



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 (Current Period), NAIC Company Code 13123 (Prior Period) Employer's ID Number 251912781

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

Country of Domicile US

Licensed as business type:

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

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

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

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

Internet Website Address www.medigold.com

Statutory Statement Contact Timothy Kern (Name) 6145463417 (Area Code) (Telephone Number) (Extension) tkern@mchs.com (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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0299998 - Premiums due and unpaid not individually listed	531,658					531,658
0299999 - TOTAL - Group	531,658					531,658
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	531,658					531,658

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
.....	19,563	19,563	19,563	108,966	108,966	58,689
0199999 - Pharmaceutical Rebate Receivables	19,563	19,563	19,563	108,966	108,966	58,689
Claim Overpayment Receivables						
0299998 - Claim Overpayment Receivables not Individually Listed	464	1,147	102	21,646	21,646	1,713
0299999 - Claim Overpayment Receivables	464	1,147	102	21,646	21,646	1,713
0799999 - Gross Health Care Receivables	20,027	20,710	19,665	130,612	130,612	60,402

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Column 1 + Column 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	106,463	72,954	465	167,190	106,928	106,928
2. Claim overpayment receivables			6,471	16,888	6,471	6,471
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Line 1 through Line 6)	106,463	72,954	6,936	184,078	113,399	113,399

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0599999 - Unreported claims and other claim reserves						739,657
0799999 - Total claims unpaid						739,657

Page 22

Exhibit 5, Amounts Due from Parent, Subsidiaries and Affiliates

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0299999 - Payables not individually listed		104,916	104,916	
0399999 - TOTAL gross payables		104,916	104,916	

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

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a Percentage of of Total Payments	3 Total Members Covered	4 Column 3 as a Percentage of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service	1,009,977	12.604	X X X	X X X		1,009,977
6. Contractual fee payments	7,003,434	87.396	X X X	X X X	1,081,488	5,921,946
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	8,013,411	100.000	X X X	X X X	1,081,488	6,931,923
13. Total (Line 4 plus Line 12)	8,013,411	100%	X X X	X X X	1,081,488	6,931,923

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
--------------------	-------------------------------	--------------------------	--	---	---

NONE

Page 25

Exhibit 8, Furniture and Equipment and Supplies Owned

NONE



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION Mount Carmel Health Insurance Company

2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 13123

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2013

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	613							613		
2. First Quarter	834							834		
3. Second Quarter	855							855		
4. Third Quarter	869							869		
5. Current Year	887							887		
6. Current Year Member Months	10,253							10,253		
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	168							168		
12. Health Premiums Written (b)	8,698,762							8,698,762		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	9,287,325							9,287,325		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	8,029,341							8,029,341		
18. Amount Incurred for Provision of Health Care Services	8,236,075							8,236,075		

(a) For health business: number of persons insured under PPO managed care products 887 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 8,698,762



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION Mount Carmel Health Insurance Company

2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 13123

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2013

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	613							613		
2. First Quarter	834							834		
3. Second Quarter	855							855		
4. Third Quarter	869							869		
5. Current Year	887							887		
6. Current Year Member Months	10,253							10,253		
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	168							168		
12. Health Premiums Written (b)	8,698,762							8,698,762		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	9,287,325							9,287,325		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	8,029,341							8,029,341		
18. Amount Incurred for Provision of Health Care Services	8,236,075							8,236,075		

(a) For health business: number of persons insured under PPO managed care products 887 and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 8,698,762

Page 31

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

Page 32

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

Page 33

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

Page 34

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

Sch. S, Pt. 4, Bank Footnote
NONE

Page 35

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

Sch. S, Pt. 5, Bank Footnote
NONE

Page 36

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

Page 37

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

Page 39

Sch. T, Part 2, Interstate Compact

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U. S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
2838	Mount Carmel Health System	13123	21-1912781				Mount Carmel Health Insurance Company	OH		Mount Carmel Health System	Ownership	100.000		
2838	Mount Carmel Health System	95655	31-1471229				Mount Carmel Health Plan, Inc.	OH		Mount Carmel Health System	Ownership	100.000		

Asterisk	Explanation
----------	-------------

NONE

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	31-1147122	Mount Carmel Health System						1,081,488			1,081,488	
13123	25-1912781	Mount Carmel Health Insurance Company						(1,805,712)			(1,805,712)	
96565	31-1471299	Mount Carmel Health Plan, Inc.						724,224			724,224	
9999999 - CONTROL TOTALS												

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....

.....

.....

.....

