



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2011

OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc

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

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

Incorporated/Organized August 6, 1996 Commenced Business April 1, 1997

Statutory Home Office 6150 East Broad Street, EE320, Columbus, Ohio 43213
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 6150 East Broad Street, EE320, Columbus, Ohio 43213 6145463211
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 6150 East Broad Street, EE320, Columbus, Ohio 43213
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 6150 East Broad Street, EE320, Columbus, Ohio 43213
(Street and Number, City or Town, State and Zip Code)
6145463211 6145463131
(Area Code) (Telephone Number) (Area Code) (Telephone Number) (Extension)

Internet Website Address www.medigold.com

Statutory Statement Contact Veronica Szydłowski 6145463211
(Name) 6145463131
vszydłowski@mchs.com (E-Mail Address) (Area Code) (Telephone Number) (Extension)
(Fax Number)

OFFICERS

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

OTHER OFFICERS

DIRECTORS OR TRUSTEES

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

Jacqueline Primeau
Chairperson

Greg Wise
Interim President & CEO

Veronica Szydłowski
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 _____

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Mount Carmel Health Plan, Inc

EXHIBIT 2 - 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	2,655,190					2,655,190
0299999 - TOTAL - Group	2,655,190					2,655,190
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	2,655,190					2,655,190

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Mount Carmel Health Plan, Inc

EXHIBIT 3 - 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
Pharmaceutical Rebate Receivables						
0199999 - Pharmaceutical Rebate Receivables	301,505 301,505	308,372 308,372	322,600 322,600	2,712,064 2,712,064	2,712,064 2,712,064	932,477 932,477
Claim Overpayment Receivables						
Claim Overpayment Receivables	4,134 4,134	4,579 4,579	6,687 6,687	107,758 107,758	107,758 107,758	15,400 15,400
0299999 - Claim Overpayment Receivables						
0799999 - Gross Health Care Receivables	305,639	312,951	329,287	2,819,822	2,819,822	947,877

EXHIBIT 4 - 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						21,197,158
0799999 - Total claims unpaid						21,197,158

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Mount Carmel Health Plan, Inc

EXHIBIT 5 - 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
0299999 - Receivables not individually listed	48,327					48,327	
0399999 - TOTAL gross amounts receivable	48,327					48,327	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0299999 - Payables not individually listed		1,502,075	1,502,075	
0399999 - TOTAL gross payables		1,502,075	1,502,075	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a Percentage of of Total Payments	3 Total Members Covered	4 Column 3 as a Percentage of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service	11,290,333	3.977	X X X	X X X		11,290,333
6. Contractual fee payments	272,567,148	96.023	X X X	X X X	84,639,058	187,928,090
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	283,857,481	100.000	X X X	X X X	84,639,058	199,218,423
13. Total (Line 4 plus Line 12)	283,857,481	100%	X X X	X X X	84,639,058	199,218,423

EXHIBIT 7 - 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

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Mount Carmel Health Plan, Inc

EXHIBIT 8 - 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	159,340			159,340		159,340
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	159,340			159,340		159,340

9 5 6 5 5 2 0 1 1 4 3 0 3 6 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Mount Carmel Health Plan, Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

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

2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2011

	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	27,286								27,286	
2. First Quarter	29,219								29,219	
3. Second Quarter	29,098								29,098	
4. Third Quarter	29,168								29,168	
5. Current Year	29,213								29,213	
6. Current Year Member Months	350,259								350,259	
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	6,464								6,464	
12. Health Premiums Written (b)	343,840,775								343,840,775	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	340,863,947								340,863,947	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	281,457,131								281,457,131	
18. Amount Incurred for Provision of Health Care Services	283,857,481								283,857,481	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 343,840,775 .

9 5 6 5 5 2 0 1 1 4 3 0 5 9 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Mount Carmel Health Plan, Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

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

2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2011

	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	27,286								27,286	
2. First Quarter	29,219								29,219	
3. Second Quarter	29,098								29,098	
4. Third Quarter	29,168								29,168	
5. Current Year	29,213								29,213	
6. Current Year Member Months	350,259								350,259	
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
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11. Number of Inpatient Admissions	6,464								6,464	
12. Health Premiums Written (b)	343,840,775								343,840,775	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	340,863,947								340,863,947	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	281,457,131								281,457,131	
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(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 343,840,775 .

29GT

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Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health
NONE

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Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses
NONE

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Sch. S, Pt. 3, Sn. 2, Reinsurance Ceded Accident and Health
NONE

Page 33

Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies
NONE

Sch. S, Pt. 4, Bank Footnote

NONE

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Sch. S, Pt. 5, Five-Year Exhibit of Reinsurance Ceded Business
NONE

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Sch. S, Pt. 6, Restatement of Balance Sheet
NONE

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Sch. T, Part 2, Interstate Compact
NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Mount Carmel Health Plan, Inc

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) /Person(s)	*
2838	Mount Carmel Health System	13123	25-1912781				Mount Carmel Health Insurance Company			Mount Carmel Health System	Ownership	100.000		
2838	Mount Carmel Health System	95655	31-1471229				Mount Carmel Health Plan, Inc.			Mount Carmel Health System	Ownership	100.000		

Asterisk	Explanation
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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Mount Carmel Health Plan, Inc

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95655	31-1471299	Mout Carmel Health Plan				(91,599,111)						(91,599,111)
	31-1147122	Mount Carmal Health System				91,599,111						91,599,111
95655	31-1471299	Mount Carmel Health Plan				642,547						642,547
13123	25-1912781	Mount Carmel Health Insurance Company				(642,547)						(642,547)
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 unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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 Supplemental Compensation Exhibit be filed with the state of domicile by March 1? YES

EXPLANATION:

BARCODE:
Document Identifier 460:

2. Will an actuarial opinion be filed by March 1? YES

EXPLANATION:

BARCODE:
Document Identifier 440:

3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? YES

EXPLANATION:

BARCODE:
Document Identifier 390:

4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? YES

EXPLANATION:

BARCODE:
Document Identifier 390:

APRIL FILING

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

EXPLANATION:

BARCODE:
Document Identifier 350:

6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? YES

EXPLANATION:

BARCODE:
Document Identifier 285:

7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? YES

EXPLANATION:

BARCODE:
Document Identifier 210:

JUNE FILING

8. Will an audited financial report be filed by June 1? YES

EXPLANATION:

BARCODE:
Document Identifier 220:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

JUNE FILING**RESPONSE**

9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES

EXPLANATION:

BARCODE:
Document Identifier 221:

AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

YES

EXPLANATION:

BARCODE:
Document Identifier 222:

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**

11. 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:



12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

NO

EXPLANATION:

BARCODE:
Document Identifier 205:



13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

NO

EXPLANATION:

BARCODE:
Document Identifier 207:



14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 420:



15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 371:



16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 370:



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**

17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 365:



18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 224:



19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 225:



20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 226:

**APRIL FILING**

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 306:



22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

NO

EXPLANATION:

BARCODE:
Document Identifier 211:



23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

NO

EXPLANATION:

BARCODE:
Document Identifier 213:



24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

BARCODE:
Document Identifier 216:



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

25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

NO

EXPLANATION:

Barcode:
Document Identifier 217:

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

NO

EXPLANATION:

Barcode:
Document Identifier 223:

Health

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