



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 (Current Period) , NAIC Company Code 95655 (Prior Period) Employer's ID Number 31-1471229

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

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 (614) 546-3211 (Street and Number, City or Town, State, Country and Zip Code) (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)  
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OFFICERS

Keith Coleman (Chairperson) Hugh Jones (Treasurer)  
Sister Barbara Hahl (Secretary) 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 Robert Paskowski Hugh Jones  
Chairperson President and Chief Executive Officer Treasurer

Subscribed and sworn to before me this day of February, 2015  
a. Is this an original filing? Yes (X) No ( )  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1  Assets	2  Nonadmitted Assets	3 Net Admitted Assets (Col 1 - Col 2)	4  Net Admitted Assets
1. Bonds (Schedule D) .....	116,529,604		116,529,604	129,712,727
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common stocks .....	48,138,750		48,138,750	67,598,791
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ ..... (5,746,282) , Schedule E - Part 1) , cash equivalents (\$ ..... 43,425,380 , Schedule E - Part 2) and short-term investments (\$ ..... 26,460,724 ,Schedule DA) .....	64,139,819		64,139,819	106,949,587
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Line 1 through Line 11) .....	228,808,173		228,808,173	304,261,105
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	1,279,220		1,279,220	955,960
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	10,330,271		10,330,271	17,026,945
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums .....	934,733		934,733	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	169,667		169,667	
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	125,948		125,948	
17. Amounts receivable relating to uninsured plans .....	4,808,597		4,808,597	1,951,926
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				2,605
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	47,251	47,251		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	147,157		147,157	81,876
24. Health care (\$ ..... 2,774,134 ) and other amounts receivable .....	9,668,319	6,894,185	2,774,134	1,899,242
25. Aggregate write-ins for other-than-invested assets .....	6,416,166	4,519,907	1,896,259	920,378
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25) .....	262,735,502	11,461,343	251,274,159	327,100,037
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Line 26 and Line 27) .....	262,735,502	11,461,343	251,274,159	327,100,037
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above) .....				
2501. Miscellaneous receivable related to Coverage Gap Discount Program .....	1,896,259		1,896,259	
2502. Prepaid expenses .....	4,519,907	4,519,907		
2503. Miscellaneous receivable .....				589,503
2598. Summary of remaining write-ins for Line 25 from overflow page .....				330,875
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....	6,416,166	4,519,907	1,896,259	920,378

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	31,511,786		31,511,786	25,161,978
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....	359,658		359,658	262,655
4. Aggregate health policy reserves, including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....				
5. Aggregate life policy reserves .....				
6. Property/casualty unearned premium reserves .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	108,429		108,429	164,336
9. General expenses due or accrued .....	4,563,833		4,563,833	6,380,967
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)) .....				
10.2 Net deferred tax liability .....				
11. Ceded reinsurance premiums payable .....				
12. Amounts withheld or retained for the account of others .....				
13. Remittances and items not allocated .....				
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....				
15. Amounts due to parent, subsidiaries and affiliates .....	4,154,530		4,154,530	3,707,876
16. Derivatives .....				
17. Payable for securities .....				
18. Payable for securities lending .....				
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....				
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....				
21. Net adjustments in assets and liabilities due to foreign exchange rates .....				
22. Liability for amounts held under uninsured plans .....				
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....				
24. Total liabilities (Line 1 to Line 23) .....	40,698,236		40,698,236	35,677,812
25. Aggregate write-ins for special surplus funds .....	X X X	X X X		
26. Common capital stock .....	X X X	X X X	100	100
27. Preferred capital stock .....	X X X	X X X		
28. Gross paid in and contributed surplus .....	X X X	X X X	42,422,434	42,422,434
29. Surplus notes .....	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31. Unassigned funds (surplus) .....	X X X	X X X	168,153,389	248,999,691
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	X X X	X X X		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	X X X	X X X		
33. Total capital and surplus (Line 25 to Line 31 minus Line 32) .....	X X X	X X X	210,575,923	291,422,225
34. Total liabilities, capital and surplus (Line 24 and Line 33) .....	X X X	X X X	251,274,159	327,100,037
DETAILS OF WRITE-INS				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above) .....				
2501. ....	X X X	X X X		
2502. ....	X X X	X X X		
2503. ....	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....	X X X	X X X		
3001. ....	X X X	X X X		
3002. ....	X X X	X X X		
3003. ....	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above) .....	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	549,475	445,756
2. Net premium income (including \$ non-health premium income)	X X X	466,995,878	405,202,597
3. Change in unearned premium reserves and reserve for rate credits	X X X	(6,919,458)	19,636,564
4. Fee-for-service (net of \$ medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X	3,035,084	
7. Aggregate write-ins for other non-health revenues	X X X		
8. Total revenues (Line 2 to Line 7)	X X X	463,111,504	424,839,161
Hospital and Medical:			
9. Hospital/medical benefits		237,297,814	190,902,088
10. Other professional services		133,823,089	108,874,156
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs		54,467,457	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)		425,588,360	358,773,046
Less:			
17. Net reinsurance recoveries		355,087	
18. Total hospital and medical (Line 16 minus Line 17)		425,233,273	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)		467,382,168	402,118,293
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	X X X	(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		590	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)	X X X	6,804,572	43,377,380
31. Federal and foreign income taxes incurred	X X X		
32. Net income (loss) (Line 30 minus Line 31)	X X X	6,804,572	43,377,380
DETAILS OF WRITE-INS			
0601. Population management fees	X X X	329,126	
0602. Provider group risk sharing	X X X	2,705,958	
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)	X X X	3,035,084	
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799. Totals (Line 0701 through Line 0703 plus Line 0798) (Line 7 above)	X X X		
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		590	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)		590	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 .....	6,804,572	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 .....	(1)	
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
DETAILS OF WRITE-INS		
4701. Rounding .....	(1)	
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) .....	(1)	

