



QUARTERLY STATEMENT

AS OF JUNE 30, 2011

OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Insurance Company

NAIC Group Code 2838, NAIC Company Code 13123 Employer's ID Number 251912781

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

Country of Domicile US

Licensed as business type:

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

Incorporated/Organized November 21, 2007 Commenced Business January 1, 2008

Statutory Home Office 6150 East Broad Street, EE320, Columbus, Ohio 43213

Main Administrative Office 6150 East Broad Street, EE320, columbus, Ohio 43213 6145463211

Mail Address 6150 East Broad Street, EE320, Columbus, Ohio 43213

Primary Location of Books and Records 6150 East Broad Street, EE320, Columbus, Ohio 43213 6145463211

Internet Website Address www.medigold.com

Statutory Statement Contact Veronica Leigh Szydlowski vszydlowski@mchs.com 6145463211 6145463131

OFFICERS

Jacqueline Primeau (Chairperson) Greg Wise (Interim President & CEO) Veronica Szydlowski (COO/CFO)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Sister Barbara Hahl, CSC Claus von Zychlin Daniel Wendorff, MD Paula Autry Barry Fagan, MD

State of Ohio County of Franklin } SS

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

Jacqueline Primeau Chairperson Greg Wise Interim President & CEO Veronica Szydlowski COO/CFO

Subscribed and sworn to before me this day of 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

