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

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

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

Country of Domicile US

Licensed as business type:

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

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

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

Main Administrative Office 6150 East Broad Street, EE320, Columbus, Ohio 43213 (614) 546-3211
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 6150 East Broad Street, EE320, Columbus, Ohio 43213
(Street and Number or P.O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 6150 East Broad Street, EE320, Columbus, Ohio 43213
(Street and Number, City or Town, State, Country and Zip Code)
(614) 546-3211
(Area Code) (Telephone Number)

Internet Website Address www.medigold.com

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

OFFICERS

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

OTHER OFFICERS

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Franklin } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. . Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Keith Coleman
Chairperson

Robert Paskowski
President and Chief Executive Officer

Hugh Jones
Treasurer

Subscribed and sworn to before me this
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 _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0299998 - Premiums due and unpaid not individually listed	1,150,271					1,150,271
0299999 - TOTAL - Group	1,150,271					1,150,271
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	1,150,271					1,150,271

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
	879,016	879,016	879,015	3,326,054	3,326,054	2,637,047
0199999 - Pharmaceutical Rebate Receivables	879,016	879,016	879,015	3,326,054	3,326,054	2,637,047
Claim Overpayment Receivables						
	106,313	10,485	20,289			137,087
0299999 - Claim Overpayment Receivables	106,313	10,485	20,289			137,087
Risk Sharing Receivables						
				1,889,434	1,889,434	
0599999 - Risk Sharing Receivables				1,889,434	1,889,434	
Other Receivables						
				1,678,697	1,678,697	
0699999 - Other Receivables				1,678,697	1,678,697	
0799999 - Gross Health Care Receivables	985,329	889,501	899,304	6,894,185	6,894,185	2,774,134

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Column 1 + Column 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	5,110,147	4,791,332	2,991	5,960,110	5,113,138	5,113,138
2. Claim overpayment receivables	4,203			137,087	4,203	206,266
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables				1,889,434		
6. Other health care receivables				1,678,697		
7. Totals (Line 1 through Line 6)	5,114,350	4,791,332	2,991	9,665,328	5,117,341	5,319,404

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0599999 - Unreported claims and other claim reserves						31,511,786
0799999 - Total claims unpaid						31,511,786

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually listed receivables							
Mount Carmel Health Insurance Company	147,157					147,157	
0199999 - Subtotal - Individually listed receivables	147,157					147,157	
0399999 - TOTAL gross amounts receivable	147,157					147,157	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
Mount Carmel Health System	General Expenses	4,154,530	4,154,530	
0199999 - Subtotal - Individually listed payables		4,154,530	4,154,530	
0399999 - TOTAL gross payables		4,154,530	4,154,530	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service	38,124,117	9.101	X X X	X X X		38,124,117
6. Contractual fee payments	380,759,349	90.899	X X X	X X X	100,284,892	280,474,457
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	418,883,466	100.000	X X X	X X X	100,284,892	318,598,574
13. Total (Line 4 plus Line 12)	418,883,466	100%	X X X	X X X	100,284,892	318,598,574

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	849,058	20,160	821,967	47,251	47,251	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	849,058	20,160	821,967	47,251	47,251	

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Mount Carmel Health Plan, Inc 2. Ohio

(LOCATION)

NAIC Group Code: 2838 NAIC Company Code: 95655

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2014

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	37,769							37,769		
2. First Quarter	45,746							45,746		
3. Second Quarter	45,775							45,775		
4. Third Quarter	45,879							45,879		
5. Current Year	45,901							45,901		
6. Current Year Member Months	549,475							549,475		
Total Member Ambulatory Encounters for Year:										
7. Physician	86,858							86,858		
8. Non-Physician	278,295							278,295		
9. Total	365,153							365,153		
10. Hospital Patient Days Incurred	108,166							108,166		
11. Number of Inpatient Admissions	9,140							9,140		
12. Health Premiums Written (b)	468,131,329							468,131,329		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	457,761,420							457,761,420		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	418,883,466							418,883,466		
18. Amount Incurred for Provision of Health Care Services	425,588,360							425,588,360		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .... 468,131,329 .

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Mount Carmel Health Plan, Inc 2. Ohio

(LOCATION)

NAIC Group Code: 2838 NAIC Company Code: 95655

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2014

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	37,769							37,769		
2. First Quarter	45,746							45,746		
3. Second Quarter	45,775							45,775		
4. Third Quarter	45,879							45,879		
5. Current Year	45,901							45,901		
6. Current Year Member Months	549,475							549,475		
Total Member Ambulatory Encounters for Year:										
7. Physician	86,858							86,858		
8. Non-Physician	278,295							278,295		
9. Total	365,153							365,153		
10. Hospital Patient Days Incurred	108,166							108,166		
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12. Health Premiums Written (b)	468,131,329							468,131,329		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	457,761,420							457,761,420		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	418,883,466							418,883,466		
18. Amount Incurred for Provision of Health Care Services	425,588,360							425,588,360		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .... 468,131,329 .

