



**QUARTERLY STATEMENT**

AS OF MARCH 31, 2015

OF THE CONDITION AND AFFAIRS OF THE

**Mount Carmel Health Insurance Company**

NAIC Group Code 2838 , 2838 NAIC Company Code 13123 Employer's ID Number 25-1912781  
(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 [ X ] Property/Casualty [ ] Hospital, Medical and Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Other [ ]  
Health Maintenance Organization [ ] Is HMO Federally Qualified? Yes ( ) No ( )

Incorporated/Organized November 21, 2007 Commenced Business January 1, 2008

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

Main Administrative Office 6150 East Broad Street, EE320, Columbus, Ohio 43213 (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)  
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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 Chairperson Robert Paskowski President and Chief Executive Officer Hugh Jones Treasurer

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

**ASSETS**

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	Prior Year Net Admitted Assets
1. Bonds .....	2,110,454		2,110,454	2,664,426
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
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 (\$ ..... (199,146) ), cash equivalents (\$ ..... 3,977,920 ) and short-term investments (\$ ..... 654,795 ) .....	4,433,569		4,433,569	3,643,997
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Line 1 through Line 11) .....	6,544,023		6,544,023	6,308,423
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	9,220		9,220	11,776
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	148,978		148,978	201,334
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 .....	26,611		26,611	26,611
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 .....	466,105		466,105	466,105
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 (\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	17,599		17,599	26,516
24. Health care (\$ ..... 133,771 ) and other amounts receivable .....	296,039	162,268	133,771	113,821
25. Aggregate write-ins for other-than-invested assets .....	60,104		60,104	119,246
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25) .....	7,568,679	162,268	7,406,411	7,273,832
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Totals (Line 26 and Line 27) .....	7,568,679	162,268	7,406,411	7,273,832
<b>DETAILS OF WRITE-INS</b>				
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 .....	60,104		60,104	119,246
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) .....	60,104		60,104	119,246

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	1,348,575		1,348,575	1,189,374
2. Accrued medical incentive pool and bonus amounts .....				
3. Unpaid claims adjustment expenses .....	17,084		17,084	13,575
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 reserve .....				
7. Aggregate health claim reserves .....				
8. Premiums received in advance .....	32,307		32,307	5,124
9. General expenses due or accrued .....	134,443		134,443	196,157
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized 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 .....				
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) .....	1,532,409		1,532,409	1,404,230
25. Aggregate write-ins for special surplus funds .....	XXX	XXX		
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX	1,000,000	1,000,000
28. Gross paid in and contributed surplus .....	XXX	XXX	7,500,000	7,500,000
29. Surplus notes .....	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX		
31. Unassigned funds (surplus) .....	XXX	XXX	(2,625,998)	(2,630,398)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		
33. Total capital and surplus (Line 25 to Line 31 minus Line 32) .....	XXX	XXX	5,874,002	5,869,602
34. Total Liabilities, capital and surplus (Line 24 and Line 33) .....	XXX	XXX	7,406,411	7,273,832
<b>DETAILS OF WRITE-INS</b>				
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. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....	XXX	XXX		
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX		
3099. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above) .....	XXX	XXX		

## STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	X X X	4,231	3,930	16,062
2. Net premium income (including \$ ..... non-health premium income) .....	X X X	3,188,664	3,395,893	12,803,420
3. Change in unearned premium reserves and reserve for rate credits .....	X X X	2,044	(295,632)	(347,578)
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	11		
7. Aggregate write-ins for other non-health revenues .....	X X X			
8. Total revenues (Line 2 to Line 7) .....	X X X	3,190,719	3,100,261	12,455,842
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		1,286,543	1,448,439	6,529,751
10. Other professional services .....		902,680	939,221	3,873,828
11. Outside referrals .....				
12. Emergency room and out-of-area .....				
13. Prescription drugs .....		711,722	672,735	1,777,845
14. Aggregate write-ins for other hospital and medical .....				
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Line 9 to Line 15) .....		2,900,945	3,060,395	12,181,424
<b>Less:</b>				
17. Net reinsurance recoveries .....				
18. Total hospital and medical (Line 16 minus Line 17) .....		2,900,945	3,060,395	12,181,424
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ ..... 3,243 cost containment expenses .....		59,361		286,986
21. General administrative expenses .....		210,606	301,115	1,018,119
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) .....		3,170,912	3,361,510	13,486,529
24. Net underwriting gain or (loss) (Line 8 minus Line 23) .....	X X X	19,807	(261,249)	(1,030,687)
25. Net investment income earned .....		(11,424)	13,063	62,132
26. Net realized capital gains (losses) less capital gains tax of \$ .....				
27. Net investment gains (losses) (Line 25 plus Line 26) .....		(11,424)	13,063	62,132
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 .....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes .....	X X X	8,383	(248,186)	(968,555)
(Line 24 plus Line 27 plus Line 28 plus Line 29)				
31. Federal and foreign income taxes incurred .....	X X X			
32. Net income (loss) (Line 30 minus Line 31) .....	X X X	8,383	(248,186)	(968,555)
<b>DETAILS OF WRITE-INS</b>				
0601. Other revenue .....	X X X	11		
0602. ....	X X X			
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	11		
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 Income .....				
2902. ....				
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) .....				