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	465,782,454	405,202,597
2. Net investment income	89,928	3,002,592
3. Miscellaneous income	3,035,674	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		
7. Commissions, expenses paid and aggregate write-ins for deductions	43,966,029	40,758,146
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
Cash from Investments		
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)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders	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)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(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		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	466,995,878						466,995,878			
2. Change in unearned premium reserves and reserve for rate credit .....	(6,919,458)						(6,919,458)			
3. Fee-for-service (net of \$ ..... medical expenses)										X X X
4. Risk revenue .....										X X X
5. Aggregate write-ins for other health care related revenues .....	3,035,084						3,035,084			X X X
6. Aggregate write-ins for other non-health care related revenues .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7. Total revenues (Line 1 through Line 6) .....	463,111,504						463,111,504			
8. Hospital/medical benefits .....	237,297,814						237,297,814			X X X
9. Other professional services .....	133,823,089						133,823,089			X X X
10. Outside referrals .....										X X X
11. Emergency room and out-of-area .....										X X X
12. Prescription drugs .....	54,467,457						54,467,457			X X X
13. Aggregate write-ins for other hospital and medical .....										X X X
14. Incentive pool, withhold adjustments, and bonus amounts .....										X X X
15. Subtotal (Line 8 through Line 14) .....	425,588,360						425,588,360			X X X
16. Net reinsurance recoveries .....	355,087						355,087			X X X
17. Total hospital and medical (Line 15 minus Line 16) .....	425,233,273						425,233,273			X X X
18. Non-health claims (net) .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
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 .....										X X X
22. Increase in reserves for life contracts .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23. Total underwriting deductions (Line 17 through Line 22) .....	467,382,168						467,382,168			
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			X X X
0502. Provider group risk sharing .....	2,705,958						2,705,958			X X X
0503. ....										X X X
0598. Summary of remaining write-ins for Line 5 from overflow page .....										X X X
0599. Total (Line 0501 through Line 0503 plus Line 0598) (Line 5 above) .....	3,035,084						3,035,084			X X X
0601. ....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602. ....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603. ....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698. Summary of remaining write-ins for Line 6 from overflow page .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699. Total (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) .....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301. ....										X X X
1302. ....										X X X
1303. ....										X X X
1398. Summary of remaining write-ins for Line 13 from overflow page .....										X X X
1399. Total (Line 1301 through Line 1303 plus Line 1398) (Line 13 above) .....										X X X

UNDERWRITING AND INVESTMENT EXHIBIT

Part 1 - Premiums

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	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 .....	468,131,329		1,135,451	466,995,878
7. Title XIX - Medicaid .....				
8. Other health .....				
9. Health subtotal (Line 1 through Line 8) .....	468,131,329		1,135,451	466,995,878
10. Life .....				
11. Property/casualty .....				
12. Totals (Line 9 to Line 11) .....	468,131,329		1,135,451	466,995,878



UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2 - Claims Incurred During the Year

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	419,238,553						419,238,553			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	185,420						185,420			
1.4 Net	419,053,133						419,053,133			
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	425,588,361						425,588,361			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	185,420						185,420			
12.4 Net	425,402,941						425,402,941			
13. Incurred medical incentive pools and bonuses										

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

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....										
1.2 Reinsurance assumed .....										
1.3 Reinsurance ceded .....										
1.4 Net .....										
2. Incurred but Unreported:										
2.1 Direct .....	31,511,786						31,511,786			
2.2 Reinsurance assumed .....										
2.3 Reinsurance ceded .....										
2.4 Net .....	31,511,786						31,511,786			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....										
3.2 Reinsurance assumed .....										
3.3 Reinsurance ceded .....										
3.4 Net .....										
4. TOTALS:										
4.1 Direct .....	31,511,786						31,511,786			
4.2 Reinsurance assumed .....										
4.3 Reinsurance ceded .....										
4.4 Net .....	31,511,786						31,511,786			

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	6
	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	Claims Incurred in Prior Years (Column 1 plus Column 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior 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	391,964,101		31,511,786	26,919,365	25,161,978
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Line 1 through Line 8) .....	26,919,365	391,964,101		31,511,786	26,919,365	25,161,978
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	391,964,101		31,511,786	26,919,365	25,161,978

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

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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

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 .....										

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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

**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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

**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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

**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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

**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 .....										

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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

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 .....										



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	X X X	221,661	239,833	239,834	239,834
4. 2012	X X X	X X X	229,204	246,582	246,603
5. 2013	X X X	X X X	X X X	276,790	303,687
6. 2014	X X X	X X X	X X X	X X X	391,964

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	X X X	224,143	242,316	242,316	242,316
4. 2012	X X X	X X X	230,631	248,008	291,897
5. 2013	X X X	X X X	X X X	282,433	361,869
6. 2014	X X X	X X X	X X X	X X X	423,476

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			260,071	83.827			260,071	83.827
2. 2011	340,864	239,834			239,834	70.361			239,834	70.361
3. 2012	359,279	246,603			246,603	68.638			246,603	68.638
4. 2013	424,839	303,687	9,187	3.025	312,874	73.645	(59)		312,815	73.631
5. 2014	457,761	391,964			391,964	85.626	31,512	360	423,836	92.589

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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

**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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

**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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

**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 .....	X X X				
4. 2012 .....	X X X	X X X			
5. 2013 .....	X X X	X X X	X X X		
6. 2014 .....	X X X	X X X	X X X	X X X	

**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 .....										

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	X X X	221,661	239,833	239,834	239,834
4. 2012	X X X	X X X	229,204	246,582	246,603
5. 2013	X X X	X X X	X X X	276,790	303,687
6. 2014	X X X	X X X	X X X	X X X	391,964

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	X X X	224,143	242,316	242,316	242,316
4. 2012	X X X	X X X	230,631	248,008	291,897
5. 2013	X X X	X X X	X X X	282,433	361,869
6. 2014	X X X	X X X	X X X	X X X	423,476

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			260,071	83.827			260,071	83.827
2. 2011	340,864	239,834			239,834	70.361			239,834	70.361
3. 2012	359,279	246,603			246,603	68.638			246,603	68.638
4. 2013	424,839	303,687	9,187	3.025	312,874	73.645	(59)		312,815	73.631
5. 2014	457,761	391,964			391,964	85.626	31,512	360	423,836	92.589

