

## **AMENDED EXPLANATION COVER**

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Reasons for Amended Filing:

1. During the audit of the 2014 statutory basis financial statements, necessary adjustments pertaining to certain risk sharing agreements were discovered related to the 2014 Annual Statement previously filed by the Company with the ODI. These adjustments resulted in an increase in revenue of \$10,019,425 and an increase in medical expense of \$10,019,425. There was no effect on net income or surplus as reported in the previously filed Annual Statement.
2. In the original filing of the Annual Statement, all schedules related to premium revenue and uncollected premiums and agents' balances in the course of collection did not tie. All supporting schedules in the Annual Statement that were affected have now been corrected.



**ANNUAL STATEMENT**  
FOR THE YEAR ENDED DECEMBER 31, 2014

OF THE CONDITION AND AFFAIRS OF THE

**Mount Carmel Health Plan, Inc**

NAIC Group Code 2838 , 2838 NAIC Company Code 95655 Employer's ID Number 31-1471229  
(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  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, US 43213  
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 6150 East Broad Street, EE320, Columbus, Ohio 43213 (614) 546-3211  
(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)  
(614) 546-3211 (Area Code) (Telephone Number)

Internet Website Address www.medigold.com  
Statutory Statement Contact Robert S. Watson (614) 546-3211  
(Name) (Area Code) (Telephone Number) (Extension)  
robert.watson@mchs.com (E-Mail Address) (Fax Number)

**OFFICERS**

Keith Coleman (Chairperson)  
Sister Barbara Hahl (Secretary)

Hugh Jones (Treasurer)  
Robert Paskowski (President and Chief Executive Officer)

**OTHER OFFICERS**

**DIRECTORS OR TRUSTEES**

Robert Paskowski  
Claus von Zychlin  
Daniel Wendorff, MD  
Robert Griffith, MD  
Keith Coleman  
Hugh Jones  
Sister Barbara Hahl

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. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Keith Coleman  
Chairperson

Robert Paskowski  
President and Chief Executive Officer

Hugh Jones  
Treasurer

Subscribed and sworn to before me this  
22nd day of June, 2015

a. Is this an original filing? Yes  No

b. If no: 1. State the amendment number 1

2. Date filed June 22, 2015

3. Number of pages attached 32

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months .....	XXX	549,475	445,756
2. Net premium income (including \$ .....non-health premium income) .....	XXX	482,086,210	405,202,597
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	(11,990,365)	19,636,564
4. Fee-for-service (net of \$ .....medical expenses) .....	XXX		
5. Risk revenue .....	XXX		
6. Aggregate write-ins for other health care related revenues .....	XXX	3,035,084	
7. Aggregate write-ins for other non-health revenues .....	XXX		
8. Total revenues (Line 2 to Line 7) .....	XXX	473,130,929	424,839,161
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		241,514,522	190,902,088
10. Other professional services .....		136,920,305	108,874,156
11. Outside referrals .....			
12. Emergency room and out-of-area .....			
13. Prescription drugs .....		57,172,958	58,996,802
14. Aggregate write-ins for other hospital and medical .....			
15. Incentive pool, withhold adjustments and bonus amounts .....			
16. Subtotal (Line 9 to Line 15) .....		435,607,785	358,773,046
<b>Less:</b>			
17. Net reinsurance recoveries .....		355,087	
18. Total hospital and medical (Line 16 minus Line 17) .....		435,252,698	358,773,046
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .....3,358,659 cost containment expenses .....		9,262,457	9,186,816
21. General administrative expenses .....		32,886,438	34,158,431
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) .....		477,401,593	402,118,293
24. Net underwriting gain or (loss) (Line 8 minus Line 23) .....	XXX	(4,270,664)	22,720,868
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		4,649,867	4,329,181
26. Net realized capital gains (losses) less capital gains tax of \$ .....		6,424,779	15,172,449
27. Net investment gains (losses) (Line 25 plus Line 26) .....		11,074,646	19,501,630
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 .....		589	1,154,882
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	6,804,571	43,377,380
31. Federal and foreign income taxes incurred .....	XXX		
32. Net income (loss) (Line 30 minus Line 31) .....	XXX	6,804,571	43,377,380
<b>DETAILS OF WRITE-INS</b>			
0601. Population management fees .....	XXX	329,126	
0602. Provider group risk sharing .....	XXX	2,705,958	
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	3,035,084	
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 revenue .....			724,224
2902. Other income .....		589	430,658
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) .....		589	1,154,882

