



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2013
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
(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 November 21, 2007 Commenced Business January 1, 2008

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

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

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

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

Internet Website Address www.medigold.com
Statutory Statement Contact Timothy Kern 6145463417
tkern@mchs.com (Name) (Area Code) (Telephone Number) (Extension)
(E-Mail Address) 6145463144 (Fax Number)

OFFICERS

Keith Coleman (Chairperson)
Hugh Jones (Treasurer)
Sister Barbara Hahl (Secretary)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Robert Paskowski
Claus von Zychlin
Daniel Wendorff, MD
Robert Griffith, 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.

Keith Coleman
Chairperson

Robert Paskowski
Chief Executive Officer

Hugh Jones
Treasurer

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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col 1 - Col 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	2,358,364		2,358,364	2,599,091
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
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 (\$, (16,353) , Schedule E - Part 1) , cash equivalents (\$, 4,253,878 , Schedule E - Part 2) and short-term investments (\$, 358,148 , Schedule DA)	4,595,674		4,595,674	4,520,079
6. Contract loans (including \$, premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities lending reinvested collateral assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Line 1 through Line 11)	6,954,038		6,954,038	7,119,170
13. Title plants less \$, charged off (for Title insurers only)				
14. Investment income due and accrued	9,979		9,979	9,670
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	531,658		531,658	61,604
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	334,296		334,296	228,494
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				6,065
24. Health care (\$, 60,402) and other amounts receivable	191,014	130,612	60,402	41,115
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)	8,020,985	130,612	7,890,373	7,466,118
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Line 26 and Line 27)	8,020,985	130,612	7,890,373	7,466,118
DETAILS OF WRITE-INS				
1101				
1102				
1103				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Line 1101 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 Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	739,657		739,657	516,993
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	7,721		7,721	4,364
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	5,370		5,370	18,077
9. General expenses due or accrued	146,080		146,080	48,497
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital 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	104,916		104,916	55,839
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) 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)	1,003,744		1,003,744	643,770
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX	1,000,000	1,000,000
28. Gross paid in and contributed surplus	XXX	XXX	7,500,000	7,500,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(1,613,371)	(1,677,652)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Line 25 to Line 31 minus Line 32)	XXX	XXX	6,886,629	6,822,348
34. Total liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	7,890,373	7,466,118
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.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	XXX	10,253	7,356
2. Net premium income (including \$non-health premium income)	XXX	8,698,762	7,184,049
3. Change in unearned premium reserves and reserve for rate credits	XXX	588,563	85,524
4. Fee-for-service (net of \$medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. Total revenues (Line 2 to Line 7)	XXX	9,287,325	7,269,573
Hospital and Medical:			
9. Hospital/medical benefits		3,893,054	2,885,913
10. Other professional services		2,362,034	1,547,009
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs		1,980,987	1,225,299
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments, and bonus amounts			
16. Subtotal (Line 9 to Line 15)		8,236,075	5,658,221
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Line 16 minus Line 17)		8,236,075	5,658,221
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 47,161 cost containment expenses		153,496	129,962
21. General administrative expenses		826,663	588,116
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)		9,216,234	6,376,299
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	XXX	71,091	893,274
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		58,896	63,892
26. Net realized capital gains (losses) less capital gains tax of \$			
27. Net investment gains (losses) (Line 25 plus Line 26)		58,896	63,892
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			
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)	XXX	129,987	957,166
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Line 30 minus Line 31)	XXX	129,987	957,166
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	XXX		
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	XXX		
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			
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)			

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2
	Current Year	Prior Year
33. Capital and surplus prior reporting year	6,822,348	5,851,111
34. Net income or (loss) from Line 32	129,987	957,166
35. Change in valuation basis of aggregate policy and claims reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(8,900)	(12,063)
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(56,806)	26,134
40. Change in unauthorized and certified 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		
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)	64,281	971,237
49. Capital and surplus end of reporting year (Line 33 plus Line 48)	6,886,629	6,822,348
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 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	8,698,762	7,184,049
2. Net investment income	77,475	63,922
3. Miscellaneous income		
4. Total (Line 1 through Line 3)	8,776,237	7,247,971
5. Benefit and loss related payments	8,029,341	5,986,851
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	938,415	664,286
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 Line 9)	8,967,756	6,651,137
11. Net cash from operations (Line 4 minus Line 10)	(191,519)	596,834
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:	225,000	
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 equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	225,000	
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		
13.7 Total investments acquired (Line 13.1 through Line 13.6)		
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	225,000	
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		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders	42,114	(773)
16.6 Other cash provided (applied)		
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	42,114	(773)
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)	75,595	596,061
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	4,520,079	3,924,018
19.2 End of year (Line 18 plus Line 19.1)	4,595,674	4,520,079

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		

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	8,698,762						8,698,762			
2. Change in unearned premium reserves and reserve for rate credit	588,563						588,563			
3. Fee-for-service (net of \$ medical expenses)									XXX	
4. Risk revenue									XXX	
5. Aggregate write-ins for other health care related revenues									XXX	
6. Aggregate write-ins for other non-health care related revenues									XXX	
7. Total revenues (Line 1 through Line 6)	9,287,325	XXX	XXX	XXX	XXX	XXX	9,287,325			
8. Hospital/medical benefits	3,893,054						3,893,054			
9. Other professional services	2,362,034						2,362,034			
10. Outside referrals									XXX	
11. Emergency room and out-of-area									XXX	
12. Prescription drugs	1,980,987						1,980,987			
13. Aggregate write-ins for other hospital and medical									XXX	
14. Incentive pool, withhold adjustments, and bonus amounts									XXX	
15. Subtotal (Line 8 through Line 14)	8,236,075						8,236,075			
16. Net reinsurance recoveries									XXX	
17. Total hospital and medical (Line 15 minus Line 16)	8,236,075	XXX	XXX	XXX	XXX	XXX	8,236,075			
18. Non-health claims (net)									XXX	
19. Claims adjustment expenses including \$ 47,660 cost containment expenses	153,496						153,496			
20. General administrative expenses	826,663						826,663			
21. Increase in reserves for accident and health contracts									XXX	
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Line 17 through Line 22)	9,216,234						9,216,234			
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	71,091						71,091			
DETAILS OF WRITE-INS										
0501										XXX
0502										XXX
0503										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. Total (Line 0501 through Line 0503 plus Line 0598) (Line 5 above)										XXX
0601		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Total (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301										XXX
1302										XXX
1303										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. Total (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT**Part 1 - Premiums**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Column 1 plus Column 2 minus Column 3)
1. Comprehensive (hospital and medical)				
2. Medicare Supplement				
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII - Medicare	8,698,762			8,698,762
7. Title XIX - Medicaid				
8. Other health				
9. Health subtotal (Line 1 through Line 8)	8,698,762			8,698,762
10. Life				
11. Property/casualty				
12. Totals (Line 9 to Line 11)	8,698,762			8,698,762

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - Claims Incurred During the Year

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	8,013,411						8,013,411			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	8,013,411						8,013,411			
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	739,657						739,657			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	739,657						739,657			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net health care receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	516,993						516,993			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	516,993						516,993			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	8,236,075						8,236,075			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	8,236,075						8,236,075			
13. Incurred medical incentive pools and bonuses										

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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - Claims Liability End of Current Year

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct										
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net										
2. Incurred but Unreported:										
2.1 Direct	739,657						739,657			
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	739,657						739,657			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS:							739,657			
4.1 Direct	739,657						739,657			
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	739,657						739,657			

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Column 1 plus Column 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	462,255		7,551,156		739,657	462,255
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Line 1 through Line 8).....	462,255		7,551,156		739,657	462,255
10. Healthcare receivables (a).....						
11. Other non-health.....						
12. Medical incentive pools and bonus amounts.....						
13. Totals (Line 9 minus Line 10 plus Line 11 plus Line 12).....	462,255		7,551,156		739,657	462,255
(a) Excludes \$ loans or advances to providers not yet expensed.						