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 460:	
2. Will an actuarial opinion be filed by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 440:	
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 350:	
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 285:	
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 210:	
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 220:	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

JUNE FILING	RESPONSE
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 221:	

AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 222:	

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION:	
N/A	
BARCODE:	
Document Identifier 360:	



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

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



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

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



14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
EXPLANATION:	
N/A	

BARCODE:	1 3 1 2 3 2 0 1 3 4 2 0 0 0 0 0 0
Document Identifier 420:	



15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	
N/A	

BARCODE:	1 3 1 2 3 2 0 1 3 3 7 1 0 0 0 0 0
Document Identifier 371:	



16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	
N/A	

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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

MARCH FILING	RESPONSE
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 365:	131232013365000000
--------------------------------------	--------------------

18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 224:	131232013224000000
--------------------------------------	--------------------

19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 225:	131232013225000000
--------------------------------------	--------------------

20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 226:	131232013226000000
--------------------------------------	--------------------

APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 306:	131232013306000000
--------------------------------------	--------------------

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

BARCODE: Document Identifier 211:	131232013211000000
--------------------------------------	--------------------

23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 213:	131232013213000000
--------------------------------------	--------------------


24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
EXPLANATION:	


BARCODE: Document Identifier 216:	131232013216000000
--------------------------------------	--------------------

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

APRIL FILING		RESPONSE
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?		NO
EXPLANATION:		
BARCODE:		
Document Identifier 217:	<div>131232013217000000</div> 	

AUGUST FILING		
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?		NO
EXPLANATION:		
BARCODE:		
Document Identifier 223:	<div>131232013223000000</div> 	

Health

Annual Statement Blank Alphabetical Index

Analysis of Operations By Lines of Business	7	Schedule E - Verification Between Years	SI15
Assets	2	Schedule S - Part 1 - Section 2	31
Cash Flow	6	Schedule S - Part 2	32
Exhibit 1 - Enrollment By Product Type for Health Business Only	17	Schedule S - Part 3 - Section 2	33
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18	Schedule S - Part 4	34
Exhibit 3 - Health Care Receivables	19	Schedule S - Part 5	35
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20	Schedule S - Part 6	36
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule S - Part 7	37
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule T - Part 2 - Interstate Compact	39
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule T - Premiums and Other Considerations	38
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24	Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24	Schedule Y - Past 1A - Detail of Insurance Holding Company System	41
Exhibit 8 - Furniture, Equipment and Supplies Owned	25	Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Exhibit of Capital Gains (Losses)	15	Statement of Revenue and Expenses	4
Exhibit of Net Investment Income	15	Summary Investment Schedule	SI01
Exhibit of Nonadmitted Assets	16	Supplemental Exhibits and Schedules Interrogatories	43
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Underwriting and Investment Exhibit - Part 1	8
Five-Year Historical Data	29	Underwriting and Investment Exhibit - Part 2	9
General Interrogatories	27	Underwriting and Investment Exhibit - Part 2A	10
Jurat Page	1	Underwriting and Investment Exhibit - Part 2B	11
Liabilities, Capital and Surplus	3	Underwriting and Investment Exhibit - Part 2C	12
Notes To Financial Statements	26	Underwriting and Investment Exhibit - Part 2D	13
Overflow Page For Write-ins	44	Underwriting and Investment Exhibit - Part 3	14
Schedule A - Part 1	E01		
Schedule A - Part 2	E02		
Schedule A - Part 3	E03		
Schedule A - Verification Between Years	SI02		
Schedule B - Part 1	E04		
Schedule B - Part 2	E05		
Schedule B - Part 3	E06		
Schedule B - Verification Between Years	SI02		
Schedule BA - Part 1	E07		
Schedule BA - Part 2	E08		
Schedule BA - Part 3	E09		
Schedule BA - Verification Between Years	SI03		
Schedule D - Part 1	E10		
Schedule D - Part 1A - Section 1	SI05		
Schedule D - Part 1A - Section 2	SI08		
Schedule D - Part 2 - Section 1	E11		
Schedule D - Part 2 - Section 2	E12		
Schedule D - Part 3	E13		
Schedule D - Part 4	E14		
Schedule D - Part 5	E15		
Schedule D - Part 6 - Section 1	E16		
Schedule D - Part 6 - Section 2	E16		
Schedule D - Summary By Country	SI04		
Schedule D - Verification Between Years	SI03		
Schedule DA - Part 1	E17		
Schedule DA - Verification Between Years	SI10		
Schedule DB - Part A - Section 1	E18		
Schedule DB - Part A - Section 2	E19		
Schedule DB - Part A - Verification Between Years	SI11		
Schedule DB - Part B - Section 1	E20		
Schedule DB - Part B - Section 2	E21		
Schedule DB - Part B - Verification Between Years	SI11		
Schedule DB - Part C - Section 1	SI12		
Schedule DB - Part C - Section 2	SI13		
Schedule DB - Part D - Section 1	E22		
Schedule DB - Part D - Section 2	E23		
Schedule DB - Verification	SI14		
Schedule DL - Part 1	E24		
Schedule DL - Part 2	E25		
Schedule E - Part 1 - Cash	E26		
Schedule E - Part 2 - Cash Equivalents	E27		
Schedule E - Part 3 - Special Deposits	E28		