**STATEMENT OF REVENUE AND EXPENSES (continued)**

CAPITAL AND SURPLUS ACCOUNT	1	2
	Current Year	Prior Year
33. Capital and surplus prior reporting year .....	291,422,225	264,742,389
34. Net income or (loss) from Line 32 .....	6,804,571	43,377,380
35. Change in valuation basis of aggregate policy and claims reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	(3,403,203)	4,196,109
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....		
39. Change in nonadmitted assets .....	(7,247,670)	(893,653)
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 .....	(77,000,000)	(20,000,000)
47. Aggregate write-ins for gains or (losses) in surplus .....		
48. Net change in capital and surplus (Line 34 to Line 47) .....	(80,846,302)	26,679,836
49. Capital and surplus end of reporting year (Line 33 plus Line 48) .....	210,575,923	291,422,225
<b>DETAILS OF WRITE-INS</b>		
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
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	465,782,455	405,202,597
2. Net investment income .....	89,928	3,002,592
3. Miscellaneous income .....	3,035,673	1,154,882
4. Total (Line 1 through Line 3) .....	468,908,056	409,360,071
5. Benefit and loss related payments .....	422,518,025	354,429,986
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	43,966,029	40,758,146
7. Commissions, expenses paid and aggregate write-ins for deductions .....	.....	.....
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) .....	466,484,054	395,188,132
11. Net cash from operations (Line 4 minus Line 10) .....	2,424,002	14,171,939
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	33,034,960	45,292,137
12.2 Stocks .....	42,270,634	82,981,510
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) .....	75,305,594	128,273,647
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	20,088,266	56,678,387
13.2 Stocks .....	19,511,718	76,269,156
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) .....	39,599,984	132,947,543
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) .....	35,705,610	(4,673,896)
<b>Cash from Financing and Miscellaneous Sources</b>		
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 .....	77,000,000	20,000,000
16.6 Other cash provided (applied) .....	(3,939,380)	1,304,514
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(80,939,380)	(18,695,486)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17) .....	(42,809,768)	(9,197,443)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	106,949,587	116,147,030
19.2 End of year (Line 18 plus Line 19.1) .....	64,139,819	106,949,587

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 2014 OF THE Mount Carmel Health Plan, Inc

## 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	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other Health	10 Other Non-Health
1. Net premium income .....	482,086,210							482,086,210			
2. Change in unearned premium reserves and reserve for rate credit .....	(11,990,365)							(11,990,365)			
3. Fee-for-service (net of \$ medical expenses) .....										XXX	
4. Risk revenue .....										XXX	
5. Aggregate write-ins for other health care related revenues .....	3,035,084							3,035,084			
6. Aggregate write-ins for other non-health care related revenues .....										XXX	
7. Total revenues (Line 1 through Line 6) .....	473,130,929	XXX	XXX	XXX	XXX	XXX		473,130,929			
8. Hospital/medical benefits .....	241,514,522							241,514,522			
9. Other professional services .....	136,920,305							136,920,305			
10. Outside referrals .....										XXX	
11. Emergency room and out-of-area .....										XXX	
12. Prescription drugs .....	57,172,958							57,172,958			
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) .....	435,607,785							435,607,785			
16. Net reinsurance recoveries .....	355,087							355,087			
17. Total hospital and medical (Line 15 minus Line 16) .....	435,252,698	XXX	XXX	XXX	XXX	XXX		435,252,698			
18. Non-health claims (net) .....										XXX	
19. Claims adjustment expenses including \$ 3,358,659 cost containment expenses .....	9,262,457							9,262,457			
20. General administrative expenses .....	32,886,438							32,886,438			
21. Increase in reserves for accident and health contracts .....										XXX	
22. Increase in reserves for life contracts .....		XXX	XXX	XXX	XXX	XXX		XXX	XXX		
23. Total underwriting deductions (Line 17 through Line 22) .....	477,401,593							477,401,593			
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	(4,270,664)							(4,270,664)			
<b>DETAILS OF WRITE-INS</b>											
0501. Population management fees .....	329,126							329,126			
0502. Provider group risk sharing .....	2,705,958	XXX						2,705,958			
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) .....	3,035,084							3,035,084			
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 .....	483,221,661		1,135,451	482,086,210
7. Title XIX - Medicaid .....				
8. Other health .....				
9. Health subtotal (Line 1 through Line 8) .....	483,221,661		1,135,451	482,086,210
10. Life .....				
11. Property/casualty .....				
12. Totals (Line 9 to Line 11) .....	483,221,661		1,135,451	482,086,210