**Page 13**

Underwriting and Investment Exhibit , Part 2D

**NONE**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ ..... for occupancy of own building) .....			774,691		774,691
2. Salaries, wages and other benefits .....	2,602,944	576,869	11,523,849		14,703,662
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....					
4. Legal fees and expenses .....			2,281		2,281
5. Certifications and accreditation fees .....					
6. Auditing, actuarial and other consulting services .....	4,974		2,153,744		2,158,718
7. Traveling expenses .....	1,785		97,690		99,475
8. Marketing and advertising .....	7,836		1,006,864		1,014,700
9. Postage, express, and telephone .....	1,640		2,377,889		2,379,529
10. Printing and office supplies .....	5,767	1,150	410,904		417,821
11. Occupancy, depreciation and amortization .....			893		893
12. Equipment .....	5,021		71,386		76,407
13. Cost or depreciation of EDP equipment and software .....	270,671		880,361		1,151,032
14. Outsourced services including EDP, claims, and other services .....	292,414	5,290,758	11,674,996	876,698	18,134,866
15. Boards, bureaus and association fees .....		953	55,308		56,261
16. Insurance, except on real estate .....			18,092		18,092
17. Collection and bank service charges .....			179,183		179,183
18. Group service and administration fees .....					
19. Reimbursements by uninsured accident and health plans .....					
20. Reimbursements from fiscal intermediaries .....					
21. Real estate expenses .....					
22. Real estate taxes .....			(250)		(250)
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....		241	289,058		289,299
23.2 State premium taxes .....					
23.3 Regulator authority licenses and fees .....			(26,670)		(26,670)
23.4 Payroll taxes .....	165,507	33,827	462,687		662,021
23.5 Other (excluding federal income and real estate taxes) .....	100		425,868		425,968
24. Investment expenses not included elsewhere .....			507,614		507,614
25. Aggregate write-ins for expenses .....					
26. Total expenses incurred (Line 1 to Line 25) .....	3,358,659	5,903,798	32,886,438	876,698	(a) 43,025,593
27. Less expenses unpaid December 31, current year .....			4,563,833		4,563,833
28. Add expenses unpaid December 31, prior year .....			6,380,967		6,380,967
29. Amounts receivable relating to uninsured plans, prior year .....					
30. Amounts receivable relating to uninsured plans, current year .....					
31. Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30) .....	3,358,659	5,903,798	34,703,572	876,698	44,842,727
DETAILS OF WRITE-INS					
2501. ....					
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....					
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....					

(a) Includes management fees of \$ ..... 9,732,294 to affiliates and \$ .....to non-affiliates .

EXHIBIT OF NET INVESTMENT INCOME

	1	2
	Collected During Year	Earned During Year
1. U. S. Government bonds	(a) 630,722	789,740
1.1 Bonds exempt from U. S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 2,988,458	3,620,183
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates	1,055,751	1,101,476
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 2,484	15,166
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	4,677,415	5,526,565
11. Investment expenses		(g) 876,698
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Line 11 through Line 15)		876,698
17. Net investment income (Line 10 minus Line 16)		4,649,867
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. Totals (Line 1501 through Line 1503 plus Line 1598) (Line 15 above)		
(a) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.	(f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.	
(b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.	(g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.	
(c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.	(h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.	
(d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.	(i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.	
(e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Col. 1 + Col. 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U. S. Government bonds	(55,281)		(55,281)		
1.1 Bonds exempt from U. S. tax					
1.2 Other bonds (unaffiliated)	136,461		136,461		
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)	8,603,051	(2,259,452)	6,343,599	(3,403,203)	
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)	8,684,231	(2,259,452)	6,424,779	(3,403,203)	
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D): .....			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B): .....			
3.1 First liens .....			
3.2 Other than first liens .....			
4. Real estate (Schedule A): .....			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income .....			
4.3 Properties held for sale .....			
5. Cash (Schedule E-Part 1) , cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Line 1 to Line 11) .....			
13. Title plants (for Title insurers only) .....			
14. Investment income due and accrued .....			
15. Premiums and considerations: .....			
15.1 Uncollected premiums and agents' balances in the course of collection .....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3 Accrued retrospective premiums .....			
16. Reinsurance: .....			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....	47,251		(47,251)
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable .....	6,894,185	3,420,162	(3,474,023)
25. Aggregate write-ins for other-than-invested assets .....	4,519,907	793,511	(3,726,396)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25) .....	11,461,343	4,213,673	(7,247,670)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. Total (Line 26 and Line 27) .....	11,461,343	4,213,673	(7,247,670)
DETAILS OF WRITE-INS .....			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above) .....			
2501. Prepaid expenses .....	4,519,907	793,511	(3,726,396)
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....	4,519,907	793,511	(3,726,396)



EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6  Current Year Member Months
	1  Prior Year	2  First Quarter	3  Second Quarter	4  Third Quarter	5  Current Year	
1. Health Maintenance Organizations .....	37,669	45,746	45,775	45,879	45,901	549,475
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....						
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business .....						
7. Total .....	37,669	45,746	45,775	45,879	45,901	549,475
<b>DETAILS OF WRITE-INS</b>						
0601.....						
0602.....						
0603.....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....						
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above) .....						

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

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 .....	6,804,572 .....	43,377,380
01A04 - Net Income, NAIC SAP (Line 1 - Line 2 - Line 3) .....	OH .....	6,804,572 .....	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)- (4) 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.

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

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	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	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.

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

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.

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

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 \$4,489,572, 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

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

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 \$397,657,346 for medical and hospital related services and \$41,656,289 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,

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

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	
		<u>Type I - Recognized Subsequent Events:</u>	
		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.	
		<u>Type II - Nonrecognized Subsequent Events:</u>	
		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?	

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

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 & 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.



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

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
Pharmaceutical Rebate Receivables					
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
28A - Pharmaceutical Rebate Receivables					

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
Risk Sharing Receivables									
2014	2014								
2013	2013	330,875							
28B - Risk Sharing Receivables									

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-.

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons , one or more of which is an insurer?

Yes ( ) No (X)
- If yes , complete Schedule Y , Parts 1 , 1A and 2.
- 1.2

If yes , did the reporting entity register and file with its domiciliary State Insurance Commissioner , Director or Superintendent , or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System , a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto , or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ( ) No ( ) N/A (X)
- 1.3

State Regulating?

Ohio
- 2.1

Has any change been made during the year of this statement in the charter , by-laws , articles of incorporation , or deed of settlement of the reporting entity?

Yes ( ) No (X)
- 2.2

If yes , date of change:

.....
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2008
- 3.2

State the as of date of the latest financial examination report became available from either the state of domicile or the reporting entity . This date should be the date of the examined balance sheet and not the date the report was completed or released .