ASSETS

| | Current Statement Date | | | 4 |
|--|------------------------|--------------------|---|--------------------------------|
| | 1 | 2 | 3 | |
| | Assets | Nonadmitted Assets | Net Admitted Assets (Col. 1 minus Col. 2) | Prior Year Net Admitted Assets |
| 1. Bonds | 100,705 | | 100,705 | 101,280 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | | | | |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens | | | | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | | |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | | |
| 4.3 Properties held for sale (less \$ encumbrances) | | | | |
| 5. Cash (\$ 8,264), cash equivalents (\$ 3,456,022) and short-term investments (\$ 2,549,449) | 6,013,735 | | 6,013,735 | 6,658,732 |
| 6. Contract loans (including \$ premium notes) | | | | |
| 7. Derivatives | | | | |
| 8. Other invested assets | | | | |
| 9. Receivables for securities | | | | |
| 10. Securities lending reinvested collateral assets | | | | |
| 11. Aggregate write-ins for invested assets | | | | |
| 12. Subtotals, cash and invested assets (Line 1 to Line 11) | 6,114,440 | | 6,114,440 | 6,760,012 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | | |
| 14. Investment income due and accrued | 627 | | 627 | 672 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 393,621 | | 393,621 | 203,636 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | | |
| 15.3 Accrued retrospective premiums | | | | |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | | |
| 16.2 Funds held by or deposited with reinsured companies | | | | |
| 16.3 Other amounts receivable under reinsurance contracts | | | | |
| 17. Amounts receivable relating to uninsured plans | | | | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | | |
| 18.2 Net deferred tax asset | | | | |
| 19. Guaranty funds receivable or on deposit | | | | |
| 20. Electronic data processing equipment and software | | | | |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 23. Receivables from parent, subsidiaries and affiliates | 159,745 | | 159,745 | 48,881 |
| 24. Health care (\$ 6,113) and other amounts receivable | 104,805 | 73,917 | 30,888 | 31,377 |
| 25. Aggregate write-ins for other than invested assets | | | | |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25) | 6,773,238 | 73,917 | 6,699,321 | 7,044,578 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. Totals (Line 26 and Line 27) | 6,773,238 | 73,917 | 6,699,321 | 7,044,578 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. Totals (Line 1001 through Line 1103 plus Line 1198) (Line 11 above) | | | | |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) | | | | |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|---|----------------|-----------|-------------|-------------|
| | 1 | 2 | 3 | 4 |
| | Covered | Uncovered | Total | Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | 831,562 | | 831,562 | 826,942 |
| 2. Accrued medical incentive pool and bonus amounts | | | | |
| 3. Unpaid claims adjustment expenses | 6,247 | | 6,247 | 6,247 |
| 4. Aggregate health policy reserves | | | | |
| 5. Aggregate life policy reserves | | | | |
| 6. Property/casualty unearned premium reserve | | | | |
| 7. Aggregate health claim reserves | | | | |
| 8. Premiums received in advance | 19,900 | | 19,900 | 23,863 |
| 9. General expenses due or accrued | 26,109 | | 26,109 | 45,791 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$on realized gains (losses)) | | | | |
| 10.2 Net deferred tax liability | | | | |
| 11. Ceded reinsurance premiums payable | | | | |
| 12. Amounts withheld or retained for the account of others | | | | |
| 13. Remittances and items not allocated | | | | |
| 14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current) | | | | |
| 15. Amounts due to parent , subsidiaries and affiliates | | | | 74,936 |
| 16. Derivatives | | | | |
| 17. Payable for securities | | | | |
| 18. Payable for securities lending | | | | |
| 19. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$ unauthorized reinsurers) | | | | |
| 20. Reinsurance in unauthorized companies | | | | |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 22. Liability for amounts held under uninsured plans | | | | |
| 23. Aggregate write-ins for other liabilities (including \$ current) | | | | |
| 24. Total liabilities (Line 1 to Line 23) | 883,818 | | 883,818 | 977,779 |
| 25. Aggregate write-ins for special surplus funds | X X X | X X X | | |
| 26. Common capital stock | X X X | X X X | | |
| 27. Preferred capital stock | X X X | X X X | 1,000,000 | 1,000,000 |
| 28. Gross paid in and contributed surplus | X X X | X X X | 7,500,000 | 7,500,000 |
| 29. Surplus notes | X X X | X X X | | |
| 30. Aggregate write-ins for other than special surplus funds | X X X | X X X | | |
| 31. Unassigned funds (surplus) | X X X | X X X | (2,684,497) | (2,433,201) |
| 32. Less treasury stock , at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | X X X | X X X | | |
| 32.2 shares preferred (value included in Line 27 \$) | X X X | X X X | | |
| 33. Total capital and surplus (Line 25 to Line 31 minus Line 32) | X X X | X X X | 5,815,503 | 6,066,799 |
| 34. Total Liabilities, capital and surplus (Line 24 and Line 33) | X X X | X X X | 6,699,321 | 7,044,578 |
| DETAILS OF WRITE-INS | | | | |
| 2301. | | | | |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | | | | |
| 2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above) | | | | |
| 2501. | X X X | X X X | | |
| 2502. | X X X | X X X | | |
| 2503. | X X X | X X X | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | X X X | X X X | | |
| 2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) | X X X | X X X | | |
| 3001. | X X X | X X X | | |
| 3002. | X X X | X X X | | |
| 3003. | X X X | X X X | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | X X X | X X X | | |
| 3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above) | X X X | X X X | | |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year to Date | | Prior Year to Date | Prior Year Ended December 31 |
|--|----------------------|------------|--------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months | X X X | 4,126 | 4,245 | 8,654 |
| 2. Net premium income (including \$ non-health premium income) | X X X | 4,128,939 | 4,692,600 | 9,483,865 |
| 3. Change in unearned premium reserves and reserve for rate credits | X X X | 193,947 | | 142,684 |
| 4. Fee-for-service (net of \$ medical expenses) | X X X | | | |
| 5. Risk revenue | X X X | | | |
| 6. Aggregate write-ins for other health care related revenues | X X X | | | |
| 7. Aggregate write-ins for other non-health revenues | X X X | | | |
| 8. Total revenues (Line 2 to Line 7) | X X X | 4,322,886 | 4,692,600 | 9,626,549 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 2,354,226 | 2,358,675 | 5,283,967 |
| 10. Other professional services | | 1,303,518 | 1,631,494 | 3,382,634 |
| 11. Outside referrals | | 647,201 | | |
| 12. Emergency room and out-of-area | | | | |
| 13. Prescription drugs | | | 866,538 | 1,418,633 |
| 14. Aggregate write-ins for other hospital and medical | | | | |
| 15. Incentive pool, withhold adjustments and bonus amounts | | | | |
| 16. Subtotal (Line 9 to Line 15) | | 4,304,945 | 4,856,707 | 10,085,234 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | | | |
| 18. Total hospital and medical (Line 16 minus Line 17) | | 4,304,945 | 4,856,707 | 10,085,234 |
| 19. Non-health claims (net) | | | | |
| 20. Claims adjustment expenses, including \$ cost containment expenses | | | | 166,350 |
| 21. General administrative expenses | | 296,311 | 314,283 | 621,673 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) | | | | |
| 23. Total underwriting deductions (Line 18 through Line 22) | | 4,601,256 | 5,170,990 | 10,873,257 |
| 24. Net underwriting gain or (loss) (Line 8 minus Line 23) | X X X | (278,370) | (478,390) | (1,246,708) |
| 25. Net investment income earned | | 2,064 | 4,831 | 10,362 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | | | |
| 27. Net investment gains (losses) (Line 25 plus Line 26) | | 2,064 | 4,831 | 10,362 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)] | | | | |
| 29. Aggregate write-ins for other income or expenses | | | | 10,429 |
| 30. Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29) | X X X | (276,306) | (473,559) | (1,225,917) |
| 31. Federal and foreign income taxes incurred | X X X | | | |
| 32. Net income (loss) (Line 30 minus Line 31) | X X X | (276,306) | (473,559) | (1,225,917) |
| DETAILS OF WRITE-INS | | | | |
| 0601. | X X X | | | |
| 0602. | X X X | | | |
| 0603. | X X X | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | X X X | | | |
| 0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) | X X X | | | |
| 0701. | X X X | | | |
| 0702. | X X X | | | |
| 0703. | X X X | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | X X X | | | |
| 0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above) | X X X | | | |
| 1401. | | | | |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | | | |
| 1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above) | | | | |
| 2901. Other Income | | | | 10,429 |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | | | |
| 2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above) | | | | 10,429 |