**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	429,257,977						429,257,977			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	429,257,977						429,257,977			
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	31,511,786						31,511,786			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	31,511,786						31,511,786			
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	25,161,978						25,161,978			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	25,161,978						25,161,978			
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	435,607,785						435,607,785			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	435,607,785						435,607,785			
13. Incurred medical incentive pools and bonuses										

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

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan, Inc

**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 .....	26,919,365	401,983,526			31,511,786	26,919,365
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Line 1 through Line 8).....	26,919,365	401,983,526			31,511,786	26,919,365
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).....	26,919,365	401,983,526			31,511,786	26,919,365
(a) Excludes \$ ..... loans or advances to providers not yet expensed.						

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan, Inc

**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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan, Inc

**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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan, Inc

**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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan, Inc

**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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan, Inc

**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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan, Inc

**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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010	243,773	260,091	260,084	260,071	260,071
3. 2011	XXX	221,661	239,833	239,834	239,834
4. 2012	XXX	XXX	229,204	246,582	246,603
5. 2013	XXX	XXX	XXX	276,790	303,687
6. 2014	XXX	XXX	XXX	XXX	401,984

**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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010	243,148	259,466	259,459	259,446	259,446
3. 2011	XXX	224,143	242,316	242,316	242,316
4. 2012	XXX	XXX	230,631	248,008	291,897
5. 2013	XXX	XXX	XXX	282,433	361,869
6. 2014	XXX	XXX	XXX	XXX	433,495

**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. 2010	310,249	260,071	5,505	2.117	265,576	85.601			265,576	85.601
2. 2011	340,864	239,834	6,215	2.591	246,049	72.184			246,049	72.184
3. 2012	359,279	246,603	6,842	2.774	253,445	70.543			253,445	70.543
4. 2013	424,839	303,687	9,187	3.025	312,874	73.645			312,874	73.645
5. 2014	469,741	401,984	9,262	2.304	411,246	87.547	31,512	360	443,118	94.332

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan, Inc

**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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan, Inc

**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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan, Inc

**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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010	243,773	260,091	260,084	260,071	260,071
3. 2011	XXX	221,661	239,833	239,834	239,834
4. 2012	XXX	XXX	229,204	246,582	246,603
5. 2013	XXX	XXX	XXX	276,790	303,687
6. 2014	XXX	XXX	XXX	XXX	401,984

**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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010	243,148	259,466	259,459	259,446	259,446
3. 2011	XXX	224,143	242,316	242,316	242,316
4. 2012	XXX	XXX	230,631	248,008	291,897
5. 2013	XXX	XXX	XXX	282,433	361,869
6. 2014	XXX	XXX	XXX	XXX	433,495

**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. 2010	310,249	260,071	5,505	2.117	265,576	85.601			265,576	85.601
2. 2011	340,864	239,834	6,215	2.591	246,049	72.184			246,049	72.184
3. 2012	359,279	246,603	6,842	2.774	253,445	70.543			253,445	70.543
4. 2013	424,839	303,687	9,187	3.025	312,874	73.645			312,874	73.645
5. 2014	469,741	401,984	9,262	2.304	411,246	87.547	31,512	360	443,118	94.332

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance ("ODI").

The ODI Regulation recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Ohio. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations exist.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Ohio is shown below:

State Prescribed Practices	State of Domicile	Current	Prior
01A01 - Net Income, state basis (Page 4, Line 32, Columns 2 and 3) .....	OH .....	6,804,571	43,377,380
01A04 - Net Income, NAIC SAP (Line 1 - Line 2 - Line 3) .....	OH .....	6,804,571	43,377,380
01A05 - Surplus, state basis (Page 3, Line 33, Columns 3 and 4) .....	OH .....	210,575,923	291,422,225
01A08 - Surplus, NAIC SAP (Line 5 - Line 6 - Line 7) .....	OH .....	210,575,923	291,422,225

#### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claims payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the Statements of Admitted Assets, Liabilities and Surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers.

