

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

Country of Domicile US

Licensed as business type:

[illegible]

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

Statutory Home Office 6150 East Broad Street, EE320, Columbus, Ohio 43213
(Street and Number, City or Town, State, 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
(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	6145463417
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OFFICERS

Keith Colman (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 } SS
County of Franklin }

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 Colman
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	17,026,945					17,026,945
0299999 - TOTAL - Group	17,026,945					17,026,945
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	17,026,945					17,026,945

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						
.....	629,960	629,960	629,961	3,223,257	3,223,257	1,889,881
0199999 - Pharmaceutical Rebate Receivables	629,960	629,960	629,961	3,223,257	3,223,257	1,889,881
Claim Overpayment Receivables						
.....	5,819	2,356	1,186	196,905	196,905	9,361
0299999 - Claim Overpayment Receivables	5,819	2,356	1,186	196,905	196,905	9,361
0799999 - Gross Health Care Receivables	635,779	632,316	631,147	3,420,162	3,420,162	1,899,242

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	4,635,371	2,581,674	20,462	5,092,676	4,655,833	4,655,833
2. Claim overpayment receivables	31,530		146,405	59,861	177,935	177,935
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)	4,666,901	2,581,674	166,867	5,152,537	4,833,768	4,833,768

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						25,161,978
0799999 - Total claims unpaid						25,161,978

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
0299999 - Receivables not individually listed	81,876					81,876	
0399999 - TOTAL gross amounts receivable	81,876					81,876	

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		3,707,876	3,707,876	
0399999 - TOTAL gross payables		3,707,876	3,707,876	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Plan , Inc

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	20,083,720	5.670	X X X	X X X		20,083,720
6. Contractual fee payments	334,133,284	94.330	X X X	X X X	86,065,913	248,067,371
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	354,217,004	100.000	X X X	X X X	86,065,913	268,151,091
13. Total (Line 4 plus Line 12)	354,217,004	100%	X X X	X X X	86,065,913	268,151,091

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
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NONE

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Plan , Inc

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	159,340		159,340		159,340	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	159,340		159,340		159,340	



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Plan , Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

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

2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 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	29,961							29,961		
2. First Quarter	36,901							36,901		
3. Second Quarter	37,085							37,085		
4. Third Quarter	37,276							37,276		
5. Current Year	37,769							37,769		
6. Current Year Member Months	445,756							445,756		
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	7,463							7,463		
12. Health Premiums Written (b)	405,202,597							405,202,597		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	424,839,161							424,839,161		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	354,429,986							354,429,986		
18. Amount Incurred for Provision of Health Care Services	358,773,046							358,773,046		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 405,202,597 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Mount Carmel Health Plan , Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

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

2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 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	29,961							29,961		
2. First Quarter	36,901							36,901		
3. Second Quarter	37,085							37,085		
4. Third Quarter	37,276							37,276		
5. Current Year	37,769							37,769		
6. Current Year Member Months	445,756							445,756		
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	7,463							7,463		
12. Health Premiums Written (b)	405,202,597							405,202,597		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	424,839,161							424,839,161		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	354,429,986							354,429,986		
18. Amount Incurred for Provision of Health Care Services	358,773,046							358,773,046		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 405,202,597 .

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

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

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

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

Sch. S, Pt. 4, Bank Footnote
NONE

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

Sch. S, Pt. 5, Bank Footnote
NONE

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

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

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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 Syste	13123	25-1912781				Mount Carmel Health Insurance Company			Mount Carmel Health System	Ownership	100.000		
2838	Mount Carmel Health Syste	95655	31-1471229				Mount Carmel Health Plan, Inc			Mount Carmel Health System	Ownership	100.000		

Asterisk	Explanation
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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)
95655	31-1471299	Mout Carmel Health Plan	(20,000,000)				(94,756,963)				(114,756,963)	
	31-1147122	Mount Carmal Health System	20,000,000				94,756,963				114,756,963	
95655	31-1471299	Mount Carmel Health Plan					724,224				724,224	
13123	25-1912781	Mount Carmel Health Insurance Company					(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:

.....

.....

.....

.....

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:	9 5 6 5 5 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:	9 5 6 5 5 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:	9 5 6 5 5 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:	9 5 6 5 5 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:	9 5 6 5 5 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:	9 5 6 5 5 2 0 1 3 3 6 5 0 0 0 0 0 
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
EXPLANATION: N/A	
BARCODE: Document Identifier 224:	9 5 6 5 5 2 0 1 3 2 2 4 0 0 0 0 0 
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
EXPLANATION: N/A	
BARCODE: Document Identifier 225:	9 5 6 5 5 2 0 1 3 2 2 5 0 0 0 0 0 
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
EXPLANATION: N/A	
BARCODE: Document Identifier 226:	9 5 6 5 5 2 0 1 3 2 2 6 0 0 0 0 0 
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
EXPLANATION: N/A	
BARCODE: Document Identifier 306:	9 5 6 5 5 2 0 1 3 3 0 6 0 0 0 0 0 
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION: N/A	
BARCODE: Document Identifier 211:	9 5 6 5 5 2 0 1 3 2 1 1 0 0 0 0 0 
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
EXPLANATION: N/A	
BARCODE: Document Identifier 213:	9 5 6 5 5 2 0 1 3 2 1 3 0 0 0 0 0 
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
EXPLANATION: N/A	
BARCODE: Document Identifier 216:	9 5 6 5 5 2 0 1 3 2 1 6 0 0 0 0 0 

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

APRIL FILING		RESPONSE
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?		NO
EXPLANATION:		
N/A		
BARCODE:		
Document Identifier 217:	9 5 6 5 5 2 0 1 3 2 1 7 0 0 0 0 0	

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:		
N/A		
BARCODE:		
Document Identifier 223:	9 5 6 5 5 2 0 1 3 2 2 3 0 0 0 0 0	

Health

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