12/31/2008
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity . This is the release date or completion date of the examination report and not the date of the examination (balance sheet date) .

06/12/2009
- 3.4

By what department or departments?  
Ohio Department of Insurance
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ( ) No ( ) N/A (X)
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes (X) No ( ) N/A ( )
- 4.1

During the period covered by this statement , did any agent , broker , sales representative , non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11

sales of new business?

Yes ( ) No (X)

4.12

renewals?

Yes ( ) No (X)
- 4.2

During the period covered by this statement , did any sales/service organization owned in whole or in part by the reporting entity or an affiliate , receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21

sales of new business?

Yes ( ) No (X)

4.22

renewals?

Yes ( ) No (X)
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ( ) No (X)
- 5.2

If yes , provide the name of entity , the NAIC company code , and state of domicile (use two-letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
---------------------	------------------------	------------------------

- 6.1

Has the reporting entity had any Certificates of Authority , licenses or registrations (including corporate registration , if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ( ) No (X)
- 6.2

If yes , give full information:

.....
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ( ) No (X)
- 7.2

If yes ,

7.21

State the percentage of foreign control

..... %

7.22

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

1 Nationality	2 Type of Entity
------------------	---------------------

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ( ) No (X)
- 8.2

If response to 8. 1 is yes , please identify the name of the bank holding company.

.....
- 8.3

Is the company affiliated with one or more banks , thrifts or securities firms?

Yes ( ) No (X)
- 8.4

If response to 8. 3 is yes , please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB) , the Office of the Comptroller of the Currency (OCC) , the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator .

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
---------------------	-----------------------------	----------	----------	-----------	----------

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Deloitte & Touche LLP , 200 Renaissance Center , Suite 3900 , Detroit , MI 48243
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule) , or substantially similar state law or regulation?

Yes ( ) No (X)
- 10.2

If the response to 10. 1 is yes , provide information related to this exemption:

.....
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation , or substantially similar state law or regulation?

Yes ( ) No (X)
- 10.4

If the response to 10. 3 is yes , provide information related to this exemption:

.....
- 10.5

Has the reporting entity established an Audit Committee in compliance with domiciliary state insurance laws?

Yes (X) No ( ) N/A ( )
- 10.6

If the response to 10. 5 is no or n/a , please explain:

.....

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Timothy D. Gustafson, Principal, Deloitte Consulting LLP, 111 S. Wacker Drive, Chicago, IL 60606
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

12.11 Name of real estate holding company  
12.12 Number of parcels involved  
12.13 Total book/adjusted carrying value
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?  
13.3 Have there been any changes made to any of the trust indentures during the year?  
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards:

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended?
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers?
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers  
20.12 To stockholders not officers  
20.13 Trustees, supreme or grand (Fraternal only)
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers  
20.22 To stockholders not officers  
20.23 Trustees, supreme or grand (Fraternal only)
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- 21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others  
21.22 Borrowed from others  
21.23 Leased from others  
21.24 Other
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- 22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment  
22.22 Amount paid as expenses  
22.23 Other amounts paid
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

GENERAL INTERROGATORIES  
PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

Yes (X) No ( )

24.02

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

24.03

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

24.04

Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions?

Yes ( ) No ( ) N/A (X)

24.05

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

\$ .....

24.06

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

\$ .....

24.07

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes ( ) No ( ) N/A (X)

24.08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes ( ) No ( ) N/A (X)

24.09

Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes ( ) No ( ) N/A (X)

24.10

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

24.101

Total fair value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2

\$ .....

24.102

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ .....

24.103

Total payable for securities lending reported on the liability page

\$ .....

25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)

Yes ( ) No (X)

25.2

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

25.21

Subject to repurchase agreements

\$ .....

25.22

Subject to reverse repurchase agreements

\$ .....

25.23

Subject to dollar repurchase agreements

\$ .....

25.24

Subject to reverse dollar repurchase agreements

\$ .....

25.25

Placed under option agreements

\$ .....

25.26

Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

\$ .....

25.27

FHLB Capital Stock

\$ .....

25.28

On deposit with states

\$ .....

25.29

On deposit with other regulatory bodies

\$ .....

25.30

Pledged as collateral - excluding collateral pledged to an FHLB

\$ .....

25.31

Pledged as collateral to FHLB - including assets backing funding agreements

\$ .....

25.32

Other

\$ .....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
----------------------------	------------------	-------------

26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes ( ) No (X)

26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement.

Yes ( ) No ( ) N/A (X)

27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes ( ) No (X)

27.2

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

\$ .....

28.

Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds, and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes (X) No ( )

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

1 Name of Custodian(s)	2 Custodian's Address
---------------------------	--------------------------

PNC Institutional Investments ..... Cleveland, OH .....

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
--------------	------------------	------------------------------

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

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

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28. 05 Identify all investment advisors , broker /dealers or individuals acting on behalf of broker /dealers that have access to the investment accounts , handle securities and have authority to make investments on behalf of the reporting entity:

<div>1</div> <div>Central Registration Depository Number (s)</div>	<div>2</div> <div>Name</div>	<div>3</div> <div>Address</div>
--	------------------------------	---------------------------------

151829 ..... PNC Capital Advisors, LLC ..... 1 East Pratt Street, Baltimore, MD 21202 .....

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

29.2 If yes, complete the following schedule:

<div>1</div> <div>CUSIP Number</div>	<div>2</div> <div>Name of Mutual Fund</div>	<div>3</div> <div>Book/Adjusted Carrying Value</div>
--------------------------------------	---	--

69351J-10-8 ..... PNC Fnde Intl Eqt Fund I ..... 5,664,552

29.2999 - Total ..... 5,664,552

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

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

PNC Fnde Intl Eqt Fund I ..... Teva Pharmaceutical Industries Ltd ..... 101,395 12/31/2014 .....

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

	<div>1</div> <div>Statement (Admitted) Value</div>	<div>2</div> <div>Fair Value</div>	<div>3</div> <div>Excess of Statement over Fair Value (-) , or Fair Value over Statement (+)</div>
30.1 Bonds .....	\$ ..... 116,529,604	\$ ..... 119,441,646	\$ ..... 2,912,042
30.2 Preferred stocks .....	\$ .....	\$ .....	\$ .....
30.3 Totals.....	\$ ..... 116,529,604	\$ ..... 119,441,646	\$ ..... 2,912,042

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

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

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

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

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

32.2 If no, list exceptions:  
.....  
.....

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ ..... 62,911

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

<div>1</div> <div>Name</div>	<div>2</div> <div>Amount Paid</div>
Health Plan Alliance.....	\$ ..... 35,744
Ohio Association on Health Plans .....	\$ ..... 25,000
America's Health Insurance Plans .....	\$ ..... 2,167
.....	\$ .....