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital and Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Comprehensive (Hospital and Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital and Medical)

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefit Plan

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Federal Employees Health Benefit Plan

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefit Plan

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Title XVIII Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009	5,390,146	532,625	1,210	(236)	(60)
3. 2010	XXX	9,628,185	665,050	(289)	(14,314)
4. 2011	XXX	XXX	6,186,362	505,460	(369)
5. 2012	XXX	XXX	XXX	4,194,694	432,836
6. 2013	XXX	XXX	XXX	XXX	5,652,005

Section B - Incurred Health Claims - Title XVIII Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009	5,390,146	532,625	1,210	(236)	(60)
3. 2010	XXX	9,552,609	655,050	(289)	(14,314)
4. 2011	XXX	XXX	6,159,679	505,460	(369)
5. 2012	XXX	XXX	XXX	3,927,987	432,836
6. 2013	XXX	XXX	XXX	XXX	5,836,995

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII Medicare

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2009	5,561,921	6,292,665			6,292,665	113.138			6,292,665	113.138
2. 2010	9,626,549	10,160,810			10,160,810	105.550			10,160,810	105.550
3. 2011	8,741,666	8,215,319			8,215,319	93.979			8,215,319	93.979
4. 2012	7,269,573	5,974,208			5,974,208	82.181			5,974,208	82.181
5. 2013	9,287,325	8,013,411	153,496	1.915	8,166,907	87.936	740	8	8,167,655	87.944

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX Medicaid

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009	5,390,146	532,625	1,210	(236)	(60)
3. 2010	XXX	9,628,185	665,050	(289)	(14,314)
4. 2011	XXX	XXX	6,186,362	505,460	(369)
5. 2012	XXX	XXX	XXX	4,194,694	432,836
6. 2013	XXX	XXX	XXX	XXX	5,652,005

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009	5,390,146	532,625	1,210	(236)	(60)
3. 2010	XXX	9,552,609	655,050	(289)	(14,314)
4. 2011	XXX	XXX	6,159,679	505,460	(369)
5. 2012	XXX	XXX	XXX	3,927,987	432,836
6. 2013	XXX	XXX	XXX	XXX	5,836,995

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Column 3 divided by Column 2) Percent	5 Claim and Claim Adjustment Expense Payments (Column 2 plus 3)	6 (Column 5 divided by Column 1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Column 5 plus 7 plus 8)	10 (Column 9 divided by Column 1) Percent
1. 2009	5,561,921	6,292,665			6,292,665	113.138			6,292,665	113.138
2. 2010	9,626,549	10,160,810			10,160,810	105.550			10,160,810	105.550
3. 2011	8,741,666	8,215,319			8,215,319	93.979			8,215,319	93.979
4. 2012	7,269,573	5,974,208			5,974,208	82.181			5,974,208	82.181
5. 2013	9,287,325	8,013,411	153,496	1.915	8,166,907	87.936	740	8	8,167,655	87.944

Page 13
Underwriting and Investment Exhibit, Part 2D
NONE

UNDERWRITING AND INVESTMENT EXHIBIT**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$for occupancy of own building)					
2. Salaries, wages and other benefits					
3. Commissions (less \$ ceded plus \$ assumed)					
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services			63,060		63,060
7. Traveling expenses					
8. Marketing and advertising					
9. Postage, express, and telephone					
10. Printing and office supplies					
11. Occupancy, depreciation and amortization			15,727		15,727
12. Equipment					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services	47,161	106,335	740,007		893,503
15. Boards, bureaus and association fees					
16. Insurance, except on real estate					
17. Collection and bank service charges					
18. Group service and administration fees					
19. Reimbursements by uninsured accident and health plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulator authority licenses and fees					
23.4 Payroll taxes					
23.5 Other (excluding federal income and real estate taxes)			7,869		7,869
24. Investment expenses not included elsewhere				2,500	2,500
25. Aggregate write-ins for expenses					
26. Total expenses incurred (Line 1 to Line 25)	47,161	106,335	826,663	2,500	(a) 982,659
27. Less expenses unpaid December 31, current year			146,080		146,080
28. Add expenses unpaid December 31, prior year			48,497		48,497
29. Amounts receivable relating to uninsured accident and health plans, prior year					
30. Amounts receivable relating to uninsured accident and health plans, current year					
31. Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30)	47,161	106,335	729,080	2,500	885,076
DETAILS OF WRITE-INS					
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)					

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2		
		Collected During Year	Earned During Year		
1. U.S. Government bonds	(a)	51,413	61,026		
1.1 Bonds exempt from U.S. tax	(a)				
1.2 Other bonds (unaffiliated)	(a)				
1.3 Bonds of affiliates	(a)				
2.1 Preferred stocks (unaffiliated)	(b)				
2.11 Preferred stocks of affiliates	(b)				
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans	(c)				
4. Real estate	(d)				
5. Contract loans					
6. Cash, cash equivalents and short-term investments	(e)	370	370		
7. Derivative instruments	(f)				
8. Other invested assets					
9. Aggregate write-ins for investment income					
10. Total gross investment income		51,783	61,396		
11. Investment expenses			(g)		
12. Investment taxes, licenses and fees, excluding federal income taxes			(g)		
13. Interest expense			(g)		
14. Depreciation on real estate and other invested assets			(h)		
15. Aggregate write-ins for deductions from investment income			(i)		
16. Total deductions (Line 11 through Line 15)			2,500		
17. Net investment income (Line 10 minus Line 16)			58,896		
DETAILS OF WRITE-INS					
0901					
0902					
0903					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)					
1501					
1502					
1503					
1598. Summary of remaining write-ins for Line 15 from overflow page					
1599. Totals (Line 1501 through Line 1503 plus Line 1598) (Line 15 above)					
(a) Includes \$	accrual of discount less \$	amortization of premium and less \$	(f) Includes \$	accrual of discount less \$	amortization of premium.
(b) Includes \$	accrual of discount less \$	amortization of premium and less \$	(g) Includes \$	investment expenses and \$	investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(c) Includes \$	accrual of discount less \$	amortization of premium and less \$	(h) Includes \$	interest on surplus notes and \$	interest on capital notes.
(d) Includes \$	for company's occupancy of its own buildings; and excludes \$	paid for accrued interest on purchases.	(i) Includes \$	depreciation on real estate and \$	depreciation on other invested assets.
(e) Includes \$	accrual of discount less \$	amortization of premium and less \$			

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Col. 1 + Col. 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds				(8,900)	
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)				(8,900)	
10. Total capital gains (losses)					
DETAILS OF WRITE-INS					
0901					
0902					
0903					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col.2 - Col.1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Line 1 to Line 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
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			
24. Health care and other amounts receivable	130,612	73,806	(56,806)
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)	130,612	73,806	(56,806)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Line 26 and Line 27)	130,612	73,806	(56,806)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Line 1101 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)			

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations	613	834	855	869	887	10,253
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. Total	613	834	855	869	887	10,253
DETAILS OF WRITE-INS						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)						

NOTES TO FINANCIAL STATEMENTS**MOUNT CARMEL HEALTH INSURANCE COMPANY
(A Wholly Owned Subsidiary of Mount Carmel Health System)****NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012****1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Organization and Business — Mount Carmel Health Insurance Company (the “Plan”) was incorporated on November 21, 2007, as a subsidiary of Mount Carmel Health System (the “Corporation”). The Plan was organized as a for-profit preferred provider organization (PPO) to provide health care services to enrolled subscribers (“enrollees”) for a fixed premium. The product being offered is MediGold, which is a Medicare Advantage contract with the Centers for Medicare & Medicaid Services (CMS). Enrollment in the Plan began on January 1, 2009. As of December 31, 2013 and 2012, all enrollees to date have been participants in the MediGold program. The Plan has contracts with various health care providers, including hospitals, freestanding facilities, and physician practices owned and or operated by the Corporation or its subsidiaries as well as independent physicians, hospitals, multispecialty group practices, and ancillary providers. The Corporation owns and operates four acute-care hospitals and a surgical hospital in Columbus, Ohio (Mount Carmel West, Mount Carmel East, St. Ann’s Hospital, and Mount Carmel New Albany Surgical Hospital). These hospitals are major providers of service to subscribers of the Plan.