STATEMENT OF REVENUE AND EXPENSES (continued)

| CAPITAL AND SURPLUS ACCOUNT | 1 | 2 | 3 |
|--|-------------------------|-----------------------|---------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| 33. Capital and surplus prior reporting year | 6,066,799 | 5,893,373 | 5,893,373 |
| 34. Net income (loss) from Line 32 | (276,306) | (473,559) | (1,225,917) |
| 35. Change in valuation basis of aggregate policy and claims reserves | | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | (575) | 74 | (488) |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. Change in net deferred income tax | | | |
| 39. Change in nonadmitted assets | 25,585 | 371 | (100,169) |
| 40. Change in unauthorized reinsurance | | | |
| 41. Change in treasury stock | | | |
| 42. Change in surplus notes | | | |
| 43. Cumulative effect of changes in accounting principles | | | |
| 44. Capital Changes: | | | |
| 44.1 Paid in | | 1,500,000 | 1,500,000 |
| 44.2 Transferred from surplus (Stock Dividend) | | | |
| 44.3 Transferred to surplus | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | | | |
| 45.2 Transferred to capital (Stock Dividend) | | | |
| 45.3 Tranferred from capital | | | |
| 46. Dividends to stockholders | | | |
| 47. Aggregate write-ins for gains or (losses) in surplus | | | |
| 48. Net change in capital and surplus (Line 34 to Line 47) | (251,296) | 1,026,886 | 173,426 |
| 49. Capital and surplus end of reporting period (Line 33 plus Line 48) | 5,815,503 | 6,920,259 | 6,066,799 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | | | |
| 4799. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above) | | | |

