Open		Cash Instrument(s) Held				
Replication RSAT Number	Description	NAIC Designation or Other Description	Statement Value	Fair Value	6	7	8	9	10	11	12
					Description	Fair Value	CUSIP	Description	Statement Value	Fair Value	NAIC Designation or Other Description

NONE

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replicated (Synthetic) Assets Statement Value	3 Number of Positions	4 Total Replicated (Synthetic) Assets Statement Value	5 Number of Positions	6 Total Replicated (Synthetic) Assets Statement Value	7 Number of Positions	8 Total Replicated (Synthetic) Assets Statement Value	9 Number of Positions	10 Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions										
3. Add: Increases in Replicated Asset Statement Value	XXX						XXX		XXX	
4. Less: Closed or Disposed of Transactions										
5. Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX						XXX		XXX	
7. Ending Inventory										

NONE

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses

NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		

NONE

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Columns 5 plus 6 plus 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Columns 9 plus 10 plus 11 plus 12 plus 13 But Not in Excess of Column 8

NONE

SCHEDULES S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

	1 2002	2 2001	3 2000	4 1999	5 1998
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total medical and hospital expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable	NONE				
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 9)			
2. Amounts recoverable from reinsurers (Line 12)			
3. Accident and health premiums due and unpaid (Line 10)			
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (Balance)			
6. Total assets (Line 23)			
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)			
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 6)			
10. Reinsurance in unauthorized companies (Line 14)			
11. All other liabilities (Balance)			
12. Total liabilities (Line 18)			
13. Total capital and surplus (Line 26)		XXX	
14. Total liabilities, capital and surplus (Line 27)			
NONE			
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

SCHEDULE Y (Continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES



1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95655	31-1471229	Mount Carmel Health System		1,500,000				4,006,211			5,506,211	
95655	31-1471229	Mount Carmel Health Plan		(1,500,000)				(4,006,211)			(5,506,211)	
95851	31-1471229	Mount Carmel Behavioral Health										
9999999		CONTROL TOTALS										

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
EXPLANATION:	
BARCODE: Document Identifier 360:	9 5 6 5 5 2 0 0 2 3 6 0 0 0 0 0 0 
2. Will the Supplemental compensation Exhibit be filed with the state of domicile by March 1?	No
EXPLANATION:	
BARCODE: Document Identifier 460:	9 5 6 5 5 2 0 0 2 4 6 0 0 0 0 0 0 
3. Will an actuarial certification be filed by March 1?	Yes
EXPLANATION:	
BARCODE: Document Identifier 440:	
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
EXPLANATION:	
BARCODE: Document Identifier 390:	
5. Will the Risk-based Capital be filed with the state of domicile, if required, by March 1?	Yes
EXPLANATION:	
BARCODE: Document Identifier 390:	
6. Will the SVO Compliance Certification be filed by March 1?	Yes
EXPLANATION:	
BARCODE: Document Identifier 470:	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

APRIL FILING

RESPONSE

7. Will Management's Discussion and Analysis be filed by April 1?

Yes

EXPLANATION:

.....
.....

BARCODE:

Document Identifier 350:

8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?

No

EXPLANATION:

.....
.....

BARCODE:

Document Identifier 330:



9. Will the Investment Risks Interrogatories be filed by April 1?

No

EXPLANATION:

.....
.....

BARCODE:

Document Identifier 285:



JUNE FILING

10. Will an audited financial report be filed by June 1 with the state of domicile?

Yes

EXPLANATION:

.....
.....

BARCODE:

Document Identifier 220:



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ALABAMA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ALASKA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and claims data. Includes sub-headers for 'Policies Issued Through 1999' and 'Policies Issued in 2000, 2001, 2002'.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ARIZONA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"

360AZ

Health



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ARKANSAS

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002		
										11 Premiums Earned	14 Inurred Claims		15 Premiums Earned	18 Inurred Claims	
											12 Amount	13 Percent of Premiums Earned		14 Number of Covered Lives	16 Amount

NONE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

NONE

2.1 Address:

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF CALIFORNIA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums earned.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF COLORADO

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF CONNECTICUT

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. **NONE**
2.1 Address:
2.2 Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
3.1 Address:
3.2 Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF DELAWARE

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form number, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums earned.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF DISTRICT OF COLUMBIA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, detailing premiums and claims.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF FLORIDA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form number, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums earned.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF GEORGIA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF HAWAII

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF IDAHO

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF ILLINOIS

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF INDIANA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

NONE

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF IOWA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurring Claims Amount		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims Amount		18 Number of Covered Lives
											13 Percent of Premiums Earned	17 Percent of Premiums Earned					

NONE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address:

NONE

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF KANSAS

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	14 Inurred Claims		15 Premiums Earned	18 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. **NONE**
2.1 Address:
2.2 Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
3.1 Address:
3.2 Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
.....