The accompanying statutory basis financial statements present the financial condition, results of operations, changes in capital and surplus, and cash flows for the Plan and are not necessarily indicative of what the financial position, results of operations, changes in capital and surplus, and cash flows would have been if the Plan had been operated as an unaffiliated corporation during the periods presented.

Basis of Presentation — The accompanying statutory basis financial statements have been prepared in conformity with the National Association of Insurance Commissioners (NAIC) *Annual Statement Instructions and Accounting Practices and Procedures Manual* and the permitted practices of ODI, which vary in some respects from accounting principles generally accepted in the United States of America (GAAP). The significant departures from GAAP include the following:

- a. Investments in bonds are reported at amortized cost or market value based on their NAIC rating; for GAAP, such fixed maturity investments would be designated at purchase as held to maturity, trading, or available for sale. Held-to-maturity fixed investments would be reported at amortized cost, and the remaining fixed maturity investments would be reported at fair value with unrealized holding gains and losses reported in operations for those designated as trading and as a separate component of member’s equity for those designated as available-for-sale.
- b. Certain assets designated as “nonadmitted,” are excluded from the accompanying statutory basis statements of admitted assets, liabilities, capital and surplus and are charged directly to retained surplus. At December 31, 2013 and 2012, the Plan’s nonadmitted assets consisted of health care receivables aged in excess of 90 days. The Plan had nonadmitted assets of \$130,612 and \$73,806 as of December 31, 2013 and 2012, respectively.

NOTES TO FINANCIAL STATEMENTS

- c. Outstanding checks in excess of cash balances are required to be presented as cash overdrafts in the statutory basis financial statements as opposed to being reflected as other liabilities under GAAP.
- d. The presentation in the statement of cash flows differs from GAAP such that cash, cash equivalents, and short-term investments in the statutory basis statements of cash flows represent cash balances and investments with initial maturities of one year or less. Under GAAP, the corresponding caption of cash and cash equivalents includes cash balances and cash equivalents with maturities of three months or less. The statutory basis statements of cash flows are prepared in accordance with the NAIC guidelines.
- e. Under NAIC Statutory Accounting Principles (SAP), EDP equipment and operating systems are admitted but are limited to 3% of a company's adjusted capital and surplus. Furniture and fixtures not used in the direct delivery of care are considered nonadmitted assets under NAIC SAP.

The statutory basis financial statements reflect no differences between accounting practices prescribed and permitted by ODI and statutory accounting principles promulgated by the NAIC.

Use of Estimates — The preparation of statutory basis financial statements in conformity with accounting practices prescribed or permitted by the ODI requires management to make estimates and assumptions that affect amounts reported in the statutory basis financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known which could impact the amounts reported and disclosed herein.

Cash, Cash Equivalents, and Short-Term Investments — The Plan considers all highly liquid instruments with maturities of three months or less at date of purchase to be cash equivalents. Short-term investments are all investments with remaining maturities of one year or less at the time of acquisition.

Bonds — Investments are reported at cost adjusted for amortization of premiums or discounts. Amortization is calculated using the effective yield method. Realized gains and losses, determined on the specific identification basis, are included in investment income.

Common Stocks — Common stocks are recorded at fair value. Changes in unrealized appreciation and depreciation in the value of common stocks are reflected as direct increases or decreases in surplus.

Furniture and Equipment — The Plan does not have any depreciable furniture and equipment.

Liabilities for Unpaid Claims and Claims Adjustment Expenses — Liabilities for unpaid claims and claim adjustment expenses are actuarial estimates of outstanding claims, including claims IBNR. These estimates are based upon historical claims experience modified for current trends and changes in benefit coverage, which could vary as the claims are ultimately settled.

Premium Deficiency Reserves — A liability for premium deficiency losses is an actuarial estimate that is recognized when it is probable that expected claim losses and allocable administrative expenses will exceed future premiums on existing health and other contracts without consideration of investment income. Based on the analysis by our actuaries, a premium deficiency reserve was not required as of December 31, 2013 and 2012.

NOTES TO FINANCIAL STATEMENTS

CMS Payable — Under the Medicare Part D program, there are six separate elements of payment received by the Plan during the plan year. These payment elements are as follows:

CMS Premium — CMS pays a fixed monthly premium per member to the Plan for the entire plan year.

Member Premium — Additionally, each member pays a fixed monthly premium to the Plan for the entire plan year.

Low-Income Premium Subsidy — For qualifying low-income members, CMS pays some portion or all of the member's monthly premiums to the Plan on the member's behalf.

Catastrophic Reinsurance Subsidy — CMS pays the Plan a cost reimbursement estimate monthly to fund the CMS obligation to pay approximately 80% of the costs incurred by individual members in excess of the individual annual out-of-pocket maximum of \$4,750. A settlement is made based on actual cost experience subsequent to the end of the plan year.

Low-Income Member Cost Sharing Subsidy — For qualifying low-income members, CMS pays on the member's behalf, some portion or all of a member's cost sharing amounts, such as deductibles and coinsurance. The cost sharing subsidy is funded by CMS through monthly payments to the Plan. The Plan administers and pays the subsidized portion of the claims on behalf of CMS, and a settlement payment is made between CMS and the Plan based on actual claims experience, subsequent to the end of the plan year.

CMS Risk Share — The Plan has settlements with CMS based on whether the ultimate per member per month benefit costs of any Medicare Part D regional plan varies more than 2.5 percentage points above or below the level estimated in the original bid submitted by the Plan and approved by CMS in 2013 and 2012. The estimated risk share adjustment of \$334,296 and \$228,494 in 2013 and 2012, respectively, is recorded as a change in unearned premium in the statutory basis statements of operations and amounts held under uninsured health plans in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

The CMS Premium, the Member Premium, and the Low-Income Premium Subsidy represent payments for the Plan's insurance risk coverage under the Medicare Part D program and therefore are recorded as net premium revenue in the statutory basis statements of operations, capital and surplus. Net premium revenue is recognized ratably over the period in which eligible individuals are entitled to receive prescription drug benefits. The Plan records premium payments received in advance of the applicable service period as unearned premium revenue.

The Catastrophic Reinsurance Subsidy and the Low-Income Member Cost Sharing Subsidies represent cost reimbursements under the Medicare Part D program. The Plan is fully reimbursed by CMS for costs incurred for these contract elements and, accordingly, there is no insurance risk to the Plan. Amounts received for these subsidies are considered liabilities until settlements are calculated, based on claim payments.