CASH FLOW

| | 1 | 2 | 3 |
|--|-------------------------|-----------------------|---------------------------------|
| | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 4,128,939 | 4,412,804 | 9,483,865 |
| 2. Net investment income | 2,022 | 4,831 | 4,975 |
| 3. Miscellaneous income | | | 10,429 |
| 4. Total (Line 1 through Line 3) | 4,130,961 | 4,417,635 | 9,499,269 |
| 5. Benefit and loss related payments | 4,299,836 | 4,878,078 | 10,192,458 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 390,929 | 371,023 | 744,487 |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | | | |
| 10. Total (Line 5 through Line9) | 4,690,765 | 5,249,101 | 10,936,945 |
| 11. Net cash from operations (Line 4 minus Line 10) | (559,804) | (831,466) | (1,437,676) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | | | |
| 12.2 Stocks | | | |
| 12.3 Mortgage loans | | | |
| 12.4 Real estate | | | |
| 12.5 Other invested assets | | | |
| 12.6 Net gains or (losses) on cash, cash equivalants and short-term investments | | | |
| 12.7 Miscellaneous proceeds | | | |
| 12.8 Total investment proceeds (Line 12.1 through Line 12.7) | | | |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | | | |
| 13.2 Stocks | | | |
| 13.3 Mortgage loans | | | |
| 13.4 Real estate | | | |
| 13.5 Other invested assets | | | |
| 13.6 Miscellaneous applications | (575) | (553) | |
| 13.7 Total investments acquired (Line 13.1 through Line 13.6) | (575) | (553) | |
| 14. Net increase or (decrease) in contract loans and premium notes | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) | 575 | 553 | |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | | | |
| 16.2 Capital and paid in surplus, less treasury stock | | | 1,500,000 |
| 16.3 Borrowed funds | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | | |
| 16.5 Dividends to stockholders | | | |
| 16.6 Other cash provided (applied) | (85,768) | 43,783 | 93,935 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (85,768) | 43,783 | 1,593,935 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) | (644,997) | (787,130) | 156,259 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 6,658,732 | 6,502,473 | 6,502,473 |
| 19.2 End of period (Line 18 plus Line 19.1) | 6,013,735 | 5,715,343 | 6,658,732 |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

| | | | |
|---------|--|--|--|
| 20.0001 | | | |
| 20.0002 | | | |
| 20.0003 | | | |
| 20.0004 | | | |
| 20.0005 | | | |
| 20.0006 | | | |
| 20.0007 | | | |
| 20.0008 | | | |
| 20.0009 | | | |
| 20.0010 | | | |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|----------------|--------------------------------------|----------------|------------------------------|----------------------|----------------------|--|-------------------------------|-----------------------------|-----------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 745 | | | | | | | 745 | | |
| 2. First Quarter | 690 | | | | | | | 690 | | |
| 3. Second Quarter | 695 | | | | | | | 695 | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | 4, 126 | | | | | | | 4, 126 | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | 106 | | | | | | | 106 | | |
| 12. Health Premiums Written (a) | 4, 128, 939 | | | | | | | 4, 128, 939 | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 4, 322, 886 | | | | | | | 4, 322, 886 | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 4, 299, 836 | | | | | | | 4, 299, 836 | | |
| 18. Amount Incurred for Provision of Health Care Services | 4, 304, 945 | | | | | | | 4, 304, 945 | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 4, 128, 939

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (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 |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 0599999 - Unreported claims and other claim reserves | | | | | | 831,562 |
| 0799999 - Total claims unpaid | | | | | | 831,562 |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1 plus 3) | 6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|---|--|---|---|---|--|---|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid December 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) | | | | | | |
| 2. Medicare Supplement | | | | | | |
| 3. Dental only | | | | | | |
| 4. Vision only | | | | | | |
| 5. Federal Employees Health Benefits Plan | | | | | | |
| 6. Title XVIII - Medicare | 722,547 | 3,577,778 | 11,789 | 819,773 | 734,336 | 826,942 |
| 7. Title XIX - Medicaid | | | | | | |
| 8. Other health | | | | | | |
| 9. Health subtotal (Line 1 to Line 8) | 722,547 | 3,577,778 | 11,789 | 819,773 | 734,336 | 826,942 |
| 10. Healthcare recievables (a) | | | | | | |
| 11. Other non-health | | | | | | |
| 12. Medical incentive pools and bonus amounts | | | | | | |
| 13. Totals | 722,547 | 3,577,778 | 11,789 | 819,773 | 734,336 | 826,942 |