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

CAPITAL AND SURPLUS ACCOUNT	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33. Capital and surplus prior reporting year .....	5,869,602	6,886,629	6,886,629
34. Net income or (loss) from Line 32 .....	8,383	(248,186)	(968,555)
35. Change in valuation basis of aggregate policy and claims reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	20,970	(360)	(41,767)
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....			
39. Change in nonadmitted assets .....	(24,951)	20,284	(6,705)
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 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....	(2)		
48. Net change in capital and surplus (Line 34 to Line 47) .....	4,400	(228,262)	(1,017,027)
49. Capital and surplus end of reporting period (Line 33 plus Line 48) .....	5,874,002	6,658,367	5,869,602
<b>DETAILS OF WRITE-INS</b>			
4701. Rounding .....	(2)		
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) .....	(2)		

**CASH FLOW**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance	3,329,389	3,395,893	12,508,254
2. Net investment income	57,841	36,116	43,596
3. Miscellaneous income	11		
4. Total (Line 1 through Line 3)	3,387,241	3,432,009	12,551,850
5. Benefit and loss related payments	2,758,185	2,656,405	11,779,272
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	331,681	597,747	1,336,904
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)	3,089,866	3,254,152	13,116,176
11. Net cash from operations (Line 4 minus Line 10)	297,375	177,857	(564,326)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	550,000		
12.2 Stocks			
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)	550,000		
13. Cost of investments acquired (long-term only):			
13.1 Bonds		332,190	322,190
13.2 Stocks			
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)		332,190	322,190
14. Net increase or (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	550,000	(332,190)	(322,190)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(57,803)	227,394	(65,161)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(57,803)	227,394	(65,161)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	789,572	73,061	(951,677)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	3,643,997	4,595,674	4,595,674
19.2 End of period (Line 18 plus Line 19.1)	4,433,569	4,668,735	3,643,997

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			

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	1,370							1,370		
2. First Quarter .....	1,409							1,409		
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	4,231							4,231		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	5,127							5,127		
8. Non-Physician .....	1,175							1,175		
9. Total .....	6,302							6,302		
10. Hospital Patient Days Incurred .....	873							873		
11. Number of Inpatient Admissions .....	59							59		
12. Health Premiums Written (a) .....	3,195,984							3,195,984		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	3,190,708							3,190,708		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	2,741,744							2,741,744		
18. Amount Incurred for Provision of Health Care Services .....	2,900,945							2,900,945		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

**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 .....						1,348,575
0799999 - Total claims unpaid .....						1,348,575

**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		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 (Columns 1 plus 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 .....	936,853	1,804,891	72,112	1,276,463	1,008,965	1,189,374
7. Title XIX - Medicaid .....						
8. Other health .....						
9. Health subtotal (Line 1 to Line 8) .....	936,853	1,804,891	72,112	1,276,463	1,008,965	1,189,374
10. Health care 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) .....	936,853	1,804,891	72,112	1,276,463	1,008,965	1,189,374

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

**NOTES TO FINANCIAL STATEMENTS**

## 1. Summary of Significant Accounting Policies

## A. Accounting Practices

No change.

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 4) .....	OH	8,383	(968,555)
01A04 - Net Income, NAIC SAP (Line 1 - Line 2 - Line 3) .....	OH	8,383	(968,555)
01A05 - Surplus, state basis (Page 3, Line 33, Columns 3 and 4) .....	OH	5,874,002	5,869,602
01A08 - Surplus, NAIC SAP (Line 5 - Line 6 - Line 7) .....	OH	5,874,002	5,869,602

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

No change.

## C. Accounting Policy

No change.

## 2. Accounting Changes and Corrections of Errors

No change.

## 3. Business Combinations and Goodwill

No change.

## 4. Discontinued Operations

No change.

## 5. Investments

No change.

## 6. Joint Ventures, Partnerships and Limited Liability Companies

No Change.

## 7. Investment Income

No Change.

## 8. Derivative Instruments

No Change.