Pharmacy benefit costs and administrative costs under the contract are expensed as incurred and are recognized in medical costs incurred expenses and administrative expenses, respectively, in the statutory basis statements of operations, capital and surplus. Pharmacy benefit costs are recognized net of rebates.

NOTES TO FINANCIAL STATEMENTS

Risk Adjustment Data Validation Audits (“RADV audits”) — CMS adjusts capitation payments to Medicare Advantage and Medicare Part D plans according to the predicted health status of each beneficiary, as supported by data provided by health care providers. The Plan collects claim and encounter data from providers, who the Plan generally relies on to appropriately code their claim submissions and document their medical records. CMS then determines the risk score and payment amount for each enrolled member based on the health care data submitted by the Plan and member demographic information.

CMS performs RADV audits of selected Medicare Advantage health plans to validate the coding practices of and supporting documentation maintained by health care providers. These audits involve a review of medical records maintained by providers and may result in an adjustment to the payment made to the Plan. The Plan has not been selected for a RADV audit by CMS as of the date of issuance of the 2013 statutory basis financial statements. The payment years open for audit include fiscal years 2013 and prior.

In February 2012, CMS released the final RADV audit and payment adjustment methodology. The methodology contains provisions allowing contract-level payment adjustments for the year audited using an extrapolation of the “error rate” identified in audit samples. Potential payment adjustments could have a material adverse effect on the Plan’s results of operations, financial condition, and cash flows.

Minimum Security Requirements — Under the laws of the State of Ohio, the Plan is required to provide a minimum security deposit of \$400,000. As additional insolvency protection against uncovered balances, CMS’s Office of Managed Care has required that the Plan’s restricted reserves held in trust total \$1,600,000. CMS has allowed the deposit to be held by the state in a similar manner to the statutory security deposit required by the State of Ohio. The Plan has satisfied both requirements by depositing \$2,714,818 and \$2,758,022 in a trustee account in 2013 and 2012, respectively. The deposit is included in cash equivalents and short-term investments in the statutory basis statements of admitted assets, liabilities, and capital and surplus.

Minimum Net Worth — Under the laws of the State of Ohio, the Plan is required at all times to maintain total admitted assets equal to at least 110% of its liabilities. The required minimum net worth is \$5,000,000. The Plan has satisfied the minimum net worth requirements for 2013 and 2012.

Subscriber Premiums — Subscriber premiums are included in income in the period earned. The unearned portion of premiums are recorded as unearned premiums and subsequently credited to income as earned during the coverage period.

Member Premiums — The Plan charges a monthly premium to the individual members enrolled under its Medicare Advantage contract. Member premiums are included in income in the period earned.

Medical Cost Incurred — Claims are charged to income based upon the date services are rendered and represent the estimated remaining ultimate net cost of unpaid claims, both reported and unreported, during the year. The Plan does not discount claim reserves. The reserves for unpaid claims are estimated using an actuarially determined cost model. Those estimates are subject to the effects of trends in claim severity and frequency. Although considerable variability is inherent in such estimates, management believes that the reserves for claims are adequate. The estimates are reviewed and adjusted, as necessary, as experience develops or new information becomes known; such adjustments are included in current operations.

NOTES TO FINANCIAL STATEMENTS

Concentrations of Credit Risk — Financial instruments that potentially subject the Plan to concentrations of credit risk, consist primarily of U.S. Government Agency Bonds. The Plan's investment in U.S. Government Agency Bonds accounted for 34.81% of total admitted assets.

Vulnerability Due to Certain Concentrations — The Company is subject to substantial federal and state government regulation, including licensing and other requirements relating to the offering of the Plan's existing products in new markets and offerings of new products, both of which may restrict the Plan's ability to expand its business.

Risk-Based Capital Requirements — Health insurance companies are subject to certain Risk-Based Capital (RBC) requirements as specified by the NAIC. Under these requirements, the amount of capital and surplus maintained by a health insurance company is to be determined based on the various risk factors. In 2009, the Plan was required by the State of Ohio to comply with the RBC requirements and maintain at least 200% of the authorized control level. On November 11, 2009, the Corporation's Board of Trustees approved a \$5,000,000 parental guaranty that the Plan will meet capital and surplus requirements. During 2010, the Corporation made one additional capital contribution into the Plan totaling \$1,500,000. At December 31, 2013 and 2012, the Plan was in compliance with the RBC requirements.

National Health Care Reform — In March 2010, the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (PPACA) were enacted. The structure of reform changes the fundamentals of health care and health insurance dynamics, including coverage requirements; insurance rules around issuance, rating, competition; and regulatory and compliance requirements.

The establishment of a minimum medical loss ratio (MLR) took effect in January 2011. Other significant changes, which will take effect over a multiyear period, with many important provisions taking effect in 2014, include: prohibiting health insurers from denying coverage or refusing claims based on preexisting conditions, expanding Medicaid eligibility, subsidizing individual market and certain small group insurance premiums, providing incentives for businesses to provide health care benefits, establishing health insurance exchanges, makes various changes to Medicare payment formulas, and provides support for public health and medical research. MLR requirements for Medicare Advantage plans will be in effect for 2014.

New Accounting Standards — On March 26, 2011, nonsubstantive revisions to SSAP No. 100, *Fair Value Measurements*, were made and are effective on January 1, 2012. The nonsubstantive revisions require fair value measurement at the reporting date; separate line item disclosures of purchases, sales, issues, and settlements; disclosure of fair value hierarchy and the method used to obtain the fair value measurement of all items in which fair value is disclosed within the annual statement investment schedules; and disclosure in the notes to the financial statements, as of each date for which a statement of financial position is presented, the aggregate fair value for all financial instruments, and the level within the fair value hierarchy in which the fair value measurements in its entirety fall. The adoption of SSAP No. 100 revisions required the Plan to provide additional disclosures for fair value measurements in 2012 (see Note 5).

In October 2010, the NAIC issued SSAP No. 5R, *Liabilities, Contingencies and Impairments of Assets — Revised*, effective for all guarantees issued or outstanding as of December 31, 2011. The revised standard requires entities to recognize, at the inception of a guarantee, a liability for the obligations it has undertaken in issuing the guarantee, even if the likelihood of having to make payments

NOTES TO FINANCIAL STATEMENTS

under the guarantee is remote. The adoption had no impact to the overall statutory basis financial condition, results of operations, and cash flows of the Plan.

On March 26, 2011, the Statutory Accounting Principles Working Group issued a nonsubstantive proposal #2011-11 providing clarification that SSAP No. 66, *Retrospectively Rated Contracts*, should be followed when accounting for Medical Loss Ratio (MLR) rebate liabilities so that the MLR rebate accrual is recorded as a reduction to the premium revenue for financial reporting purposes. The clarification did not have a material impact to the Plan's statutory basis financial condition or results of operations for the years ended December 31, 2013 and 2012.

2. ACCOUNTING CHANGES AND CORRECTIONS OR ERRORS

The Plan had no accounting changes or corrections of errors during 2013 and 2012.

3. BUSINESS COMBINATIONS AND GOODWILL

The Plan was not party to a business combination during the years ended December 31, 2013 and 2012, and does not carry goodwill on its statutory basis statements of admitted assets, liabilities, and capital and surplus.

4. DISCONTINUED OPERATIONS

The Plan did not discontinue any operations during 2013 and 2012.