In addition, the Company uses the following accounting policies:

(1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximate fair value due to the short-term maturities of the investments.

(2) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds are carried at amortized cost. Common stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. The related investment is written down to its estimated fair value.

Amortization of bond premium or discount is computed using the effective yield method.

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

(5) The Company does not have any mortgage loans on real estate investments.

(6) The Company does not have any loan-backed security investments.

(7) The Company does not have any investments in subsidiaries.

(8) The Company does not have any joint venture investments.

(9) Not Applicable.

(10)-(11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses, and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

(12) The Company has not modified its capitalization policy from the prior period.

(13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.

### 2. Accounting Changes and Corrections of Errors

The Company previously categorized amounts received from the Centers for Medicare and Medicaid Services ("CMS") for the Low Income Cost Sharing and Catastrophic Reinsurance subsidies as premium revenue. The Company changed its policy in relation to these two items to conform to Statutory Accounting requirements in 2014. There was no effect on net income or surplus as a result of this change in either 2014 or 2013.

### 3. Business Combinations and Goodwill

#### A. Statutory Purchase Method

Not Applicable.

#### B. Statutory Merger

Not Applicable.

**NOTES TO FINANCIAL STATEMENTS**

C. Assumption Reinsurance  
Not Applicable.

D. Impairment Loss

4. Discontinued Operations  
Not Applicable.

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans  
Not Applicable.
- B. Debt Restructuring  
Not Applicable.
- C. Reverse Mortgages  
Not Applicable.
- D. Loan-Backed Securities  
Not Applicable.
- E. Repurchase Agreements and/or Securities Lending Transactions  
Not Applicable.
- F. Real Estate  
Not Applicable.
- G. Low-Income Housing Tax Credits (LIHTC)  
Not Applicable.
- H. Restricted Assets
  - (1) Restricted Assets (Including Pledged)

## (1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross Restricted from Current Year	2 Total Gross Restricted from Prior Year	3 Increase / (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Percentage Gross Restricted to Total Admitted Assets	6 Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown .....						
b. Collateral held under security lending agreements .....						
c. Subject to repurchase agreements .....						
d. Subject to reverse repurchase agreements .....						
e. Subject to dollar repurchase agreements .....						
f. Subject to dollar reverse repurchase agreements .....						
g. Placed under option contracts .....						
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock .....						
i. FHLB capital stock .....						
j. On deposit with states .....	2,908,549	2,576,352	332,197	2,908,549	1.117	1.168
k. On deposit with other regulatory bodies .....						
l. Pledged as collateral to FHLB (including assets backing funding agreements) .....						
m. Pledged as collateral not captured in other categories .....						
n. Other restricted assets .....						
o. Total Restricted Assets .....	2,908,549	2,576,352	332,197	2,908,549	1.117	1.168

## (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories

Not Applicable.

## (3) Detail of Other Restricted Assets

Not Applicable.