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

NOTES TO FINANCIAL STATEMENTS

Notes to Financial Statements

Mount Carmel Health Insurance Company

Company Code: 13123

Quarter: 2

Calendar Year: 2011

1. Summary of Significant Accounting Policies

No change

2. Accounting Changes and Corrections of Errors

No change

3. Business Combinations and Goodwill:

No change

4. Discontinued Operations

No change

5. Investments

No change

6. Joint Ventures, Partnerships and Limited Liability Companies

No change

7. Investment Income

No change

8. Derivative Instruments

No change

9. Income Taxes

No change

10. Information Concerning Parent, Subsidiaries and Affiliates

No change

11. Debt

No change

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and
Other Postretirement Benefit Plans

No change

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No change

14. Contingencies

No change

NOTES TO FINANCIAL STATEMENTS

15. Leases

No change

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentration of Credit Risk and Disclosures about Fair Value of Financial Instruments, for accounting guidance

No change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

No change

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portfolio of Partially Insured Plans

No change

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

N/A

20. Other Items

No change

21. Subsequent Events

No change

22. Reinsurance

No change

23. Retrospectively Rated Contracts & Contracts Subject to Re-determination

No change

24. Change in Incurred Claims and Claim Adjustments Expenses

No change

25. Intercompany Pooling Arrangements

No change

26. Structured Settlements

N/A

27. Health Care Receivables

No change

28. Participating Policies

No change

29. Premium Deficiency Reserves

No change

30. Anticipated Salvage and Subrogation

No change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes () No (X)
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes () No ()
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes () No (X)
- 2.2

If yes, date of change:

.....
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes () No (X)
- If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes () No (X)
- 4.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
| | | |
| | | |

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes () No (X) N/A ()
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....
- 6.4

By what department or departments?

.....
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes () No () N/A (X)
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes () No () N/A (X)
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes () No (X)
- 7.2

If yes, give full information

.....
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes () No (X)
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

.....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes () No (X)
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 OTS | 6 FDIC | 7 SEC |
|---------------------|--------------------------------|----------|----------|----------|-----------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

GENERAL INTERROGATORIES (continued)

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes (X) No ()
- 9.11

If the response to 9.1 is No, please explain:

.....
.....
- 9.2

Has the code of ethics for senior managers been amended?

Yes () No (X)
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s) .

.....
.....
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes () No (X)
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s) .

.....
.....

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes (X) No ()
- 10.2

If yes, indicate the amounts receivable from parent included in the Page 2 amount:

\$ 159,745

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes () No (X)
- 11.2

If yes, give full and complete information relating thereto:

.....
.....
12.

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

\$
13.

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

\$
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes () No (X)
- 14.2

If yes, please complete the following:
- | | 1
Prior Year-End Book/
Adjusted Carrying Value | 2
Current Quarter Book/
Adjusted Carrying Value |
|---|--|---|
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$ | \$ |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Line 14.21 to Line 14.26) | \$ | \$ |
| 14.28 Total Investment in Parent included in Line 14.21 to Line 14.26 above | \$ | \$ |
- 15.1

Has the reporting entity entered into any hedging transactions reported on schedule DB?

Yes () No (X)
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

Yes () No ()

GENERAL INTERROGATORIES (continued)

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ()

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

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------------|------------------------|
| PNC Capital Advisors, LLC | Cleveland, OH |
| | |
| | |
| | |

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |
| | | |
| | | |

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes () No (X)

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

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

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

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|--------------------------------------|--------------|--------------|
| | | |
| | | |
| | | |
| | | |

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes (X) No ()

17.2 If no, list exceptions:

.....
.....

GENERAL INTERROGATORIES (continued)
PART 2 - HEALTH

| | | |
|-----|--|----------------|
| 1. | Operating Percentages: | |
| 1.1 | A&H loss percent | 99.6 % |
| 1.2 | A&H cost containment percent | 0.4 % |
| 1.3 | A&H expense percent excluding cost containment expenses | 6.5 % |
| 2.1 | Do you act as a custodian for health savings accounts? | Yes () No (X) |
| 2.2 | If yes, please provide the amount of custodial funds held as of the reporting date. | \$ |
| 2.3 | Do you act as an administrator for health savings accounts? | Yes () No (X) |
| 2.4 | If yes, please provide the balance of the funds administered as of the reporting date. | \$ |