5. CASH EQUIVALENTS AND INVESTMENTS

As of December 31, 2013 and 2012, the amortized cost, fair value, and gross unrealized holding gains and losses of the Plan's cash equivalents and investments, excluding (overdrafts) of \$(16,353) and \$(11,115), respectively, are as follows:

	Amortized Cost	Gross		Gross		Statutory Basis Value
		Unrealized Gains	Unrealized Losses	Fair Value		
2013						
U.S. Treasury and agency securities	\$2,358,364	\$18,964	\$(30,277)	\$2,347,051	\$2,358,364	
Commercial paper, repurchase agreements, and money market funds	<u>4,612,027</u>	_____	_____	<u>4,612,027</u>	<u>4,612,027</u>	
Totals	<u>\$6,970,391</u>	<u>\$18,964</u>	<u>\$(30,277)</u>	<u>\$6,959,078</u>	<u>\$6,970,391</u>	
	Amortized Cost	Gross	Gross	Statutory		Basis Value
		Unrealized Gains	Unrealized Losses	Fair Value		
2012						
U.S. Treasury and agency securities	\$2,599,091	\$67,529	\$ -	\$2,666,620	\$2,599,091	
Commercial paper, repurchase agreements, and money market funds	<u>4,531,194</u>	_____	_____	<u>4,531,194</u>	<u>4,531,194</u>	
Totals	<u>\$7,130,285</u>	<u>\$67,529</u>	<u>\$ -</u>	<u>\$7,197,814</u>	<u>\$7,130,285</u>	

NOTES TO FINANCIAL STATEMENTS

Gross realized gains on sales of marketable securities were \$0 in 2013 and 2012, respectively. There were no gross realized losses in 2013 and 2012. Proceeds on the sale of bond securities were \$225,000 and \$0 in 2013 and 2012, respectively.

A summary of the fair value and statutory statement value of the Plan's investments in U.S. Treasury and agency securities at December 31, 2013, by contractual maturity, is as follows:

		Statutory
	Fair	Statement
	Value	Value
Due one year or less	\$	\$
Due after one year through five years	1,756,749	1,746,283
Due after five years through 10 years	590,302	612,081
Due after 10 years through 20 years		
Due after 20 years		
Total	<u>\$2,347,051</u>	<u>\$2,358,364</u>

The expected maturities in the foregoing table may differ from the contractual maturities because certain borrowers have the right to call or prepay obligations with or without call or prepayment penalties. For the year ended December 31, 2013, all of the Plan's investment income was comprised of interest income.

In accordance with the Plan's impairment policy, securities that have a fair market value that is below amortized cost are considered impaired and are analyzed and reviewed by management to determine if the impairment is other-than-temporary (OTTI). Factors taken into account for each individual security include the length of time and extent to which the fair value has been less than the carrying value, the underlying financial condition, and the specific circumstances that are impacting the issuer in the marketplace.

For debt securities, an OTTI exists when a credit loss is determined to exist for the underlying security or the Plan has the intent to sell the security before anticipated recovery. A credit loss for impairment purposes occurs when the Plan does not anticipate the full recovery of amortized cost. Specific criteria for evaluating debt securities for impairment include length of time and extent to which the fair market value was below carrying value, NAIC ratings, interest coverage ratios, and ratings outlook. There was no write-down to fair market value of debt securities in 2013 and 2012.

For investments with market values below cost that were determined not to have OTTI, at December 31, 2012, the Plan regularly monitors the existing unrealized losses and evaluates potential impairments to determine if OTTI needs to be recorded. For declines in market value related to general market movement in interest rates, securities are not considered impaired unless the Plan has the positive intent to sell the security as of the reporting date.

The Plan has no investments within the scope of SSAP No. 43R, *Loan-Backed and Structured Securities*, for the years ended December 31, 2013 and 2012.

NOTES TO FINANCIAL STATEMENTS

6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES

The Plan has no investments in joint ventures, partnerships, or limited liability companies.

7. INVESTMENT INCOME

Investment income is recorded as it becomes due and payable. Realized gains and losses, determined on the specific identification basis, are included in the investment income.

The components of net investment income earned at December 31, 2013 and 2012, are as follows:

	2013	2012
Interest	\$61,396	\$66,392
Realized gains	<u> </u>	<u> </u>
Total investment income	61,396	66,392
Investment management fees	<u>(2,500)</u>	<u>(2,500)</u>
Net investment income	<u><u>\$58,896</u></u>	<u><u>\$63,892</u></u>

8. DERIVATIVE INSTRUMENTS

The Plan has no derivative instruments.

9. INCOME TAXES

The Plan was incorporated on November 21, 2007, to hold an indemnity license certificate of authority with the State of Ohio. The Plan's articles of incorporation were amended on January 17, 2007, to designate the Plan as a nonprofit corporation in Ohio under Ohio Revised Code Section 3907 and filed an application with the IRS on October 15, 2008. The Plan has requested an exemption from income taxation under Internal Revenue Code (IRC) Section 501(a) as an organization described in IRC Section 501(c)(4) effective retroactively to November 21, 2007.

The Plan filed, with the IRS, a Form 1023, *Application for Recognition of Exemption under Section 501(c)(4)*, on October 15, 2008, seeking tax-exempt status retroactive to its date of incorporation. On August 9, 2013 the IRS determined that the Plan was exempt from taxation under IRC Section 501(c)(4) effective retroactively to November 21, 2007.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

The Plan leases the services of certain employees and its office space from an affiliate company, Mount Carmel Health Plan, Inc.. Additionally, the affiliate company also provides certain management, administrative, and marketing services to the Plan. Expenses related to services provided by the affiliate company were \$724,224 and \$576,844 in 2013 and 2012, respectively.

Medical expenses incurred by the Plan provided by the Corporation were \$1,101,524 and \$557,783 in 2013 and 2012, respectively. The Plan owed the Corporation \$23,040 at December 31, 2013 and the

NOTES TO FINANCIAL STATEMENTS

Corporation owed the Plan \$6,065 at December 31, 2012. The Plan owed the affiliate company \$81,876 and \$55,839 at December 31, 2013 and 2012, respectively.

11. DEBT

The Plan had no outstanding debt with third parties during 2013 and 2012.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES, AND OTHER POST RETIREMENT BENEFIT PLANS

The Plan has no retirement plan, deferred compensation, or other benefit plans.

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS, AND QUASI-REORGANIZATIONS

The Plan does not have any special surplus funds, shareholders' dividend restrictions, and quasi-reorganizations as of December 31, 2013 and 2012.

14. CONTINGENCIES

The Plan has no contingencies as of December 31, 2013 and 2012.

15. OPERATING LEASES

In 2013 and 2012, the Plan has no operating leases. As such, no future minimum rental payments exist at December 31, 2013 and 2012.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

The Plan does not hold any financial instruments with off-balance-sheet risk or concentrations of credit risk.

17. SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

The Plan did not participate in any transfer of receivables, financial assets, or wash sales.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

Medicare Part D is a partially insured plan. The Plan recorded a receivable of \$334,296 and \$228,494 at December 31, 2013 and 2012, respectively, for cost reimbursements under the Medicare Part D program for the catastrophic reinsurance and low-income member cost-sharing subsidies as described in Note 1, *CMS Payable*.

NOTES TO FINANCIAL STATEMENTS

19. DIRECT PREMIUM WRITTEN OR PRODUCED BY MANAGING GENERAL AGENTS OR THIRD-PARTY ADMINISTRATORS

The Plan did not have any direct premiums written or produced by managing general agents or third-party administrators.

20. FAIR VALUE

The Plan and its investment managers determine fair values by applying the following guidelines. The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1 — Quoted (unadjusted) prices for identical assets in active markets.

Level 2 — Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar assets in active markets
- Quoted prices for identical or similar assets in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
- Inputs other than quoted prices that are observable for the asset (interest rates, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by other observable market data

Level 3 — Unobservable inputs that cannot be corroborated by observable market data.

