



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2013

OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc

NAIC Group Code 2838 , NAIC Company Code 95655 Employer's ID Number 311471229
(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 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
(Name) (Area Code) (Telephone Number) (Extension)
tkern@mchs.com 6145463144
(E-Mail Address) (Fax Number)

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 }
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 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 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0299998 - Premiums due and unpaid not individually listed | 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 |

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

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| Pharmaceutical Rebate Receivables | | | | | | |
| 0199999 - Pharmaceutical Rebate Receivables | 629,960 | 629,960 | 629,961 | 3,223,257 | 3,223,257 | 1,889,881 |
| | 629,960 | 629,960 | 629,961 | 3,223,257 | 3,223,257 | 1,889,881 |
| Claim Overpayment Receivables | | | | | | |
| 0299999 - Claim Overpayment Receivables | 5,819 | 2,356 | 1,186 | 196,905 | 196,905 | 9,361 |
| | 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 Health Care Receivables in Prior Years (Column 1 + Column 3) | 6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
|---------------------------------------|--|--|--|--|---|---|
| | 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 | | |
| 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 |

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

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 | |

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 |
|----------------|---------------------------|----------------------|------------------------------------|---|---|
| | | | | | |

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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

9 5 6 5 5 2 0 1 3 4 3 0 3 6 1 0 0

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 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|-------------|--------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 29,961 | | | | | | | | 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 .

9 5 6 5 5 2 0 1 3 4 3 0 5 9 1 0 0

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 Total | Comprehensive (Hospital and Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|-------------|--------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 29,961 | | | | | | | | 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

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

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

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Sch. T, Part 2, Interstate Compact
NONE

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

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 |
|----------|-------------|
| | |

NONE

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

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

| 1 NAIC Company Code | 2 Federal ID Number | 3 Names of Insurers and Parent, Subsidiaries or Affiliates | 4 Shareholder Dividends | 5 Capital Contributions | 6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8 Management Agreements and Service Contracts | 9 Income/ (Disbursements) Incurred Under Reinsurance Agreements | 10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 11 | 12 | 13 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:
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:
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:
Document Identifier 420:



15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

NO

EXPLANATION:
N/A

BARCODE:
Document Identifier 371:



16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

NO

EXPLANATION:
N/A

BARCODE:
Document Identifier 370:



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:



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:



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:



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:

**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:



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:



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:



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:



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:

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:

Health

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