## 9. Income Taxes

No Change.

## 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No Change.

## 11. Debt

No change.

## 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No change.

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

No change.

## 14. Liabilities, Contingencies and Assessments

No change.

## 15. Leases

**NOTES TO FINANCIAL STATEMENTS**

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No change.

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

No change.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

No change.

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

No change.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No change.

20. Fair Value Measurement

No change.

21. Other Items

No change.

22. Events Subsequent

Type I - Recognized Subsequent Events:

Subsequent events have been considered through May 14, 2015 for the statutory statement issued on May 15, 2015.

The Company is not aware of any events or transactions that provide additional evidence with respect to conditions that existed at March 31, 2015, which would have a material effect on its financial condition.

Type II - Nonrecognized Subsequent Events:

Subsequent events have been considered through May 14, 2015 for the statutory statement issued on May 15, 2015.

The Company is not aware of any events or transactions that provide evidence with respect to conditions that did not exist at March 31, 2015 but arose after that date, which would have a material effect on its financial condition.

23. Reinsurance

No change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

No change.

25. Change in Incurred Claims and Claim Adjustment Expenses

No change.

26. Intercompany Pooling Arrangements

No change.

27. Structured Settlements

No change.

28. Health Care Receivables

No change.

29. Participating Policies

No change.

30. Premium Deficiency Reserves

No change.

31. Anticipated Salvage and Subrogation

No change.

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

#### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes ( ) No (X)
- 1.2 If yes, has the report been filed with the domiciliary state? Yes ( ) No ( )
- 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 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 (X) No ( )  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes ( ) No (X)
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ( ) No (X)
- 4.2 If the response to 4.1 is yes, provide the name of entity, 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
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5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes ( ) No (X) N/A ( )
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013
- 6.2 State the as of date that 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. 12/31/2013
- 6.3 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). 03/09/2015
- 6.4 By what department or departments?  
Ohio Department of Insurance
- 6.5 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)
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes (X) No ( ) N/A ( )
- 7.1 Has this 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)
- 7.2 If yes, give full information  
.....
- 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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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
---------------------	-----------------------------	----------	----------	-----------	----------

- 9.1 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? Yes (X) No ( )  
(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.
- 9.11 If the response to 9.1 is No, please explain:  
.....  
.....
- 9.2 Has the code of ethics for senior managers been amended? Yes ( ) No (X)
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
.....  
.....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ( ) No (X)
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....  
.....

**GENERAL INTERROGATORIES**  
**PART 1 - COMMON INTERROGATORIES**

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes (X) No ( )
- 10.2 If yes, indicate the amounts receivable from parent included in the Page 2 amount: \$ ..... 17,599

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? Yes ( ) No (X)  
(Exclude securities under securities lending agreements.)
- 11.2 If yes, give full and complete information relating thereto:
- .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ .....
13. Amount of real estate and mortgages held in short-term investments: \$ .....

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes ( ) No (X)

- 14.2 If yes, please complete the following:

	<sup>1</sup> Prior Year-End Book/ Adjusted Carrying Value	<sup>2</sup> Current Quarter Book/ Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans or Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Line 14.21 to Line 14.26) .....	\$ .....	\$ .....
14.28 Total Investment in Parent included in Line 14.21 to Line 14.26 above .....	\$ .....	\$ .....

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes ( ) No (X)

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

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
- 16.2 Total book adusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
- 16.3 Total payable for securities lending reported on the liability page \$ .....

17. 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 ( )

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

<sup>1</sup> Name of Custodian (s)	<sup>2</sup> Custodian Address
---------------------------------------	-----------------------------------

PNC Bank, N.A. .... 249 Fifth Avenue, One PNC Plaza, Pittsburgh, PA 15222 .....

- 17.2 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:

<sup>1</sup> Name(s)	<sup>2</sup> Location(s)	<sup>3</sup> Complete Explanation(s)
-------------------------	-----------------------------	---

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes ( ) No (X)

- 17.4 If yes, give full and complete information relating thereto:

<sup>1</sup> Old Custodian	<sup>2</sup> New Custodian	<sup>3</sup> Date of Change	<sup>4</sup> Reason
-------------------------------	-------------------------------	--------------------------------	------------------------

- 17.5 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:

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

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

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

- 18.2 If no, list exceptions:
- .....

**GENERAL INTERROGATORIES**  
**PART 2 - HEALTH INTERROGATORIES**

---

1. Operating Percentages:

1.1 A&H loss percent ..... 91.0 %

1.2 A&H cost containment percent ..... 0.1 %

1.3 A&H expense percent excluding cost containment expenses ..... 8.4 %

2.1 Do you act as a custodian for health savings accounts? Yes ( ) No (X)

2.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....