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

34.1 Amount of payments for legal expenses, if any? \$ ..... 2,281

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

1 Name	2 Amount Paid
Taft, Stettinius, & Hollister .....	\$ ..... 2,281
.....	\$ .....
.....	\$ .....
.....	\$ .....

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

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

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

GENERAL INTERROGATORIES  
PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes ( ) No (X)

1.2

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

\$ .....

1.3

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

\$ .....

1.31

Reason for excluding:

.....  
.....

1.4

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

\$ .....

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$ .....

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ .....

1.62

Total incurred claims

\$ .....

1.63

Number of covered lives

.....

All years prior to most current three years:

1.64

Total premium earned

\$ .....

1.65

Total incurred claims

\$ .....

1.66

Number of covered lives

.....

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ .....

1.72

Total incurred claims

\$ .....

1.73

Number of covered lives

.....

All years prior to most current three years:

1.74

Total premium earned

\$ .....

1.75

Total incurred claims

\$ .....

1.76

Number of covered lives

.....

2.

Health Test:

2.1

Premium Numerator

\$ .....

2.2

Premium Denominator

\$ .....

2.3

Premium Ratio (2.1 / 2.2)

.....

2.4

Reserve Numerator

\$ .....

2.5

Reserve Denominator

\$ .....

2.6

Reserve Ratio (2.4 / 2.5)

.....

1

Current Year

466,995,878

466,995,878

1.000

31,511,786

31,511,786

1.000

2

Prior Year

405,202,597

405,202,597

1.000

25,161,978

25,161,978

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 cas 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,

Yes ( ) No (X)

11.13

An Individual Practice Association (IPA) , or

Yes ( ) No (X)

11.14

A Mixed Model (combination of above)?

Yes ( ) No (X)

11.2

Is the reporting entity subject to Minimum Net Worth Requirements?

Yes (X) No ( )

11.3

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

Ohio

11.4

If yes, show the amount required.

\$ ..... 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	2	3	4	5
	2014	2013	2012	2011	2010
BALANCE SHEET (Page 2 and Page 3)					
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
INCOME STATEMENT (Page 4)					
5. Total revenues (Line 8)	463,111,504	424,839,161	359,279,198	340,863,947	310,249,235
6. Total medical and hospital expenses (Line 18)	425,233,273	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)	590	1,154,882	614,333	642,830	1,048,731
12. Net income or (loss) (Line 32)	6,804,572	43,377,380	49,600,925	36,680,242	34,650,057
CASH FLOW (Page 6)					
13. Net cash from operations (Line 11)	2,424,002	14,171,939	44,769,855	40,664,792	(4,058,179)
RISK-BASED CAPITAL ANALYSIS					
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
ENROLLMENT (Exhibit 1)					
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
OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	92.4	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
UNPAID CLAIMS ANALYSIS (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
INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES					
26. Affiliated bonds (Schedule D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Schedule D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Line 26 to Line 31					
33. Total investment in parent included in Line 26 to Line 31 above					

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

Yes ( ) No ( )

If no, please explain:  
.....

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1		Direct Business Only Year to Date							
	Active Status		2	3	4	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	9 Deposit-Type Contracts
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		466,995,878					466,995,878	
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	X X X								
59. Subtotal		X X X		466,995,878					466,995,878	
60. Reporting entity contributions for Employee Benefit Plans		X X X								
61. Total (Direct Business)	(a)	1		466,995,878					466,995,878	

DETAILS OF WRITE-INS

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan , Inc  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

Trinity Health  
Corporation (an Indiana  
nonprofit)

Mount Carmel Heath System [Ohio]

- Mount Carmel Health System Foundation
- Mount Carmel Health Plan Inc (HMO)
- Mount Carmel Heath Insurance Company (PPO)
- Mount Carmel College of Nursing
- Patient Transport Services of Columbus LLC (50% ownership)
- Cornerstone Medical Services of Columbus LLC (50% ownership)
- Trinity Home Care LLC (50% ownership)
- OSU/Mount Carmel Health Alliance (50% ownership)
  - Madison County Community Hospital (40% ownership)
- Diley Ridge Medical Center (70% ownership)
- Mount Carmel Heath Partners
- Central Ohio Medical Textiles Inc (50% ownership)
- Surgery Center Financing Corp
- St Ann's Medical Office Building III, LLC (44.77% ownership)
- Mount Carmel HeathProviders Inc.
  - Mount Carmel HealthProviders Two, LLC
  - Mount Carmel HealthProviders III, LLC
- Big Run Medical Office Building Limited Partnership (50% ownership)
  - MCHS Big Run Condominium Association (50% ownership)
- Big Run Urgent Care Ltd
- Central Ohio Sleep Medicine
- Highfield MRI Ltd (50% ownership)
- Concord Radiation Therapy LLC
- Taylor Station Surgical Center Ltd (40% ownership)
- Columbus Cyberknife LLC (35% ownership)
- Green Street Surgery Center LLC (20% ownership)
- Canal Winchester MOB LLC (22% ownership)
- Eye Center of Columbus LLC (2.952% ownership)
- Health Innovations Ohio LLC (25% ownership)
- New Albany Surgery Center LLC (40% ownership)
- MCE MOB IV Limited Partnership (49.6% ownership)
- St Ann's Medical Office Building II Limited Partnership (46.75% ownership)
- Mount Carmel East Professional Office Building III Limited Partnership (27.5% ownership)
- Medilucent MOB I Limited Partnership (25% ownership)

Holy Cross Health Inc [Maryland]

- Holy Cross Health Network
- Maryland Care Group, Inc
- Surgery Center of Maryland LLC (12.5% ownership)
- Holy Cross Private Home Services Corporation
- Holy Cross Health Foundation, Inc
- Chesapeake Potomac Regional Cancer Center LLC (20% ownership)
- Doctors' Regional Cancer Center LLC (20% ownership)