Page 13

Schedule S - Ceded Reinsurance

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

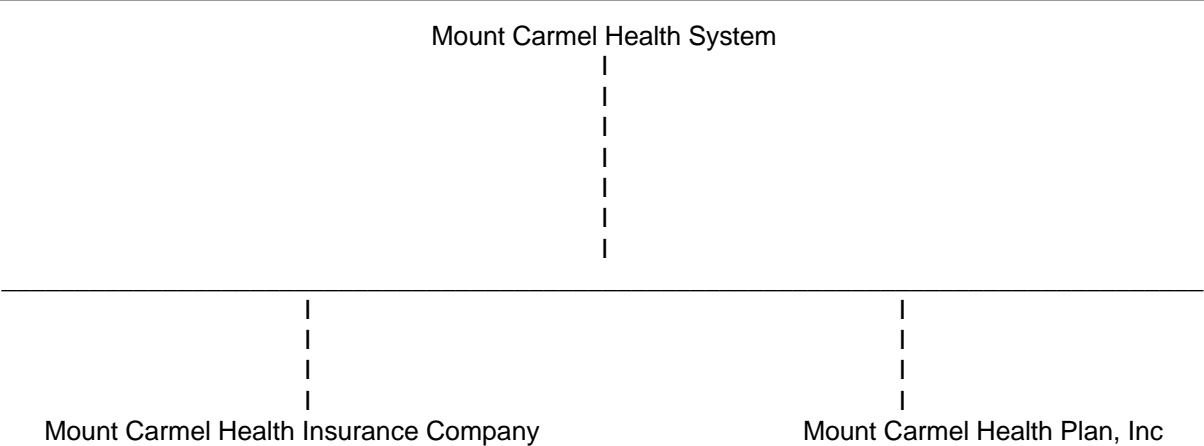
| | | 1 | Direct Business Only Year to Date | | | | | | | |
|----------------------|--|---------------|-----------------------------------|----------------------|--------------------|--|--|-----------------------------|---------------------------------|------------------------|
| | | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| States, Etc. | | Active Status | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums and Other Considerations | Property/ Casualty Premiums | Total Column 2 Through Column 7 | Deposit-Type Contracts |
| 1. | Alabama | AL N | | | | | | | | |
| 2. | Alaska | AK N | | | | | | | | |
| 3. | Arizona | AZ N | | | | | | | | |
| 4. | Arkansas | AR N | | | | | | | | |
| 5. | California | CA N | | | | | | | | |
| 6. | Colorado | CO N | | | | | | | | |
| 7. | Connecticut | CT N | | | | | | | | |
| 8. | Delaware | DE N | | | | | | | | |
| 9. | District of Columbia | DC N | | | | | | | | |
| 10. | Florida | FL N | | | | | | | | |
| 11. | Georgia | GA N | | | | | | | | |
| 12. | Hawaii | HI N | | | | | | | | |
| 13. | Idaho | ID N | | | | | | | | |
| 14. | Illinois | IL N | | | | | | | | |
| 15. | Indiana | IN N | | | | | | | | |
| 16. | Iowa | IA N | | | | | | | | |
| 17. | Kansas | KS N | | | | | | | | |
| 18. | Kentucky | KY N | | | | | | | | |
| 19. | Louisiana | LA N | | | | | | | | |
| 20. | Maine | ME N | | | | | | | | |
| 21. | Maryland | MD N | | | | | | | | |
| 22. | Massachusetts | MA N | | | | | | | | |
| 23. | Michigan | MI N | | | | | | | | |
| 24. | Minnesota | MN N | | | | | | | | |
| 25. | Mississippi | MS N | | | | | | | | |
| 26. | Missouri | MO N | | | | | | | | |
| 27. | Montana | MT N | | | | | | | | |
| 28. | Nebraska | NE N | | | | | | | | |
| 29. | Nevada | NV N | | | | | | | | |
| 30. | New Hampshire | NH N | | | | | | | | |
| 31. | New Jersey | NJ N | | | | | | | | |
| 32. | New Mexico | NM N | | | | | | | | |
| 33. | New York | NY N | | | | | | | | |
| 34. | North Carolina | NC N | | | | | | | | |
| 35. | North Dakota | ND N | | | | | | | | |
| 36. | Ohio | OH R | | 4,128,939 | | | | | 4,128,939 | |
| 37. | Oklahoma | OK N | | | | | | | | |
| 38. | Oregon | OR N | | | | | | | | |
| 39. | Pennsylvania | PA N | | | | | | | | |
| 40. | Rhode Island | RI N | | | | | | | | |
| 41. | South Carolina | SC N | | | | | | | | |
| 42. | South Dakota | SD N | | | | | | | | |
| 43. | Tennessee | TN N | | | | | | | | |
| 44. | Texas | TX N | | | | | | | | |
| 45. | Utah | UT N | | | | | | | | |
| 46. | Vermont | VT N | | | | | | | | |
| 47. | Virginia | VA N | | | | | | | | |
| 48. | Washington | WA N | | | | | | | | |
| 49. | West Virginia | WV N | | | | | | | | |
| 50. | Wisconsin | WI N | | | | | | | | |
| 51. | Wyoming | WY N | | | | | | | | |
| 52. | American Samoa | AS N | | | | | | | | |
| 53. | Guam | GU N | | | | | | | | |
| 54. | Puerto Rico | PR N | | | | | | | | |
| 55. | U.S. Virgin Islands | VI N | | | | | | | | |
| 56. | Northern Mariana Islands | MP N | | | | | | | | |
| 57. | Canada | CN N | | | | | | | | |
| 58. | Aggregate Other Alien | OT X X X | | | | | | | | |
| 59. | Subtotal | X X X | | 4,128,939 | | | | | 4,128,939 | |
| 60. | Reporting entity contributions for Employee Benefit Plans | X X X | | | | | | | | |
| 61. | Total (Direct Business) | (a) | | 4,128,939 | | | | | 4,128,939 | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 5801. | | | | | | | | | | |
| 5802. | | | | | | | | | | |
| 5803. | | | | | | | | | | |
| 5898. | Summary of remaining write-ins for Line 58 from overflow page | | | | | | | | | |
| 5899. | Total (Line 5801 through Line 5803 plus Line 5898) (Line 58 above) | | | | | | | | | |