**NOTES TO FINANCIAL STATEMENTS**

- I. Working Capital Finance
  - Not Applicable.
- J. Offsetting and Netting of Assets and Liabilities
  - Not Applicable.
- K. Structured Notes
  - Not Applicable.
- 6. Joint Ventures, Partnerships and Limited Liability Companies
  - A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
  - B. The Company did not recognize any impairment write down for investments in Joint Ventures, Partnerships or Limited Liability Companies during the statement periods.
- 7. Investment Income
  - A. Due and accrued income was excluded from surplus on the following bases:
    - All investment income due and accrued with amounts that are over 90 days past due.
  - B. The total amount excluded was \$0-.
- 8. Derivative Instruments
  - Not Applicable.
- 9. Income Taxes
  - The Company has been recognized by the Internal Revenue Service, under Internal Revenue Code Section 501(c)(4), as an organization exempt from tax under Section 501(a). There were no deferred income tax assets, deferred income tax liabilities, investment tax credits, or loss carryforwards as of December 31, 2014 or 2013. The Company does not have any material uncertain tax positions as of December 31, 2014 or 2013.
- 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties
  - A.-C. The Company paid common stock dividends to the Mount Carmel Health System ("MCHS") on March 16, 2014 in the amount of \$5,000,000 and on October 20, 2014 in the amount of \$72,000,000.
  - The Company leases the services of certain employees and its office space from MCHS. Additionally, MCHS also provides certain management, administrative, and marketing services to the Company. Expenses related to services provided by MCHS were \$9,732,294 and \$8,691,050 in 2014 and 2013, respectively. Medical expenses incurred by the Company provided by MCHS were \$100,284,892 and \$91,637,420 in 2014 and 2013, respectively.
  - The Company also provides by agreement certain management, administrative, and marketing services to Mount Carmel Health Insurance Company ("MCHIC"). Revenues related to services provided by the Company to MCHIC were \$948,857 and \$724,224 in 2014 and 2013, respectively.
  - D. The Company owed MCHS \$4,154,530 and \$3,707,876 as of December 31, 2014 and 2013, respectively.
  - E. Not Applicable.
  - F. Not Applicable.
  - G. The Company is owned by MCHS, a non-profit corporation domiciled in the State of Ohio.
  - H. Not Applicable.
  - I. Not Applicable.
  - J. Not Applicable.
  - K. Not Applicable.
  - L. Not Applicable.
- 11. Debt
  - A. Debt Including Capital Notes
    - The Company has no outstanding debt with third parties during 2014 and 2013.
  - B. Federal Home Loan Bank (FHLB) Agreements
    - The Company does not have any FHLB agreements.
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
  - A.-D. Defined Benefit Plan
    - Not Applicable.
  - E. Defined Contribution Plans
    - Not Applicable.
  - F. Multiemployer Plans
    - Not Applicable.

**NOTES TO FINANCIAL STATEMENTS****G. Consolidated/Holding Company Plans**

Employees of the Company are eligible to participate in a defined contribution retirement plan sponsored by Trinity Health Corporation ("Trinity"). Under this plan, employees may contribute a portion of their salary to the defined contribution plan. No employer matching contributions were made by Trinity or any of its subsidiaries on behalf of the participating Company employees in 2014.

**H. Postemployment Benefits and Compensated Absences**

Not Applicable.

**I. Impact of Medicare Modernization Act on Postretirement Benefits**

Not Applicable.

**13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

- (1) The Company has no shares authorized, no shares issued and no shares outstanding.
- (2) The Company has no preferred stock outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to \$6,804,571, an amount that is based on restrictions relating to net income and statutory surplus.
- (4) An ordinary dividend in the amount of \$5,000,000 on March 16, 2014 and \$72,000,000 on October 20, 2014 was paid by the Company.
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) The total amount of advances to surplus not repaid is \$0-.
- (8) The Company did not hold stock, including stock of affiliated companies, for special purposes of conversion of preferred stock, employee stock options, or stock purchase warrants.
- (9) There were no changes in balances of special surplus funds from the prior year.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$19,757,150 and \$23,160,353 as of December 31, 2014 and 2013, respectively.
- (11) The Company did not issue surplus debentures or similar obligations during the statement periods.
- (12) The Company did not have a restatement due to a prior quasi-reorganization.
- (13) Not Applicable.

**14. Liabilities, Contingencies and Assessments****A. Contingent Commitments**

Not Applicable.

**B. Assessments**

Not Applicable.

**C. Gain Contingencies**

Not Applicable.

**D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits**

Not Applicable.

**E. Joint and Several Liabilities**

Not Applicable.

**F. All Other Contingencies**

In November 2013, the Company received notification that it was selected for a Risk Adjustment Data Validation Audit ("RADV audit") by CMS to validate the accuracy of its 2011 Medicare Part C risk adjustment data and payments. For this validation audit, 201 of the Company's members and their associated 539 hierarchical condition categories were selected, and the Company has gathered the supporting documentation. The RADV audit timeline has been extended beyond the annual filing deadline of February 28, 2014, thus no potential liability can be estimated as of December 31, 2014.

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Company does not believe that any of these actions will have a material adverse effect on the Company's surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company's surplus, results of operations or cash flows.

The Company is not aware of any other material contingent liabilities as of December 31, 2014.

**15. Leases****A. Lessee Operating Lease**

(1) The Company leases postage mail equipment under a noncancelable operating lease agreement that expires August 2018. Rental expense for 2014 and 2013 was \$16,182 and \$9,882, respectively.