Mercy Health Network, Inc. (50% ownership) [Iowa/Nebraska]

Mercy Health Services - Iowa Corp [Iowa/Nebraska]

- Mercy Medical Center - Clinton Inc.
  - Mercy-Clinton Anesthesia Group, LLC
  - Clinton Imaging Services LLC (65% ownership)
  - Stereotactic Biopsy Services LC (11.1% ownership)
- Hospice of North Iowa
- Mercy Care Connections
- United Clinical Laboratories Inc (33.3% ownership)
- Preferred Health Choices LLC (50% ownership)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan , Inc  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

---

Health Management Services LLC (50% ownership)  
Forest Park Imaging LLC (52.89% ownership)  
Surgical Center Building Associates LLC (35% ownership)  
YMCA and Rehabilitation Center MMC North Iowa (50% ownership)  
Magnetic Resonance Services LLC (49% ownership)  
Mason City Ambulatory Surgery Center LLC dba Mason City Surgery Center (51% ownership)  
Mercy Heart Center Outpatient Services LLC (51% ownership)  
Iowa Falls Clinic MMC North Iowa (50% ownership)  
Mercy Medical Center Foundation - North Iowa  
North Iowa Community Healthcare LLC MMC - North Iowa (19.25% ownership)  
Hawarden Regional Healthcare Clinic, LLC (50% ownership)  
Mercy Medical Services, Inc.  
Mercy Medical Center - Sioux City Foundation  
Health Incorporated (50% ownership)  
Siouxland Paramedics Inc.  
Siouxland PACE, Inc.  
Siouxland Regional Cancer Center dba June E. Nylan Cancer Center  
Hospice of Siouxland  
Mercy/USP Health Ventures (55.71% ownership)  
Siouxland Surgery Center LLP (55.54% ownership)  
Oakland Mercy Hospital  
Baum Harmon Mercy Hospital

**Saint Joseph Regional Medical Center , Inc. [Indiana]**

The Foundation of Saint Joseph Regional Medical Center Inc  
Saint Joseph Regional Medical Center Mishawaka Auxiliary Inc.  
Saint Joseph Regional Medical Center Plymouth Auxiliary Inc.  
Alick's Home Medical Equipment Inc (15% ownership)  
Saint Joseph Regional Medical Center - Health Insurance Services LLC  
Northern Indiana Magnetic Resonance Center, LLP (25% ownership)  
Select Health Network Inc (50% ownership)  
Michiana Heath Information Network LLC (53% ownership)  
Edison Lakes Inc (23.84% ownership)  
Advantage Heath Solutions, Inc (15.5% ownership)  
Community Health Partners of South Bend, Inc (50% ownership)  
Edison Lakes Imaging LLC (75% ownership)  
Edison Lakes ROC LLC (30% ownership)  
Saint Joseph Regional Medical Center - South Bend Campus Inc  
Saint Joseph Regional Medical Center - Plymouth Campus Inc.

**Saint Alphonsus Health System , Inc. [Idaho/Oregon]**

Saint Alphonsus Medical Center - Nampa Inc.  
MedNow Inc.  
MedNow Infusion LLC (49% ownership)  
Treasure Valley Healthnet, Inc (50% ownership)  
Saint Alphonsus Medical Center Nampa Health Foundation, Inc.  
Saint Alphonsus Regional Medical Center , Inc.  
Saint Alphonsus Diversifid Care Inc.  
Southern Idaho Regional Laboratory LLC dba Treasure Valley Lab (50% ownership)  
Idaho Cytogenetics Diagnostic Laboratory LLC (50% ownership)  
Intermountain Medical Imaging LLC (50% ownership)  
Saint Alphonsus Caldwell Cancer Treatment Center LLC (80% ownership)  
Eagle ED Real Estate LLC (50% ownership)  
Life Flight Network LLC (32% ownership)  
MRI LP Interest MRI Center LP (14.175% ownership)  
Saint Alphonsus Home Health & Hospice LLC (26.4% ownership)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan , Inc  
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	Saint Alphonsus Health Alliance Inc
	Saint Alphonsus Professional Medical Services LLC
	Saint Alphonsus Building Company Inc.
	Saint Alphonsus Specialty Services Inc.
	Idaho ASC Holding, LLC (51% ownership)
	Saint Alphonsus Medical Center - Ontario Inc
	Saint Alphonsus Medical Center - Baker City Inc.
	Saint Alphonsus Foundation, Baker City, Inc.
Trinity Health - Michigan [Michigan]	
	Mercy Health Partners
	Westshore Health Network dba Lakeshore Health Network dba Lakeshore Health Network
	MRI Mobile Services of West Michigan
	Muskegon Community Heath Project
	Muskegon SC LLC (35.7% ownership)
	West Shore Professional Building Condominium Association (70% ownership)
	HPC Co-Owners Association
	Professional Med Team
	Mobile Health Resources LLC (14.3% ownership)
	Hackley Life Counseling dba Mercy Health Partners - Life Counseling and dba Mercy Health Partners Work Life Services
	HPCN
	PACE Program dba Life Circles (25.5% ownership)
	Mercy Health Clinically Integrated Network LLC
	Western Michigan Associates JV
	Western Michigan Shared Hospital Laundry (9.82% ownership)
	Hackley Health Ventures Inc
	H.E.F. Inc
	Hackley Health Management Inc. dba Mercy Health Partners-Health Management Inc
	Hackley Healthcare Equipment Corp dba Mercy Healthcare Equipment Corp
	Hackley Healthcare Equipment and Pharmacy dba Mercy Health Partners-Healthcare Equipment and Pharma
	Hackley Healthcare Equipment Corp dba Axiom Health (Grand Rapids)
	Hackley Professional Center Inc.
	Hackley Professional Pharmacy Inc dba Mercy Health Partners-Pharmacy Inc.
	Workplace Health of Grand Haven Inc.
	Together Health (50% owned)
	Catherine McAuley Health Services
	Center for Digestive Care, LLC (51% ownership)
	Huron Arbor Corporation
	IHA Health Services Corporation
	Midwest Medflight
	SJ-UM Eldercare LLC (50% ownership)
	Washtenaw Livingston Medical Control Authority (52% ownership)
	Woodland Imaging Center, LLC (51% ownership)
	CLR Investments, LLC
	Northern Michigan Supply Alliance (50% ownership)
	Advantage Health St. Mary's Care Network (50% ownership)
	Advantage Health St. Mary's Medical Group
	Health Park Central Limited Partnership (10.55% ownership)
	Tri Hospital EMC (33% ownership)
	Tri Hospital MRI (55% ownership)
	Michigan Athletic Club (90% ownership)
	Pennant Health Alliance (27% ownership)
	Advent Rehabilitation (50% ownership)
	Saint Mary's Foundation
	Saint Mary's Health Management