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

Active Status Codes (Column 1):
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG
(R) Registered - Non-domiciled RRGs
(Q) Qualified - Qualified or Accredited Reinsurer
(E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state
(N) None of the above - Not allowed to write business in the state

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES
OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 - ORGANIZATIONAL CHART



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 EXPLANATIONS and provide an explanation following the interrogatory questions .

| | RESPONSE |
|---|----------|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |

EXPLANATIONS:

BAR CODE:

Document Identifier 365:



SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 101,280 | 102,395 |
| 2. Cost of bonds and stocks acquired | | |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration for bonds and stocks disposed of | | |
| 7. Deduct amortization of premium | 575 | 1,115 |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9) | 100,705 | 101,280 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 100,705 | 101,280 |

SCHEDULE D - PART 1B

Showing the Acquisitions , Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------------------------------|--|---|---|---|--|---|--|--|
| | Book/Adjusted Carrying Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Book/Adjusted Carrying Value End of First Quarter | Book/Adjusted Carrying Value End of Second Quarter | Book/Adjusted Carrying Value End of Third Quarter | Book/Adjusted Carrying Value December 31 Prior Year |
| BONDS | | | | | | | | |
| 1. Class 1 (a) | 101,280 | | | (575) | 101,280 | 100,705 | | 101,280 |
| 2. Class 2 (a) | | | | | | | | |
| 3. Class 3 (a) | | | | | | | | |
| 4. Class 4 (a) | | | | | | | | |
| 5. Class 5 (a) | | | | | | | | |
| 6. Class 6 (a) | | | | | | | | |
| 7. Total Bonds | 101,280 | | | (575) | 101,280 | 100,705 | | 101,280 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1 | | | | | | | | |
| 9. Class 2 | | | | | | | | |
| 10. Class 3 | | | | | | | | |
| 11. Class 4 | | | | | | | | |
| 12. Class 5 | | | | | | | | |
| 13. Class 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds and Preferred Stock | 101,280 | | | (575) | 101,280 | 100,705 | | 101,280 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$ 100,705 ; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