The estimated fair values of bonds, short-term investments, preferred stocks, and common stocks (investments) are based on quoted market prices, where available. The Plan obtains one price for each security primarily from a third-party pricing service (pricing service), which generally uses quoted or other observable inputs for the determination of fair value. The pricing service normally derives the security prices through recently reported trades for identical or similar securities, making adjustments through the reporting date based upon available observable market information. For securities not actively traded, the pricing service may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, non-binding broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest level input that is significant to the fair value measurement in its entirety. The Plan's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset or liability.

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

U.S. Governments Issuer Obligations — The estimated fair values of U.S. government issuer obligations are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Due to the nature of pricing fixed-income

NOTES TO FINANCIAL STATEMENTS

securities, management has classified U.S. government issuer obligations primarily as Level 2 investments.

Money Market Funds — The carrying value of money market funds approximates fair value due to their short duration. Management has classified money market funds as Level 1 investments.

The Plan did not have any financial assets with a fair value hierarchy of Level 3 as of December 31, 2013 and 2012.

The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value as of December 31, 2013 and 2012:

		Fair Values Measured By			
		Quoted Prices in Active Markets for Identical Assets	Significant Other Observable	Significant Unobservable Inputs	Inputs
2013		Total (Level 1)	\$ 358,149	\$ 358,149	\$ _____
Money market funds			\$ 358,149	\$ _____	\$ _____
Totals		\$ 358,149	\$ 358,149	\$ _____	\$ _____

		Fair Values Measured By			
		Quoted Prices in Active Markets for Identical Assets	Significant Other Observable	Significant Unobservable Inputs	Inputs
2012		Total (Level 1)	\$ 81,732	\$ 81,732	\$ -
Money market funds			\$ 81,732	\$ 81,732	\$ -
Totals		\$ 81,732	\$ 81,732	\$ -	\$ -

Subsequent to the issuance of the 2011 financial statements, the Plan's management determined that certain securities presented in the Level 1 category in the table above were not measured and reported at fair value and should have been excluded from the 2011 table. The Plan has corrected the 2011 presentation of such securities in the table above. The impact to the 2011 disclosure was to decrease Level 1 total investments from \$3,937,797 to \$30,355. The correction had no impact on investment values reported in 2011 and had no effect on the 2011 balance sheet, statement of operations or statement of cash flows.

NOTES TO FINANCIAL STATEMENTS

The table below reflects the fair values and admitted values of all admitted assets that are financial instruments at December 31, 2013. The fair values are also categorized into the three-level fair value hierarchy as described above.

	Admitted Value	Fair Value	(Level 1)	(Level 2)	(Level 3)
U.S. Treasury and agency securities	<u>\$2,358,364</u>	<u>\$2,347,051</u>	\$ _____	<u>\$2,347,051</u>	\$ _____
Total bonds	<u>2,358,364</u>	<u>2,347,051</u>	_____	<u>2,347,051</u>	_____
Cash, cash equivalents, and short-term investments	<u>4,595,674</u>	<u>4,595,674</u>	<u>341,796</u>	<u>4,253,878</u>	_____
Total cash, cash equivalents, and short-term investments	<u>4,595,674</u>	<u>4,595,674</u>	<u>341,796</u>	<u>4,253,878</u>	_____
Totals	<u><u>\$6,954,038</u></u>	<u><u>\$6,942,725</u></u>	<u>\$ 341,796</u>	<u><u>\$6,600,929</u></u>	\$ _____

There were no financial instruments in which it was not practicable to estimate fair value.

21. OTHER ITEMS

The Plan did not encounter any extraordinary items during 2013 and 2012.

The Plan has no troubled debt restructuring.

The Plan routinely evaluates the collectability of all receivable amounts included within the statutory basis statements of admitted assets, liabilities, and capital and surplus. Reserves are established for those amounts where collectability is uncertain. Based on the Plan's past experience, exposure related to uncollectible balances and the potential of loss for those balances not currently reserved for is not material to the Plan's financial condition.

22. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through March 1, 2014, which is the date these statutory basis financial statements were issued. There were no events subsequent to March 1, 2014, that require disclosure.

23. REINSURANCE

The Plan does not have any reinsurance agreements in place as of December 31, 2013 and 2012.

24. RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

Estimated accrued retrospective premiums due to (from) the Plan are recorded in uncollected premiums and considerations or aggregate health policy reserves on the statutory basis statements of admitted assets, liabilities, and capital and surplus and as an adjustment to change in unearned premium reserves or net premium income on the statutory basis statements of operations.

NOTES TO FINANCIAL STATEMENTS

The Plan does not have any other retrospectively rated contracts subject to redetermination as of December 31, 2013 and 2012.

25. CHANGE IN INCURRED LOSSES

The Plan provided for claims incurred but unreported and the cost of settling these claims based on the actuarially determined cost model. Estimates are adjusted as changes in these factors occur and such adjustments are reported in the period of determination. Activity in the estimated claim liability as of December 31, 2013 and 2012, is summarized as follows:

	2013	2012
Unpaid claims liabilities — beginning of a year	<u>\$ 516,993</u>	<u>\$ 832,980</u>
Claims incurred related to:		
Current year	7,817,981	5,153,286
Prior year	<u>418,094</u>	<u>504,935</u>
Total claims incurred during the current year	<u>8,236,075</u>	<u>5,658,221</u>
Paid claims related to:		
Current year	7,567,086	5,426,558
Prior years	<u>462,255</u>	<u>560,293</u>
Total claims paid during the current year	<u>8,029,341</u>	<u>5,986,851</u>
Change in healthcare receivables	<u>19,287</u>	<u>10,711</u>
Change in claims adjustment expenses	<u>(3,357)</u>	<u>1,932</u>
Unpaid claim liabilities — end of year	<u>\$ 739,657</u>	<u>\$ 516,993</u>

The Plan uses member months, hospitalization utilization, paid claims, and completion factors based on historical payment patterns to estimate incurred claims. Changes in payment patterns and claims trends can result in changes to prior years' claims estimates. Changes in estimates of unpaid claims reported as "incurred related to prior year" in the schedule above reflect revisions in estimates of medical cost trends and changes in claims processing patterns.

26. INTERCOMPANY POOLING ARRANGEMENTS

The Plan did not have any intercompany pooling arrangements in 2013 and 2012.

27. STRUCTURED SETTLEMENTS

The Plan did not have structured settlements in 2013 and 2012.

NOTES TO FINANCIAL STATEMENTS

28. HEALTH CARE RECEIVABLES

The Plan had admitted pharmacy receivables of \$58,689 and \$41,033 as of December 31, 2013 and 2012, respectively. The Plan had admitted claim overpayment receivables of \$1,713 and \$82 as of December 31, 2013 and 2012, respectively.

The Plan collected \$195,381 and \$206,841 in pharmacy rebates during 2013 and 2012, respectively.

The Plan did not have any material risk sharing receivables as of December 31, 2013 and 2012.

29. PARTICIPATING POLICIES

The Plan did not have any participating contracts in 2013 and 2012.

30. PREMIUM DEFICIENCY RESERVES

The Plan did not have a liability for premium deficiency reserves as of December 31, 2013 and 2012. Premium deficiency reserves would be included in aggregate health policy reserves in the statutory basis statements of admitted assets, liabilities, and capital and surplus. The Plan did not consider anticipated investment income when calculating its assessment for premium deficiency reserves.

31. ANTICIPATED SALVAGE AND SUBROGATIONS

Due to the type of business being written, the Plan has no salvage. As of December 31, 2013 and 2012, the Plan had no specific accruals established for outstanding subrogation, as it is considered a component of the actuarial calculations used to develop the estimates of claims unpaid and aggregate health claim reserves.