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PART 1 - ORGANIZATIONAL CHART

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Sixty Fourth Street LLC (51% ownership)  
West Michigan Shared Laundry (25% ownership)  
Advanced MRI (50% ownership)  
Mercy Physician Community PHO (50% ownership)  
Partners at Heart (50% ownership)  
Port Huron Family Care  
Lakeshore Surgery Center (50% ownership)  
Mission Health Corporation (50% ownership)

Loyola University Health System [Illinois]

Loyola Ambulatory Centers LLC  
Loyola Physicians Partners ACO, LLC  
Gottlieb Memorial Hospital  
Gottlieb /west Towns PHO Inc (50% ownership)  
Gottlieb Community Health Services Corporation  
Gottlieb Management Services Inc.  
Loyola University Medical Center  
Loyola Ambulatory Centers LLC  
Loyola Ambulatory Surgery Center at Oakbrook LP (45% ownership)  
RMLHP Corporation (50% ownership)  
RML Health Providers Limited Partnership (49.5% ownership)

Mercy Health System of Chicago [Illinois]

Mercy Hospital and Medical Center  
Mercy Advanced MRI LLC (65% ownership)  
Mercy Foundation Inc.  
Mercy Services Corporation

St Agnes Medical Center [California]

Greater Central Valley Healthcare LLC  
St Agnes Health Partners LLC (50% ownership)  
Professional Office Corporation  
BSV Medical Office Building LLC (50% ownership)

Priority Plus of California dba Priority Heath Services SAMC (63.6% ownership) [California]

Pittsburgh Mercy Health System [Pennsylvania]

Mercy Life Center Corporation Inc.  
McAuley Ministries Inc.  
LIFE Pittsburgh JV (50% ownership)

Trinity Continuing Care Services (multistate operation - incorporated in Michigan)

Catholic Health East Senior Services Management Inc.  
Holy Cross CareNet Inc.  
Marycrest Heights  
Mary Free Bed Sub-Acute Rehabilitation (50% ownership)  
Mercy Services for Aging Corporation  
Trinity Continuing Care Services - Indiana  
Saint Joseph's Tower Inc.

Trinity Home Heath Services (multistate operation - incorporated in Michigan)

Amicare Hospice Services Inc.  
Cranbrook Hospice Care  
Mercy Amicare Home Healthcare, Oakland  
Mercy Amicare Home Healthcare, Port Huron  
Mercy General Health Partners, Amicare Homecare  
Mercy Homecare and Hospice  
Mount Carmel Home Care LLC (50% ownership)  
Hospice of Washtenaw  
Saint Mary's Amicare Home Healthcare

Trinity Health PACE (multistate operation - incorporated in Michigan)

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PART 1 - ORGANIZATIONAL CHART

---

St Joseph PACE

Mercy Health System of Southeastern Pennsylvania [Pennsylvania]

Mercy Health Foundation of Southeastern Pennsylvania

Mercy Catholic Medical Center of Southeastern Pennsylvania

Nazareth Hospital

Nazareth Health Care Foundation

Nazareth Medical Office Building Associates LP

Mercy Suburban Hospital

East Norriton Medical Associates LP

St. Agnes Continuing Care Center

St Agnes Continuing Care Foundation

Mercy Accountable Care ,LLC

Mercy Health Plan

Gateway Health Plan (50% ownership)

Gateway Health Plan, Inc

Gateway of Ohio, Inc.

Mercy Home Health Services

Mercy Home Health

Mercy Family Support

Mercy Physician Network

Nazareth Physician Services, Inc.

NE Physician Services, Inc.

East Norriton Physician Services, Inc.

Mercy Management of Southeastern Pennsylvania

Mercy/Manor Partnership (50% ownership)

Mercy Eastwick, Inc.

Mercy Condominium JV

St. Mary Medical Center [Pennsylvania]

Langhorne Physician Services

St. Mary Medical Center Foundation

LIFE St Mary

St. Mary Emergency Medical Services

St. Mary Building and Development

Langhorne Services, Inc.

Langhorne Services II, Inc.

St. Mary's Health Care System, Inc. [Georgia]

St. Mary's Foundation, Inc.

Good Samaritan Hospital, Inc.

St. Mary's Highland Hills Village, Inc.

St. Mary's Medical Group, Inc.

St. Mary's Highland Hills, Inc.

St. Francis Hospital, Inc. [Delaware]

St. Francis Foundation

LIFE at St. Francis Healthcare, Inc.

Franciscan Eldercare Corporation

St. Francis Medical Center , a New Jersey Nonprofit Corporation [New Jersey]

St. Francis Medical Center Foundation, Inc.

LIFE St Francis, a New Jersey Nonprofit Corporation (PACE)

Life Care Physicians LLC

St Francis Community Health Services LLC

Central NJ Heart Association

Mercy Community Health, Inc. - [Connecticut]

Saint Mary Home, Incorporated

Saint Mary Home II, Incorporated

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan , Inc  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

---

Mercy Services, Incorporated

Mercy Community Home Care Services, Inc.

Mercyknoll, Incorporated

McAuley Center, Incorporated

Our Lady of Lourdes Health Care Services, Inc. [New Jersey]

Our Lady of Lourdes Health Foundation, Inc.

Our Lady of Lourdes Hospital Auxiliary

Combined Auxiliaries of Lourdes Medical Center of Burlington County

Lourdes Medical Center of Burlington County, a New Jersey Non-Profit Corporation

Our Lady of Lourdes Medical Center, Inc.

The Osborn Family Health Center, Our Lady of Lourdes Medical Center

Our Lady of Lourdes School of Nursing, Inc.

Lourdes Cardiac Surgery, LLC

Lourdes Cardiology Services, PC

Lourdes Ancillary Services, Inc.

Health Management Services Organization, Inc.