| | 1 | 2 | 3 | 4 | 5 |
|----------------------|---------------------------------|-----------|----------------|---------------------------------------|--|
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Interest Collected Year To Date | Paid for Accrued Interest Year To Date |
| 9199999 Totals | 2,549,449 | X X X | 2,549,449 | 2,718 | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book / adjusted carrying value, December 31 of prior year | 2,546,840 | 2,541,605 |
| 2. Cost of short-term investments acquired | 2,609 | 5,235 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration received on disposals | | |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9) | 2,549,449 | 2,546,840 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 2,549,449 | 2,546,840 |

Page SI04

Schedule DB , Part A , Verification
NONE

Schedule DB , Part B , Verification
NONE

Page SI05

Schedule DB , Pt. C , Section 1 , Replicated (Synthetic Assets) Open
NONE

Page SI06

Sch DB , Pt C , Sn 2 , Replication (Syn Assets) Transactions Open
NONE

Page SI07

Schedule DB , Verification
NONE

SCHEDULE E - VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 4,163,896 | 4,029,000 |
| 2. Cost of cash equivalents acquired | | 134,896 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration received on disposals | 707,874 | |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9) | 3,456,022 | 4,163,896 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 3,456,022 | 4,163,896 |

Page E01

Sch. A, Pt. 2, Real Estate Acquired
NONE

Sch. A, Pt. 3, Real Estate Disposed
NONE

Page E02

Schedule B, Part 2, Mortgage Loans Acquired
NONE

Schedule B, Part 3, Mortgage Loans Disposed
NONE

Page E03

Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired
NONE

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed
NONE

Page E04

Schedule D, Part 3, Long-Term Bonds and Stocks Acquired
NONE

Page E05

Schedule D, Part 4, Long-Term Bonds and Stocks Disposed Of
NONE

Page E06

Schedule DB, Part A, Section 1
NONE

Financial or Economic Impact of the Hedge
NONE

Page E07

Schedule DB, Part B, Section 1
NONE

Schedule DB, Part B, Section 1, Broker Name
NONE

Schedule DB, Part B, Financial or Economic Impact of the Hedge
NONE

Page E08

Schedule DB, Part D
NONE

Page E09

Schedule DL, Part 1
NONE

Page E10

Schedule DL, Part 2
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 Depository | | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|-------------------------------------|---------------------------------------|------|---------------------|---|---|---|--------------|-------------|---|
| | | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | 6 | 7 | 8 | * |
| Name | Location and Supplemental Information | | | | | First Month | Second Month | Third Month | |
| | | | | | | | | | |
| Open Depositories | | | | | | | | | |
| PNC Bank | Columbus, OH | | | | | 58 | 49,085 | 8,264 | |
| 0199999 - TOTAL - Open Depositories | | | | | | 58 | 49,085 | 8,264 | |
| | | | | | | | | | |
| 0399999 - TOTAL Cash on Deposit | | | | | | 58 | 49,085 | 8,264 | |
| | | | | | | | | | |
| 0599999 - TOTALS | | | | | | 58 | 49,085 | 8,264 | |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|------------|---------------|------------------|---------------|-----------------------------------|---------------------------------------|--------------------------------|
| Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book / Adjusted Carrying Value | Amount of Interest Due and Accrued | Amount Received During Year |
| Bonds: U. S. Government - Issuer Obligations | | | | | | | |
| Repurchase Agreement - PNC | 06/30/2011 | | 0.120 | 07/01/2011 | 3,456,022 | | 1,845 |
| 0199999 - Bonds: U. S. Government - Issuer Obligations | | | | | 3,456,022 | | 1,845 |
| 0599999 - Bonds: Subtotals - U. S. Government Bonds | | | | | 3,456,022 | | 1,845 |
| 7799999 - Total Bonds - Subtotals - Issuer Obligations | | | | | 3,456,022 | | 1,845 |
| 8399999 - Total Bonds - Subtotals - Bonds | | | | | 3,456,022 | | 1,845 |
| 8699999 - Total Cash Equivalents | | | | | 3,456,022 | | 1,845 |