NOTES TO FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULES

NOTES TO FINANCIAL STATEMENTS**MOUNT CARMEL HEALTH INSURANCE COMPANY**
(A Wholly Owned Subsidiary of Mount Carmel Health System)**STATUTORY BASIS SUPPLEMENTAL SCHEDULE OF INVESTMENT RISK INTERROGATORIES**
AS OF DECEMBER 31, 2013

The Plan's total admitted assets were \$7,890,373 at December 31, 2013.

1. The 10 largest exposures to a single issuer borrower investment, by investment category, excluding (i) U.S. government, U.S. government agency securities, and those U.S. government money market funds listed in the Appendix to the SVO Purposes and Procedures Manual as exempt, at December 31, 2013, are as follows:

Amount	Percentage of Total Admitted Assets	
<u>\$ 358,149</u>	Blackrock liquidity	<u>4.54 %</u>

2. The amounts and percentages of the Plan's total admitted assets held in bonds by NAIC rating are as follows:

Investment Category	Gross Investment Holdings	Percentage of Total Admitted Assets
NAIC-1	<u>\$2,358,364</u>	<u>29.89 %</u>

All other interrogatories in Appendix A-001 of the NAIC *Accounting Practices and Procedures Manual* are not included herein as they are not applicable.

NOTES TO FINANCIAL STATEMENTS**MOUNT CARMEL HEALTH INSURANCE CORPORATION**
(A Wholly Owned Subsidiary of Mount Carmel Health System)**STATUTORY BASIS SUPPLEMENTAL SUMMARY OF INVESTMENTS SCHEDULE**
AS OF DECEMBER 31, 2013

Investment Categories	Gross		Admitted Assets as Reported in the Annual Statement	
	Investment Holdings*		Amount	Percent
	Amount	Percent	Amount	Percent
Bonds — U.S. treasury securities	\$2,358,364	29.89 %	\$2,358,364	29.89 %
Cash, cash equivalents, and short-term investments	4,595,674	58.24	4,595,674	58.24
Total investments	<u>\$6,954,038</u>	<u>88.13 %</u>	<u>\$6,954,038</u>	<u>88.13 %</u>

* Gross investment holdings as valued in compliance with NAIC SAP.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes () No (X)
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes () No () N/A (X)

1.3 State Regulating?

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:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2009

3.2 State the as of date of 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. 12/31/2009

3.3 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). 06/12/2009

3.4 By what department or departments?
Ohio Department of Insurance

3.5 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)

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes (X) No () N/A ()

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes () No (X)
4.12 renewals? Yes () No (X)

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes () No (X)
4.22 renewals? Yes () No (X)

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes () No (X)

5.2 If yes, provide the name of entity, the 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

6.1 Has the 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? Yes () No ()

6.2 If yes, give full information:

.....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes () No ()

7.2 If yes,

7.21 State the percentage of foreign control %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No ()

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 ()

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), 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 FDIC	6 SEC

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche LLP, 200 Renaissance Center, Suite 3900, Detroit, MI 48243

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes () No (X)

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes () No (X)

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with domiciliary state insurance laws? Yes (X) No () N/A ()

10.6 If the response to 10.5 is no or n/a, please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Timothy D. Gustafson, Officer, Deloitte Consulting LLP, 111 S. Wacker Drive, Chicago, IL 60606

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes () No (X)

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value \$

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States branch on risks wherever located? Yes () No ()

13.3 Have there been any changes made to any of the trust indentures during the year? Yes () No ()

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes () No () N/A (X)

14.1 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? Yes (X) No ()

(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.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes () No (X)

14.21 If the response to 14.2 is Yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes () No (X)

14.31 If the response to 14.3 is Yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes () No (X)

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
--	--------------------------------------	--	-------------

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes (X) No ()

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes (X) No ()

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes (X) No ()

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes () No (X)

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$
20.12 To stockholders not officers	\$
20.13 Trustees, supreme or grand (Fraternal only)	\$

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$
20.22 To stockholders not officers	\$
20.23 Trustees, supreme or grand (Fraternal only)	\$

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes () No (X)

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others	\$
21.22 Borrowed from others	\$
21.23 Leased from others	\$
21.24 Other	\$

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes () No (X)

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	\$
22.22 Amount paid as expenses	\$
22.23 Other amounts paid	\$

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes () No (X)

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes (X) No ()

24.02 If no, give full and complete information relating thereto:
.....

24.03 For the security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
.....

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions? Yes () No () N/A (X)

24.05 If answer to 24.04 is YES, report amount of collateral for conforming programs. \$

24.06 If answer to 24.04 is NO, report amount of collateral for other programs. \$

24.07 Does your security lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes () No () N/A (X)

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes () No () N/A (X)

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes () No () N/A (X)

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2	\$
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
24.103 Total payable for securities lending reported on the liability page	\$

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes () No (X)

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$
25.22 Subject to reverse repurchase agreements	\$
25.23 Subject to dollar repurchase agreements	\$
25.24 Subject to reverse dollar repurchase agreements	\$
25.25 Pledged as collateral	\$
25.26 Placed under option agreements	\$
25.27 Letter stock or securities restricted as to sale	\$
25.28 On deposit with state or other regulatory body	\$
25.29 Other	\$

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes () No (X)

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes () No () N/A (X)
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes () No (X)

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. 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 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ()

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

1 Name of Custodian(s)	2 Custodian's Address
PNC Institutional Investments	Cleveland, OH

28.02 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)

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes () No (X)

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

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

28.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/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 Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes () No ()

29.2 If yes, complete the following schedule:

1 CUSIP Number	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from question 29.2)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	\$ 2,358,364	\$ 2,347,051	\$ (11,313)
30.2 Preferred stocks	\$	\$	\$
30.3 Totals	\$ 2,358,364	\$ 2,347,051	\$ (11,313)

30.4 Describe the sources or methods utilized in determining the fair values:
Pricing Service or SVO

.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes (X) No ()

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes (X) No ()

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

.....

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

32.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

OTHER

33.1 Amount of payments to Trade Associations, service organizations and statistical or Rating Bureaus, if any? \$

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$
.....	\$

34.1 Amount of payments for legal expenses, if any? \$

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$
.....	\$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$
.....	\$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes () No (X)

1.2 If yes, indicate premium earned on U.S. business only. \$

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$

1.31 Reason for excluding:
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$

1.6 Individual policies:
Most current three years:
1.61 Total premium earned \$..
1.62 Total incurred claims \$..
1.63 Number of covered lives
All years prior to most current three years:
1.64 Total premium earned \$..
1.65 Total incurred claims \$..
1.66 Number of covered lives

1.7 Group policies:
Most current three years:
1.71 Total premium earned \$..
1.72 Total incurred claims \$..
1.73 Number of covered lives
All years prior to most current three years:
1.74 Total premium earned \$..
1.75 Total incurred claims \$..
1.76 Number of covered lives

2. Health Test:
1 Current Year 2 Prior Year

2.1 Premium Numerator	\$ 8,698,762	\$ 7,184,049
2.2 Premium Denominator	\$ 8,698,762	\$ 7,184,049
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	\$ 739,657	\$ 516,993
2.5 Reserve Denominator	\$ 739,657	\$ 516,993
2.6 Reserve Ratio (2.4 / 2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes () No (X)

3.2 If yes, give particulars:
.....

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes (X) No ()

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes (X) No ()

5.1 Does the reporting entity have stop-loss reinsurance? Yes () No (X)

5.2 If no, explain:
.....

5.3 Maximum retained risk (see instructions)
5.31 Comprehensive Medical \$..
5.32 Medical Only \$..
5.33 Medicare Supplement \$..
5.34 Dental & Vision \$..
5.35 Other Limited Benefit Plan \$..
5.36 Other \$..