Lourdes Cardiology Services, PC

Lourdes Medical Associates, PA

LIFE at Lourdes, Inc.

Renal Center of Sewell, LLC JV (49% ownership)

South Jersey Vascular Management, LLC JV (50% ownership)

Lourdes Specialty Hospital JV (20% ownership)

Tyler Dialysis, LLC JV (19% ownership)

Centennial Surgical Unit, LLC JV (51% ownership)

Saint Michael's Medical Center, Inc. [New Jersey]

Saint James Care, a New Jersey Nonprofit Corporation, Inc.

Columbus Acquisition Corp

Saint Michael's Foundation, Inc.

University Heights Property Company, Inc. , a New Jersey Nonprofit Corporation

Chestnut Risk Services Ltd

St. Peter's Health Partners [New York]

St. Peter's Health Care Services

St. Peter's Foundation

St. Peter's Auxiliary

St. Peter's Hospital of the City of Albany

Villa Mary Immaculate of the St Peter's Nursing & Rehabilitation Center

Our Lady of Mercy Life Center

The Community Hospice, Inc.

The Community Hospice Foundation

Northeast Health, Inc.

Samaritan Hospital of Troy, New York

Memorial Hospital, Albany, NY

The Northeast Health Foundation

Samaritan Child Care Center, Inc.

Sunnyview Hospital and Rehabilitation Center, Inc.

Sunnyview Hospital and Rehabilitation Foundation

LTC (Eddy) , Inc dba The Eddy

The James A. Eddy Memorial Geriatric Center, Inc.

The Capital Region Geriatric Center Inc dba Eddy Village Green

Heritage Home Nursing Center

Senior Care Connection, Inc. dba Eddy Senior Care

Home Aide Service of Eastern New York, Inc. dba Eddy Visiting Nurse Association

Beverwyck Inc

Glen Eddy, Inc.



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Mount Carmel Health Plan , Inc  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

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Hawthorne Ridge Inc.  
The Marjorie Doyle Rockwell Center Inc.  
Beechwood, Inc. dba Eddy Property Services  
Eddy Licensed Home Care Agency, Inc.  
Empire Home Infusion Services, Inc.

Seton Health System, Inc.  
Affiliated Management Services, Corp.  
Seton Health at Schuyler Ridge Residential Healthcare  
Seton Health Foundation, Inc.  
Seton Auxiliary, Inc.  
Seton IPA, LLC

**St. James Mercy Health System, Inc. (New York)**

St. James Mercy Foundation, Inc.  
St. James Mercy Hospital  
SJM Properties, Inc.

**Catholic Health System, Inc. (33.3% ownership) [New York]**

Sisters of Charity Hospital of Buffalo NY  
Sister Hospital Foundation  
Kenmore Mercy Hospital  
KMH Homes Inc  
Catholic Health System Continuing Care Foundation  
Mercy Hospital of Buffalo  
Orchard Park Mercy Corp  
Alsace Abbott Corporation  
Aurora Mercy Corporation  
Mercy Hospital Foundation  
St Francis Home of Williamsville  
Nazareth  
Father Baker Manor  
Niagra Homemaker Services  
St Vincent's Home for the Aged  
McAuley-Seton Home Care Corporation  
St Elizabeth's Home of Lancaster , New York  
St Francis Buffalo  
St Clare Apartments (50% ownership)  
Catholic Health System Program of All-Inclusive Care for the Elderly, Inc.  
Catholic Health System Infusion Pharmacy, Inc.  
Catholic Health Infusion Pharmacy LLC (50% ownership)  
Our Lady of Victory Renaissance Corporation  
Our Lady of Victory Community Housing Development Organization Inc.  
Our Lady of Victory Housing Development Fund Corp  
Smithtown GP LLC  
Victory Ridge Apartments LP  
McAuley Mercy Corporation

**Baycare Health System (50.4% ownership in the JOA, not all facilities owned) [Florida]**

Baycare Physician Partners  
Community Health Alliance  
St Joseph's Baptist Hospital  
St Joseph's Hospital  
St Joseph's Children's Hospital  
St Joseph's Womens Hospital  
St Joseph's North Hospital  
St Joseph's Behavioral Health Center  
South Florida Baptist Hospital

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	HealthPoint Management Group & MSO
	John Knox Village
Morton Plan Mease	
	Morton Plant Hospital
	Mease Countryside Hospital
	Mease Dunedin Hospital
	Morton Plant North Bay Hospital
	Morton Plant North Bay Recovery Center
	Morton Plant Mease Primary Care
	Morton Plant Rehab Center
St. Anthony's Hospital	
	St. Anthony's Primary Care
	St. Anthony's Specialists , LLC
	St. Anthony's Physician Services
<u>Allegany Franciscan Ministries, Inc. (Florida)</u>	
<u>Sisters of Providence Health System, Inc. [Massachusetts]</u>	
	Acone LLC
	Brightside, Inc.
	The Mercy Hospital, Inc.
	Providence Homecare, Inc.
	System Coordinated Services, Inc. dba Life Laboratories
	Mercy Inpatient Medical Associates, Inc.
	MRI - PT/CT JV
	Catherine Horan Building Corporation
Sisters of Providence Care Centers, Inc.	
	MercyLIFE, Inc.
	Pioneer Valley Cardiology Associates, Inc.
	Mercy Specialist Physicians, Inc.
	Mercy Medical Group, Inc.
	Farren Care Center, Inc.
	Mercy Oncology Services, Inc.
	Mercy Inpatient Medical Associates, Inc.
	MercyCare Alliance, LLC
<u>Saint Joseph's Health System, Inc. [Georgia]</u>	
	Saint Joseph's Mercy Care Services, Inc.
	Mercy Senior Care, Inc.
	Saint Joseph's Mercy Foundation, Inc.
	Mercy Services Downtown, Inc.
	SJHS/JOC Holdings, Inc.
<u>Saint Joseph of the Pines, Inc. [North Carolina]</u>	
	LIFE St. Joseph of the Pines, Inc.
<u>Holy Cross Hospital, Inc. [Florida]</u>	
	Nursing Network, Inc.
	Holy Cross Medical Properties, Inc.
	Holy Cross Outpatient Services, Inc.
<u>Mercy Medical, A Corporation [Alabama]</u>	
	Mercy LIFE of Alabama
	Mercy LIFE of Birmingham

Health

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