

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	2,078,812					2,078,812
0299999 - TOTAL - Group	2,078,812					2,078,812
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	2,078,812					2,078,812

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	515,905	516,034	516,034	2,608,219	2,608,219	1,547,973
0199999 - Pharmaceutical Rebate Receivables	515,905	516,034	516,034	2,608,219	2,608,219	1,547,973
Claim Overpayment Receivables	15,226	6,228	28,909	127,571	127,571	50,363
0299999 - Claim Overpayment Receivables	15,226	6,228	28,909	127,571	127,571	50,363
0799999 - Gross Health Care Receivables	531,131	522,262	544,943	2,735,790	2,735,790	1,598,336

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						20,605,935
0799999 - Total claims unpaid						20,605,935

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	55,839					55,839	
0399999 - TOTAL gross amounts receivable	55,839					55,839	

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		2,426,407	2,426,407	
0399999 - TOTAL gross payables		2,426,407	2,426,407	

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	13,324,858	4.568	X X X	X X X		13,324,858
6. Contractual fee payments	278,345,132	95.432	X X X	X X X	84,759,258	193,585,874
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	291,669,990	100.000	X X X	X X X	84,759,258	206,910,732
13. Total (Line 4 plus Line 12)	291,669,990	100%	X X X	X X X	84,759,258	206,910,732

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 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	



ANNUAL STATEMENT FOR THE YEAR 2012 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 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	29,213							29,213		
2. First Quarter	30,010							30,010		
3. Second Quarter	29,926							29,926		
4. Third Quarter	29,904							29,904		
5. Current Year	29,961							29,961		
6. Current Year Member Months	359,321							359,321		
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	6,423							6,423		
12. Health Premiums Written (b)	359,730,383							359,730,383		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	359,279,198							359,279,198		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	291,669,990							291,669,990		
18. Amount Incurred for Provision of Health Care Services	290,442,826							290,442,826		

(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 \$ 359,730,383 .

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ANNUAL STATEMENT FOR THE YEAR 2012 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 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	29,213							29,213		
2. First Quarter	30,010							30,010		
3. Second Quarter	29,926							29,926		
4. Third Quarter	29,904							29,904		
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6. Current Year Member Months	359,321							359,321		
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16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	291,669,990							291,669,990		
18. Amount Incurred for Provision of Health Care Services	290,442,826							290,442,826		

(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 \$ 359,730,383 .

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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	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

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Mount Carmel Health Plan, Inc

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)
95655	31-1471299	Mout Carmel Health Plan						(91,745,202)			(106,745,202)	
	31-1147122	Mount Carmal Health System	(15,000,000)					91,745,202			106,745,202	
95655	31-1471299	Mount Carmel Health Plan	15,000,000					576,844			576,844	
13123	25-1912781	Mount Carmel Health Insurance Company						(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:	
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	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:	9 5 6 5 5 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:	9 5 6 5 5 2 0 1 2 2 0 5 0 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:	9 5 6 5 5 2 0 1 2 2 0 7 0 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:	9 5 6 5 5 2 0 1 2 3 7 1 0 0 0 0 0 0 

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:	9 5 6 5 5 2 0 1 2 3 7 0 0 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.

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: N/A	

BARCODE: Document Identifier 365:	9 5 6 5 5 2 0 1 2 3 6 5 0 0 0 0 0 
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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: N/A	

BARCODE: Document Identifier 224:	9 5 6 5 5 2 0 1 2 2 2 4 0 0 0 0 0 
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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: N/A	

BARCODE: Document Identifier 225:	9 5 6 5 5 2 0 1 2 2 2 5 0 0 0 0 0 
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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: N/A	

BARCODE: Document Identifier 226:	9 5 6 5 5 2 0 1 2 2 2 6 0 0 0 0 0 
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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: N/A	

BARCODE: Document Identifier 306:	9 5 6 5 5 2 0 1 2 3 0 6 0 0 0 0 0 
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22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 211:	9 5 6 5 5 2 0 1 2 2 1 1 0 0 0 0 0 
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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: N/A	


BARCODE: Document Identifier 213:	9 5 6 5 5 2 0 1 2 2 1 3 0 0 0 0 0 
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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:	9 5 6 5 5 2 0 1 2 2 1 6 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.

	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:	9 5 6 5 5 2 0 1 2 2 1 7 0 0 0 0 0	

	AUGUST FILING	RESPONSE
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?		NO
EXPLANATION:		
N/A		
BARCODE:		
Document Identifier 223:	9 5 6 5 5 2 0 1 2 2 2 3 0 0 0 0 0	

Health

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