



**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 .....	61,604					61,604
0299999 - TOTAL - Group .....	61,604					61,604
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15) .....	61,604					61,604

**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
<b>Pharmaceutical Rebate Receivables</b>						
0199998 - Pharmaceutical Rebate Receivables not Individually Listed	13,667	13,668	13,668	65,895	65,895	41,033
0199999 - Pharmaceutical Rebate Receivables	13,667	13,668	13,668	65,895	65,895	41,033
<b>Claim Overpayment Receivables</b>						
0299998 - Claim Overpayment Receivables not Individually Listed	82			7,912	7,912	82
0299999 - Claim Overpayment Receivables	82			7,912	7,912	82
0799999 - Gross Health Care Receivables	13,749	13,668	13,668	73,807	73,807	41,115

**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 .....						516,993
0799999 - Total claims unpaid .....						516,993

**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 .....	6,065					6,065	
0399999 - TOTAL gross amounts receivable .....	6,065					6,065	

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0299999 - Payables not individually listed .....		55,839 .....	55,839 .....	
0399999 - TOTAL gross payables .....		55,839 .....	55,839 .....	

**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
<b>Capitation Payments:</b>						
1. Medical groups .....						
2. Intermediaries .....						
3. All other providers .....						
4. Total capitation payments .....						
<b>Other Payments:</b>						
5. Fee-for-service .....	1,131,519	19.998	X X X	X X X		1,131,519
6. Contractual fee payments .....	4,526,702	80.002	X X X	X X X	557,783	3,968,919
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 .....	5,658,221	100.000	X X X	X X X	557,783	5,100,438
13. Total (Line 4 plus Line 12) .....	5,658,221	100%	X X X	X X X	557,783	5,100,438

**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
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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Mount Carmel Health Insurance Company  
**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

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



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Mount Carmel Health Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION Mount Carmel Health Insurance Company

2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 13123

**BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2012**

	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	706							706		
2. First Quarter	610							610		
3. Second Quarter	613							613		
4. Third Quarter	614							614		
5. Current Year	613							613		
6. Current Year Member Months	7,356							7,356		
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	122							122		
12. Health Premiums Written (b)	7,184,049							7,184,049		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	7,269,573							7,269,573		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	5,686,851							5,686,851		
18. Amount Incurred for Provision of Health Care Services	5,658,221							5,658,221		

(a) For health business: number of persons insured under PPO managed care products ..... 613 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 \$ ..... 7,184,049 .

290H



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Mount Carmel Health Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION Mount Carmel Health Insurance Company

2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 13123

**BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2012**

	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	706							706		
2. First Quarter	610							610		
3. Second Quarter	613							613		
4. Third Quarter	614							614		
5. Current Year	613							613		
6. Current Year Member Months	7,356							7,356		
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	122							122		
12. Health Premiums Written (b)	7,184,049							7,184,049		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	7,269,573							7,269,573		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	5,686,851							5,686,851		
18. Amount Incurred for Provision of Health Care Services	5,658,221							5,658,221		

(a) For health business: number of persons insured under PPO managed care products ..... 613 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 \$ ..... 7,184,049 .

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

**Page 31**

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

**Page 32**

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**

**Page 34, 35**

Sch. S, Pt. 5, Reinsurance Ceded to Certified Reinsurers  
**NONE**

Sch. S, Pt. 5, Bank Footnote  
**NONE**

**Page 36**

Sch. S, Pt. 6, Five-Year Exhibit of Reinsurance Ceded Business  
**NONE**

**Page 37**

Sch. S, Pt. 7, Restatement of Balance Sheet  
**NONE**

**Page 39**

Sch. T, Part 2, Interstate Compact

**NONE**

**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	21-1912781				Mount Carmel Health Insurance Company	OH		Mount Carmel Health System	Ownership	100.000		
2838	Mount Carmel Health System	95655	31-1471229				Mount Carmel Health Plan, Inc.	OH		Mount Carmel Health System	Ownership	100.000		

Asterisk	Explanation
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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Mount Carmel Health Insurance Company

**SCHEDULE Y**

**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)
..... 31-1147122	Mount Carmel Health System	.....	.....	.....	.....	.....	.....	557,783	.....	.....	557,783	.....
13123 ..... 25-1912781	Mount Carmel Health Insurance Company	.....	.....	.....	.....	.....	.....	(1,134,627)	.....	.....	(1,134,627)	.....
96565 ..... 31-1471299	Mount Carmel Health Plan, Inc.	.....	.....	.....	.....	.....	.....	576,844	.....	.....	576,844	.....
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:	
<b>APRIL FILING</b>	
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:	
<b>JUNE FILING</b>	
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	RESPONSE
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: N/A	

BARCODE: Document Identifier 360:	1 3 1 2 3 2 0 1 2 3 6 0 0 0 0 0 0 
--------------------------------------	---

12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 205:	1 3 1 2 3 2 0 1 2 2 0 5 0 0 0 0 0 
--------------------------------------	---

13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 207:	1 3 1 2 3 2 0 1 2 2 0 7 0 0 0 0 0 
--------------------------------------	---

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

BARCODE: Document Identifier 371:	1 3 1 2 3 2 0 1 2 3 7 1 0 0 0 0 0 
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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: N/A	

BARCODE: Document Identifier 370:	1 3 1 2 3 2 0 1 2 3 7 0 0 0 0 0 0 
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**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**

17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? RESPONSE  
NO

EXPLANATION:  
 N/A

BARCODE:  
 Document Identifier 365: 1 3 1 2 3 2 0 1 2 3 6 5 0 0 0 0 0  



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? RESPONSE  
NO

EXPLANATION:  
 N/A

BARCODE:  
 Document Identifier 224: 1 3 1 2 3 2 0 1 2 2 2 4 0 0 0 0 0  


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? RESPONSE  
NO

EXPLANATION:  
 N/A

BARCODE:  
 Document Identifier 225: 1 3 1 2 3 2 0 1 2 2 2 5 0 0 0 0 0  


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? RESPONSE  
NO

EXPLANATION:  
 N/A

BARCODE:  
 Document Identifier 226: 1 3 1 2 3 2 0 1 2 2 2 6 0 0 0 0 0  


**APRIL FILING**

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? RESPONSE  
NO

EXPLANATION:  
 N/A

BARCODE:  
 Document Identifier 306: 1 3 1 2 3 2 0 1 2 3 0 6 0 0 0 0 0  


22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? RESPONSE  
NO

EXPLANATION:  
 N/A

BARCODE:  
 Document Identifier 211: 1 3 1 2 3 2 0 1 2 2 1 1 0 0 0 0 0  


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? RESPONSE  
NO

EXPLANATION:  
 N/A

BARCODE:  
 Document Identifier 213: 1 3 1 2 3 2 0 1 2 2 1 3 0 0 0 0 0  


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? RESPONSE  
NO

EXPLANATION:

BARCODE:  
 Document Identifier 216: 1 3 1 2 3 2 0 1 2 2 1 6 0 0 0 0 0  


## 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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