- (2) a. At January 1, of said year, the minimum aggregate rental commitments are as follows:

Reporting Period Ending	Operating Leases
1..... 2015	\$ ..... 14,823
2..... 2016	\$ ..... 14,823

**NOTES TO FINANCIAL STATEMENTS**

3.....	2017	\$.....	14,823
4.....	2018	\$.....	3,582
5.....	2019	\$.....	
6. Total		\$.....	48,051

(3) The Company is not involved in any leaseback transactions.

B. Lessor Leases  
Not Applicable.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk  
The Company 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

A. Transfer of Receivables Reported as Sales  
Not Applicable.

B. Transfer and Servicing of Financial Assets  
Not Applicable.

C. Wash Sales  
Not Applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans  
Not Applicable.

B. ASC Plans  
Not Applicable.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

(1) Revenue from the Company's Medicare (or similarly structured cost based reimbursement contract) contract for the year 2014, consisted of \$408,372,261 for medical and hospital related services and \$42,778,722 for administrative expenses.

(2) As of December 31, 2014 and 2013, the Company has recorded receivables from CMS of \$4,808,597 and \$1,861,743, respectively, related to the low-income member cost share and catastrophic reinsurance components of administered Medicare products. The Company does not have any additional receivables greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000.

(3) In connection with the Company's Medicare (or similarly structured cost based reimbursement contract) contract, the Company has recorded allowances and reserves for adjustment of recorded revenues in the amount of \$39,904 and \$34,445 at December 31, 2014 and 2013, respectively.

(4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators  
Not Applicable.

20. Fair Value Measurement

A. (1) The fair value of financial assets at December 31, 2014 were as follows:

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
Assets at fair value				
Common Stocks .....	48,138,750 .....			48,138,750 .....
Money Market Funds .....	1,123,665 .....			1,123,665 .....
20A1A99 - Assets at fair value .....	49,262,415 .....			49,262,415 .....

(2) Rollforward of Level 3 Items  
Not Applicable.

(3) There were no fair value measurements using significant unobservable inputs. The Company reports transfers between fair value hierarchy levels at the end of the reporting period.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses,

**NOTES TO FINANCIAL STATEMENTS**

incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates, and prepayment speeds.

The Company is responsible for the determination of fair value and as such, the Company performs a review of the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. There were no material adjustments to the prices obtained from the third party pricing service during the year ended December 31, 2014.

## (5) Derivative Fair Values

Not Applicable.

## B. Other Fair Value Disclosures

Not Applicable.

## C. Fair Values for All Financial Instruments by Levels 1, 2, and 3

Not Applicable.

## D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not Applicable.

## 21. Other Items

## A. Extraordinary Items

Not Applicable.

## B. Troubled Debt Restructuring: Debtors

Not Applicable.

## C. Other Disclosures and Unusual Items

Not Applicable.

## D. Business Interruption Insurance Recoveries

Not Applicable.

## E. State Transferable and Non-transferable Tax Credits

Not Applicable.

## F. Subprime-Mortgage-Related Risk Exposure

Not Applicable.

## G. Retained Assets

Not Applicable.

## 22. Events Subsequent

Type I - Recognized Subsequent Events:

Subsequent events have been considered through February 27, 2015 for the statutory statement issued on February 27, 2015.

The Company is not aware of any events or transactions that provide additional evidence with respect to conditions that existed at December 31, 2014, which would have a material effect on its financial condition.

Type II - Nonrecognized Subsequent Events:

Subsequent events have been considered through February 27, 2015 for the statutory statement issued on February 27, 2015.

The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist at December 31, 2014 but arose after that date, which would have a material effect on its financial condition.

## 23. Reinsurance

## A. Ceded Reinsurance Report

## Section 1 - General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( ) No (x)

If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

**NOTES TO FINANCIAL STATEMENTS**

Yes ( ) No (x)

If yes, give full details.

## Section 2 - Ceded Reinsurance Report - Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes ( ) No (x)

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate \$\_\_\_\_\_.

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$295,615.

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (x)

If yes, give full details.

## Section 3 - Ceded Reinsurance Report - Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$295,615.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (x)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$\_\_\_\_\_.

## B. Uncollectible Reinsurance

The Company has written off \$- 0- in reinsurance balances due during the current year.

## C. Commutation of Ceded Reinsurance

Not Applicable.