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Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
11835	04-1590940	01/01/2014	PartnerRe America Insurance Company	DE	169,667	
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					169,667	
2199999 - Accident and Health, Total Non-Affiliates					169,667	
2299999 - Total Accident and Health					169,667	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					169,667	
9999999 - Total (Sum of 1199999 and 2299999)					169,667	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
11835	04-1590940	01/01/2014	PartnerRe America Insurance Company	DE	SSL/A/I	MR	1,135,451						
0899999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							1,135,451						
1099999 - General Account, Total Authorized Non-Affiliates							1,135,451						
1199999 - Total General Account Authorized							1,135,451						
3499999 - Total General Account Authorized, Unauthorized and Certified							1,135,451						
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 19999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,135,451						
9999999 - TOTAL (Sum of 3499999 and 6899999)							1,135,451						

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Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies

NONE

Sch. S, Pt. 4, Bank Footnote

NONE

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Sch. S, Pt. 5, Reinsurance Ceded to Certified Reinsurers

NONE

Sch. S, Pt. 5, Bank Footnote

NONE

SCHEDULES S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII - Medicare	1,135				
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	169				
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers				XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust				XXX	XXX
18. Funds deposited by and withheld from (F)				XXX	XXX
19. Letters of credit (L)				XXX	XXX
20. Trust agreements (T)				XXX	XXX
21. Other (O)				XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12)	228,808,173		228,808,173
2. Accident and health premiums due and unpaid (Line 15)	11,265,004		11,265,004
3. Amounts recoverable from reinsurers (Line 16.1)	169,667	(169,667)	
4. Net credit for ceded reinsurance	XXX	(169,667)	(169,667)
5. All other admitted assets (Balance)	11,031,315		11,031,315
6. Total assets (Line 28)	251,274,159	(339,334)	250,934,825
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	31,511,786	(169,667)	31,342,119
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	108,429		108,429
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	9,078,021		9,078,021
15. Total liabilities (Line 24)	40,698,236	(169,667)	40,528,569
16. Total capital and surplus (Line 33)	210,575,923	XXX	210,575,923
17. Total liabilities, capital and surplus (Line 34)	251,274,159	(169,667)	251,104,492
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	(169,667)		
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables	(169,667)		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized insurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance	(169,667)		

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Sch. T, Part 2, Interstate Compact

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
2838	Mount Carmel Health Syste	13123	25-1912781				Mount Carmel Health Insurance Company			Mount Carmel Health System	Ownership	100.000		
2838	Mount Carmel Health Syste	95655	31-1471229				Mount Carmel Health Plan, Inc.			Mount Carmel Health System	Ownership	100.000		

Asterisk	Explanation

NONE

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95655	31-1471299	Mount Carmel Health Plan	(77,000,000)				(110,017,186)				(187,017,186)	
	31-1147122	Mount Carmal Health System	77,000,000				110,017,186				187,017,186	
95655	31-1471299	Mount Carmel Health Plan					948,857				948,857	
13123	25-1912781	Mount Carmel Health Insurance Company					(948,857)				(948,857)	
9999999 - CONTROL TOTALS												

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	RESPONSE
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES

EXPLANATION:

BARCODE:
Document Identifier 460:

2. Will an actuarial opinion be filed by March 1?	YES

EXPLANATION:

BARCODE:
Document Identifier 440:

3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES

EXPLANATION:

BARCODE:
Document Identifier 390:

4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES

EXPLANATION:

BARCODE:
Document Identifier 390:

APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES

EXPLANATION:

BARCODE:
Document Identifier 350:

6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES

EXPLANATION:

BARCODE:
Document Identifier 285:

7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES

EXPLANATION:

BARCODE:
Document Identifier 210:

JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES

EXPLANATION:

BARCODE:
Document Identifier 220:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

EXPLANATION:

BARCODE:
Document Identifier 221:

	RESPONSE
AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

EXPLANATION:

BARCODE:
Document Identifier 222:

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

	RESPONSE
MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO

EXPLANATION:
N/A

BARCODE:
Document Identifier 360: 9 5 6 5 5 2 0 1 4 3 6 0 0 0 0 0 0

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

EXPLANATION:
N/A

BARCODE:
Document Identifier 205: 9 5 6 5 5 2 0 1 4 2 0 5 0 0 0 0 0

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

EXPLANATION:
N/A

BARCODE:
Document Identifier 207: 9 5 6 5 5 2 0 1 4 2 0 7 0 0 0 0 0

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

EXPLANATION:
N/A

BARCODE:
Document Identifier 420: 9 5 6 5 5 2 0 1 4 4 2 0 0 0 0 0 0

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

EXPLANATION:
N/A

BARCODE:
Document Identifier 371: 9 5 6 5 5 2 0 1 4 3 7 1 0 0 0 0 0

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

EXPLANATION:
N/A

BARCODE:
Document Identifier 370: 9 5 6 5 5 2 0 1 4 3 7 0 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

MARCH FILING

17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? NO

EXPLANATION:
N/A

BARCODE:
Document Identifier 365:

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

EXPLANATION:
N/A

BARCODE:
Document Identifier 224:

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

EXPLANATION:
N/A

BARCODE:
Document Identifier 225:

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

EXPLANATION:
N/A

BARCODE:
Document Identifier 226:

APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? NO

EXPLANATION:
N/A

BARCODE:
Document Identifier 306:

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

EXPLANATION:
N/A

BARCODE:
Document Identifier 211:

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

EXPLANATION:
N/A

BARCODE:
Document Identifier 213:

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

EXPLANATION:
N/A

BARCODE:
Document Identifier 216:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	RESPONSE
APRIL FILING	
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO

EXPLANATION:
N/A

BARCODE:
Document Identifier 217:

AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

EXPLANATION:
N/A

BARCODE:
Document Identifier 223:

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW WRITE-INS FOR Page 2, Assets

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col 1 - Col 2)	4 Net Admitted Assets
AGGREGATED AT Line 25, Other than Invested Assets				
2504. QCP receivable				330,875
2598. Line 25, Other than Invested Assets				330,875

Health
Annual Statement Blank Alphabetical Index