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
.....

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes (X) No ()

7.2 If no, give details:
.....

8. Provide the following information regarding participating providers:
8.1 Number of providers at start of reporting year 4,873
8.2 Number of providers at end of reporting year 5,881

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes () No (X)

9.2 If yes, direct premium earned:
9.21 Business with rate guarantees between 15-36 months
9.22 Business with rate guarantees over 36 months

GENERAL INTERROGATORIES (Continued)**PART 2 - HEALTH INTERROGATORIES**

10.1 Does the reporting entity have Incentive Pool, Withhold, or Bonus Arrangements in its provider contracts? Yes () No (X)

10.2 If yes:

10.21	Maximum amount payable bonuses	\$
10.22	Amount actually paid for year bonuses	\$
10.23	Maximum amount payable withholds	\$
10.24	Amount actually paid for year withholds	\$

11.1 Is the reporting entity organized as:

11.12	A Medical Group / Staff Model,	Yes () No (X)
11.13	An Individual Practice Association (IPA), or	Yes () No (X)
11.14	A Mixed Model (combination of above)?	Yes () No (X)

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Yes (X) No ()

11.3 If yes, show the name of the state requiring such net worth.

Ohio

11.4 If yes, show the amount required.

\$ 5,000,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes () No (X)

11.6 If the amount is calculated, show the calculation

.....

12.1 List service areas in which reporting entity is licensed to operate:

1	Name of Service Area
Central Ohio and surrounding counties	
Greater Dayton, Ohio area	
.....	

13.1 Do you act as a custodian for health savings accounts? Yes () No (X)

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

13.3 Do you act as an administrator for health savings accounts? Yes () No (X)

13.4 If yes, please provide the balance of the funds administered as of the reporting date. \$

GENERAL INTERROGATORIES - Line 12 (continued)

1
Name of Service Area

Name of Service Area
Central Ohio and the surrounding Counties
Greater Dayton, Ohio area
12 - Name of Service Area

FIVE - YEAR HISTORICAL DATA

	1 2013	2 2012	3 2011	4 2010	5 2009
BALANCE SHEET (Page 2 and Page 3)					
1. Total admitted assets (Page 2, Line 28)	7,890,373	7,466,118	6,810,173	7,044,578	6,894,955
2. Total liabilities (Page 3, Line 24)	1,003,744	643,770	959,062	977,779	1,001,582
3. Statutory surplus	5,000,000	5,000,000	5,000,000	5,000,000	
4. Total capital and surplus (Page 3, Line 33)	6,886,629	6,822,348	5,851,111	6,066,799	5,893,373
INCOME STATEMENT (Page 4)					
5. Total revenues (Line 8)	9,287,325	7,269,573	8,741,666	9,626,549	5,561,921
6. Total medical and hospital expenses (Line 18)	8,236,075	5,658,221	8,221,357	10,085,234	6,292,665
7. Claims adjustment expenses (Line 20)	153,496	129,962	154,570	166,350	92,193
8. Total administrative expenses (Line 21)	826,663	588,116	594,268	621,673	326,307
9. Net underwriting gain (loss) (Line 24)	71,091	893,274	(228,529)	(1,246,708)	(1,149,244)
10. Net investment gain (loss) (Line 27)	58,896	63,892	4,785	10,362	6,494
11. Total other income (Line 28 plus Line 29)				10,429	
12. Net income or (loss) (Line 32)	129,987	957,166	(223,744)	(1,225,917)	(1,142,750)
CASH FLOW (Page 6)					
13. Net cash from operations (Line 11)	(191,519)	596,834	(297,852)	(1,437,676)	(193,614)
RISK-BASED CAPITAL ANALYSIS					
14. Total adjusted capital	6,886,629	6,822,348	5,851,111	6,066,799	5,893,373
15. Authorized control level risk-based capital	750,852	750,497	750,551	851,242	845,199
ENROLLMENT (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	887	613	706	745	514
17. Total members months (Column 6, Line 7)	10,253	7,356	8,345	8,654	5,449
OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	88.7	77.8	94.0	104.8	113.1
20. Cost containment expenses	0.5	0.5	0.6	0.6	0.5
21. Other claims adjustment expenses	1.1	1.2	1.2	1.1	1.1
22. Total underwriting deductions (Line 23)	99.2	87.7	102.6	113.0	120.7
23. Total underwriting gain (loss) (Line 24)	0.8	12.3	(2.6)	(13.0)	(20.7)
UNPAID CLAIMS ANALYSIS (U and I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Column 5)	462,255	560,293	721,617	532,625	
25. Estimated liability of unpaid claims of prior year (Line 13, Column 6)	516,993	832,980	826,942	902,518	
INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES					
26. Affiliated bonds (Schedule D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Schedule D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Line 26 to Line 31					
33. Total investment in parent included in Line 26 to Line 31 above					

Note: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes () No ()

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only Year to Date						
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 7
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 L		8,698,762					8,698,762
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	CAN N							
58. Aggregate Other Alien	OT XXX							
59. Subtotal		XXX		8,698,762				8,698,762
60. Reporting entity contributions for Employee Benefit Plans		XXX						
61. Total (Direct Business)	(a) 1		8,698,762					8,698,762

DETAILS OF WRITE-INS

58001.	
58002.	
58003.	
58998.	Summary of remaining write-ins for Line 58 from overflow page.
58999.	Total (Line 5801 through Line 5803 plus Line 58998) (Line 58 above)

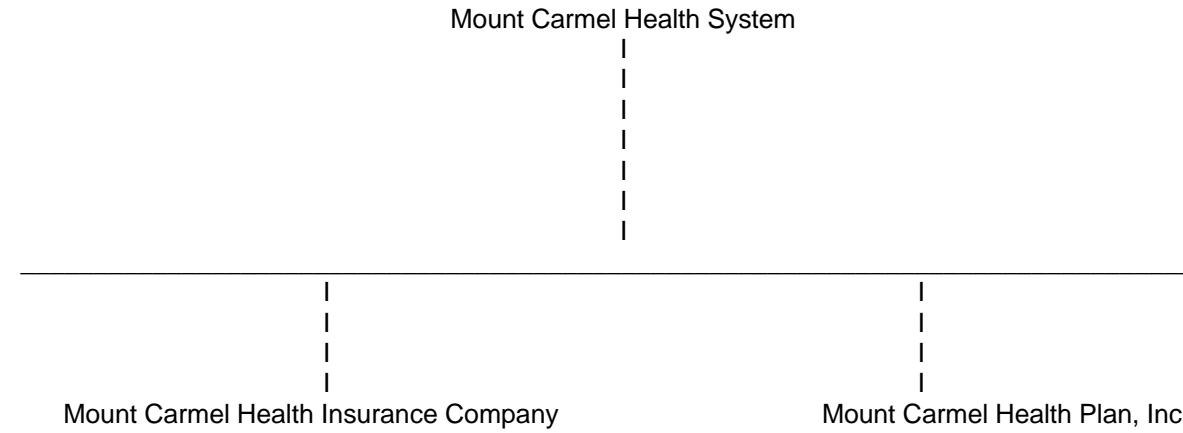
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer;
(E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

Explanation of basis of allocation by states, premiums by state, etc.

The Company only has business in the State of Ohio.

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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Insurance Company
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



Health

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