## D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

## 24. Retrospectively Rated Contracts &amp; Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS.

B. The Company records accrued retrospective premiums as an adjustment to uncollected premiums and considerations or aggregate health policy reserves on the Statement of Assets, Liabilities, Capital and Surplus and as an adjustment to change in unearned premium reserves or net premium income on the Statement of Revenue and Expenses.

C. The amount of net premiums written by the Company at December 31, 2014 that are subject to retrospective rating features was \$365,851,032, that represented 88% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

## 25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2013 were \$25,161,978. As of December 31, 2014, \$26,919,365 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$-0- as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$1,757,387 unfavorable prior-year development since December 31, 2013 to December 31, 2014. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

## 26. Intercompany Pooling Arrangements

A.-G.

Not Applicable.

## 27. Structured Settlements

The Company has no structured settlements.

**NOTES TO FINANCIAL STATEMENTS**

## 28. Health Care Receivables

## A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
<b>Pharmaceutical Rebate Receivables</b>					
12/31/2014	2,637,047				
09/30/2014	2,700,609				
06/30/2014	3,252,953	2,684,692		2,069,022	
03/31/2014	3,283,228	2,729,094		1,255,879	1,467,282
12/31/2013	1,889,881	1,858,888		966,195	892,840
09/30/2013	1,913,278	1,862,399		871,110	991,608
06/30/2013	1,716,153	1,716,153		809,963	901,101
03/31/2013	2,155,038	2,155,038		846,125	1,278,634
12/31/2012	1,483,996	1,483,996		393,358	1,087,233
09/30/2012	1,471,931	1,471,931		376,811	1,094,095
06/30/2012	2,026,858	2,026,858		991,427	1,035,957
03/31/2012	2,229,228	2,229,228		348,079	1,880,330
12/31/2011	1,510,545	1,510,545		494,264	1,016,849
09/30/2011	1,435,624	1,435,624		285,646	1,149,538
06/30/2011	1,348,593	1,348,593		200,602	1,148,265
03/31/2011	1,399,707	1,399,707		127,354	1,274,104
<b>28A - Pharmaceutical Rebate Receivables</b>					

## B. Risk Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received All Other
<b>Risk Sharing Receivables</b>									
2014	2014								
2013	2013	330,875							
<b>28B - Risk Sharing Receivables</b>									

## 29. Participating Policies

The Company has no participating policies.

## 30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$-0-
2. Date of the most recent evaluation of this liability December 31, 2014
3. Was anticipated investment income utilized in the calculation? Yes ( ) No (x)

## 31. Anticipated Salvage and Subrogation

The Company took into account estimated anticipated salvage and subrogation in its determination of the liability for unpaid claims/losses and reduced such liability by \$-0-.

## 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	\$ ..... 482,086,210	\$ ..... 405,202,597
2.2 Premium Denominator	\$ ..... 482,086,210	\$ ..... 405,202,597
2.3 Premium Ratio (2.1 / 2.2)	..... 1.000	..... 1.000
2.4 Reserve Numerator	\$ ..... 31,511,786	\$ ..... 25,161,978
2.5 Reserve Denominator	\$ ..... 31,511,786	\$ ..... 25,161,978
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 ( ) No (X)

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

5.2 If no, explain:

.....

5.3 Maximum retained risk (see instructions)		
5.31 Comprehensive Medical	\$ .....	
5.32 Medical Only	\$ .....	250,000
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:

Yes. All provider contracts contain hold harmless provisions and continuation of services in the case of insolvency provisions.

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	..... 6,970
8.2 Number of providers at end of reporting year	..... 7,640

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	.....

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

10.2 If yes:

10.21 Maximum amount payable bonuses	\$ .....
10.22 Amount actually paid for year bonuses	\$ ..... 1,425,790
10.23 Maximum amount payable withholds	\$ .....
10.24 Amount actually paid for year withholds	\$ .....

## GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

11.1 Is the reporting entity organized as:

11.12 A Medical Group / Staff Model,  
 11.13 An Individual Practice Association (IPA) , or  
 11.14 A Mixed Model (combination of above) ?

Yes ( ) No (X)  
 Yes ( ) No (X)  
 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.