360KS

Health



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF KENTUCKY

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF LOUISIANA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MAINE

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MARYLAND

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, detailing premiums and claims.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MASSACHUSETTS

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	14 Inurred Claims		15 Premiums Earned	18 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. **NONE**
2.1 Address:
2.2 Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
3.1 Address:
3.2 Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MICHIGAN

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

NONE

2.1 Address:

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MINNESOTA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MISSISSIPPI

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, detailing premiums and claims.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MISSOURI

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. **NONE**
2.1 Address:
2.2 Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
3.1 Address:
3.2 Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF MONTANA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims Amount		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		18 Number of Covered Lives
											13 Percent of Premiums Earned	17 Percent of Premiums Earned					

NONE

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. **NONE**
2.1 Address:
2.2 Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
3.1 Address:
3.2 Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEBRASKA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: NONE
 - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"

360NE

Health



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEVADA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002		
										11 Premiums Earned	14 Inurred Claims		15 Premiums Earned	18 Inurred Claims	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned

NONE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

NONE

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW HAMPSHIRE

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

NONE

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW JERSEY

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form number, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, detailing premiums and claims.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW MEXICO

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form number, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, detailing premiums and claims.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NEW YORK

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. **NONE**
2.1 Address:
2.2 Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
3.1 Address:
3.2 Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
.....

360NY

Health



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NORTH CAROLINA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. **NONE**
2.1 Address:
2.2 Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
3.1 Address:
3.2 Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF NORTH DAKOTA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OHIO

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, detailing premiums and claims.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OKLAHOMA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, detailing premiums and claims.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OREGON

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF PENNSYLVANIA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, detailing premiums and claims.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF RHODE ISLAND

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF SOUTH CAROLINA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF SOUTH DAKOTA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and claims data. All cells are empty.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF TENNESSEE

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form number, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, detailing premiums and claims.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF TEXAS

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and claims data. All cells are empty.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF UTAH

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002			
										11 Premiums Earned	14 Inurred Claims		15 Premiums Earned	18 Inurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

NONE

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)

4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF VERMONT

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. **NONE**
2.1 Address:
2.2 Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
3.1 Address:
3.2 Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
.....



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF VIRGINIA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims, Number of Covered Lives).

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"

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Health



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WASHINGTON

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WEST VIRGINIA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives

NONE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
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2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

NONE

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"
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SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WISCONSIN

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, detailing premiums and claims.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF WYOMING

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

NONE

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. **NONE**
2.1 Address:
2.2 Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
3.1 Address:
3.2 Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"
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SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF AMERICAN SAMOA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF GUAM

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 1999 (Premiums Earned, Incurring Claims), and Policies Issued in 2000, 2001, 2002 (Premiums Earned, Incurring Claims).

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF PUERTO RICO

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, detailing premiums and claims.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF U.S. VIRGIN ISLANDS

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy form, standardized Medicare supplement benefit plan, Medicare select, plan characteristics, dates, and policy marketing trade name. It also includes sub-columns for policies issued through 1999 and in 2000-2002, with further breakdowns for incurred claims and premiums.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF CANADA

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code) _____

NONE

PERSON COMPLETING THIS EXHIBIT _____

TITLE _____

TELEPHONE NUMBER _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001, 2002				
										11 Premiums Earned	12 Incurred Claims Amount		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		18 Number of Covered Lives
											13 Percent of Premiums Earned	17 Percent of Premiums Earned					

NONE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
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2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:

NONE

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

3.1 Address:

3.2 Contact Person and Phone Number:

4. Explain any policies identified above as policy type "O"
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SUPPLEMENT FOR THE YEAR 2002 OF THE Mount Carmel Health Plan, Inc

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT FOR THE STATE OF OTHER ALIEN

NAIC Group Code 2838

NAIC Company Code 95655

ADDRESS (City, State and Zip Code)

NONE

PERSON COMPLETING THIS EXHIBIT

TITLE

TELEPHONE NUMBER

Table with columns for compliance, policy details, and claims data. Includes sub-headers for 'Policies Issued Through 1999' and 'Policies Issued in 2000, 2001, 2002'.

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state. NONE
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)
4. Explain any policies identified above as policy type "O"