\$ ..... 1,500,000

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

1 Name of Service Area
---------------------------

Butler County, Ohio .....  
 Champaign County, Ohio .....  
 Clark County, Ohio .....  
 Clermont County, Ohio .....  
 Coshocton County, Ohio .....  
 Delaware County, Ohio .....  
 Fairfield County, Ohio .....  
 Fayette, County, Ohio .....  
 Franklin County, Ohio .....  
 Greene County, Ohio .....  
 Guernsey County, Ohio .....  
 Hamilton County, Ohio .....  
 Knox County, Ohio .....  
 Licking County, Ohio .....  
 Madison County, Ohio .....  
 Monroe County, Ohio .....  
 Montgomery County, Ohio .....  
 Morgan County, Ohio .....  
 Muskingum County, Ohio .....  
 Noble County, Ohio .....  
 Perry County, Ohio .....  
 Pickaway County, Ohio .....  
 Richland County, Ohio .....  
 Ross County, Ohio .....  
 Union County, Ohio .....  
 Washington County, Ohio .....

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. \$ .....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes ( ) No ( ) N/A

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

15.1 Direct Premiums Written	\$ .....
15.2 Total Incurred Claims	\$ .....
15.3 Number of Covered Lives	\$ .....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app") Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") Variable Life (with or without secondary guarantee) Universal Life (with or without secondary guarantee) Variable Universal Life (with or without secondary guarantee)

## FIVE - YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
<b>BALANCE SHEET (Page 2 and Page 3)</b>					
1. Total admitted assets (Page 2, Line 28)	251,274,159	327,100,037	294,644,171	259,302,640	218,333,675
2. Total liabilities (Page 3, Line 24)	40,698,236	35,677,812	29,901,782	30,230,571	22,780,610
3. Statutory surplus	1,500,000	1,200,000	1,200,000	1,200,000	1,200,000
4. Total capital and surplus (Page 3, Line 33)	210,575,923	291,422,225	264,742,389	229,072,069	195,553,065
<b>INCOME STATEMENT (Page 4)</b>					
5. Total revenues (Line 8)	473,130,929	424,839,161	359,279,198	340,863,947	310,249,235
6. Total medical and hospital expenses (Line 18)	435,252,698	358,773,046	290,442,826	283,857,481	260,931,513
7. Claims adjustment expenses (Line 20)	9,262,457	9,186,816	6,841,645	6,215,298	5,505,407
8. Total administrative expenses (Line 21)	32,886,438	34,158,431	23,525,375	19,621,718	17,671,639
9. Net underwriting gain (loss) (Line 24)	(4,270,664)	22,720,868	38,469,352	31,169,450	26,140,676
10. Net investment gain (loss) (Line 27)	11,074,646	19,501,630	10,517,240	4,867,962	7,460,650
11. Total other income (Line 28 plus Line 29)	589	1,154,882	614,333	642,830	1,048,731
12. Net income or (loss) (Line 32)	6,804,571	43,377,380	49,600,925	36,680,242	34,650,057
<b>CASH FLOW (Page 6)</b>					
13. Net cash from operations (Line 11)	2,424,002	14,171,939	44,769,855	40,664,792	(4,058,179)
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. Total adjusted capital	210,575,923	291,422,225	264,742,389	229,072,069	195,553,065
15. Authorized control level risk-based capital	20,949,018	17,942,371	14,499,380	13,863,906	14,244,374
<b>ENROLLMENT (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	45,901	37,669	29,961	29,213	27,286
17. Total members months (Column 6, Line 7)	549,475	445,756	359,321	350,259	329,050
<b>OPERATING PERCENTAGE (Page 4)</b> (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)	92.6	84.4	80.8	83.3	84.1
20. Cost containment expenses	0.7	0.7	0.6	0.6	0.6
21. Other claims adjustment expenses	1.3	1.5	1.3	1.2	1.2
22. Total underwriting deductions (Line 23)	101.6	94.7	89.3	90.9	91.6
23. Total underwriting gain (loss) (Line 24)	(0.9)	5.3	10.7	9.1	8.4
<b>UNPAID CLAIMS ANALYSIS</b> (U and I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Column 5)	26,919,365	19,368,861	20,205,762	17,950,128	17,783,109
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	25,161,978	20,605,935	21,197,158	18,747,825	19,372,817
<b>INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES</b>					
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		483,221,661					483,221,661
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		483,221,661				483,221,661
60. Reporting entity contributions for Employee Benefit Plans		XXX						
61. Total (Direct Business)	(a) 1		483,221,661					483,221,661

**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.

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