2.3 Do you act as an administrator for health savings accounts? Yes ( ) No (X)

2.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
0199998 - Life and Annuity - Affiliates								
0299998 - Life and Annuity - Non-Affiliates								
0399998 - Accident and Health - Affiliates								
Accident and Health - Non-Affiliates								
11835	04-1590940	01/01/2015	PARTNERRE AMER INS CO	DE	SSL/A/I	Authorized		
0499998 - Accident and Health - Non-Affiliates								
0599998 - Property/Casualty - Affiliates								
0699998 - Property/Casualty - Non-Affiliates								

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1		Direct Business Only Year to Date							
	Active Status		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program 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		3,188,664				3,188,664		
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		3,188,664				3,188,664		
60. Reporting entity contributions for Employee Benefit Plans		X X X								
61. Total (Direct Business)	(a)	1		3,188,664				3,188,664		
<b>DETAILS OF WRITE-INS</b>										
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)									

Active Status Codes (Column 1):

- (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

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

STATEMENT AS OF MARCH 31, 2015 OF THE Mount Carmel Health Insurance Company  
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 Health System [Ohio]**

---

Mount Carmel Health System Foundation  
Mount Carmel Health Plan Inc (HMO)  
Mount Carmel Health 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 Health 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 HealthProviders 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)

STATEMENT AS OF MARCH 31, 2015 OF THE Mount Carmel Health Insurance Company  
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 Health Information Network LLC (53% ownership)  
Edison Lakes Inc (23.84% ownership)  
Advantage Health 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)

STATEMENT AS OF MARCH 31, 2015 OF THE Mount Carmel Health Insurance Company  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

---

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 Health 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

STATEMENT AS OF MARCH 31, 2015 OF THE Mount Carmel Health Insurance Company  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

---

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 Health Services SAMC (63.6% ownership) [California]**

**Pittsburgh Mercy Health System, Inc. [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, Incorporated  
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 Health 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)**

STATEMENT AS OF MARCH 31, 2015 OF THE Mount Carmel Health Insurance Company  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
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, Ltd.

St. Agnes Continuing Care Center

St Agnes Continuing Care Foundation

Mercy Accountable Care ,LLC

Mercy Health Plan

Gateway Health Plan, LP (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 Physicians 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 New Jersey Heart Services, LLC

**Mercy Community Health, Inc. - [Connecticut]**

Saint Mary Home, Incorporated

Saint Mary Home II, Incorporated



STATEMENT AS OF MARCH 31, 2015 OF THE Mount Carmel Health Insurance Company  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

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

Seton Health System, Inc. dba St. Mary's Hospital  
Affiliated Management Services, Corp.  
Seton Health at Schuyler Ridge Residential Healthcare dba Schuyler Ridge Nursing Home  
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  
Sisters 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 Corp.  
Mercy Hospital Foundation, Inc.  
St. Francis Home of Williamsville, New York  
Nazareth, Inc.  
Father Baker Manor  
Niagara 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, Inc.  
St Joseph's Baptist Hospital  
St Joseph's Hospital, Inc.  
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

STATEMENT AS OF MARCH 31, 2015 OF THE Mount Carmel Health Insurance Company  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

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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, Inc.

St. Anthony's Primary Care, Inc.  
St. Anthony's Specialists, LLC  
St. Anthony's Physician Services

Allegany Franciscan Ministries, Inc. (Florida)

Sisters of Providence Health System, Inc. [Massachusetts]

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.  
Mercy Life, 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

Saint Joseph's Health System, Inc. [Georgia]

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.

Saint Joseph of the Pines, Inc. [North Carolina]

LIFE St. Joseph of the Pines, Inc.

Holy Cross Hospital, Inc. [Florida]

Nursing Network, Inc.  
Holy Cross Medical Properties, Inc.  
Holy Cross Outpatient Services, Inc.

Mercy Medical, A Corporation [Alabama]

Mercy LIFE of Alabama  
Mercy LIFE of Birmingham

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
2838	Mount Carmel Health System	13123	21-1912781				Mount Carmel Health Insurance Company	OH	RE	Mount Carmel Health System	Ownership	100.000	Trinity Health Corporation	
2838	Mount Carmel Health System	95655	31-1471229				Mount Carmel Health Plan, Inc.	OH	IA	Mount Carmel Health System	Ownership	100.000	Trinity Health Corporation	

Asterisk

Explanation

**NONE**

## 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 EXPLANATIONS and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

EXPLANATIONS:

N/A

BAR CODE:

Document Identifier 365:



**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December		
2. Cost of acquired:		
2.1. Actual cost at time of acquisition		
2.2. Additional investment made after ac		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/ac		
7. Deduct current year's other-than-temporal		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 plus Line 6 minus Line 7 minus Line 8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding		
2. Cost of acquired:		
2.1. Actual cost at time of acquisition		
2.2. Additional investment made after a		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mort		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)		
12. Total Valuation Allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December		
2. Cost of acquired:		
2.1. Actual cost at time of acquisition		
2.2. Additional investment made after a		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	2,664,426	2,358,364
2. Cost of bonds and stocks acquired		322,190
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of	550,000	
7. Deduct amortization of premium	3,972	16,128
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9)	2,110,454	2,664,426
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	2,110,454	2,664,426

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
 During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	6,444,042	14,125,898	13,826,770		6,743,170			6,444,042
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	6,444,042	14,125,898	13,826,770		6,743,170			6,444,042
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds and Preferred Stock .....	6,444,042	14,125,898	13,826,770		6,743,170			6,444,042

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:  
 NAIC 1 \$ .....; NAIC 2 \$ .....; NAIC 3 \$ .....; NAIC 4 \$ .....; NAIC 5 \$ .....; NAIC 6 \$ .....

**SCHEDULE DA - PART 1**

## Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999 .....	654,795	X X X	654,795	1	

**SCHEDULE DA - VERIFICATION**

## Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book / adjusted carrying value, December 31 of prior year .....	88,815	358,149
2. Cost of short-term investments acquired .....	565,980	39,675
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....		309,009
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9) .....	654,795	88,815
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	654,795	88,815

**Page SI04**

Schedule DB, Part A, Verification

**NONE**

Schedule DB, Part B, Verification

**NONE**

**Page SI05**

Schedule DB, Pt. C, Section 1, Replicated (Synthetic Assets) Open

**NONE**

**Page SI06**

Sch DB, Pt C, Sn 2, Replication (Syn Assets) Transactions Open

**NONE**

**Page SI07**

Schedule DB, Verification

**NONE**

**SCHEDULE E - VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	3,690,801	4,253,878
2. Cost of cash equivalents acquired .....	13,559,917	56,984,593
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	13,272,798	57,547,670
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9) .....	3,977,920	3,690,801
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	3,977,920	3,690,801

**Page E01**

Sch. A, Pt. 2, Real Estate Acquired

**NONE**

Sch. A, Pt. 3, Real Estate Disposed

**NONE**

**Page E02**

Schedule B, Part 2, Mortgage Loans Acquired

**NONE**

Schedule B, Part 3, Mortgage Loans Disposed

**NONE**

**Page E03**

Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired

**NONE**

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed

**NONE**

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1  CUSIP Identification	2  Description	3  Foreign	4  Date Acquired	5  Name of Vendor	6  Number of Shares of Stock	7  Actual Cost	8  Par Value	9  Paid for Accrued Interest and Dividends	10  NAIC Designation or Market Indicator (a)
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E04

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....

STATEMENT AS OF MARCH 31, 2015 OF THE Mount Carmel Health Insurance Company

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1 CUSIP Identifi- cation	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designa- tion or Market Indica- tor (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization)/ Accretion	13 Current Year's Other- Than-Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
Bonds - U. S. Special Revenue and Special Assessment and All Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
3136FP-HW-0	FEDERAL NATIONAL MORTGAGE ASSOC		03/24/2015	MATURITY		550,000	550,000.00	568,266	551,298	(1,298)			(1,298)		550,000				4,675	03/24/2015	1
3199999	Subtotal - Bonds - U. S. Special Revenue and Special Assessment and All Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions					550,000	550,000.00	568,266	551,298	(1,298)			(1,298)		550,000				4,675		
8399997	Subtotal - Bonds - Part 4					550,000	550,000.00	568,266	551,298	(1,298)			(1,298)		550,000				4,675		
8399999	Subtotal - Bonds					550,000	550,000.00	568,266	551,298	(1,298)			(1,298)		550,000				4,675		
9999999	TOTALS					550,000		568,266	551,298	(1,298)			(1,298)		550,000				4,675		

E05

(a) For all common stock bearing the NAIC market indicator 'U' provide: the number of such issues

**Page E06**

Schedule DB, Part A, Section 1

**NONE**

Description of Hedged Risk (s)

**NONE**

Financial or Economic Impact of the Hedge

**NONE**

**Page E07**

Schedule DB, Part B, Section 1

**NONE**

Schedule DB, Part B, Section 1, Broker Name

**NONE**

Schedule DB, Part B, Description of Hedged Risk (s)

**NONE**

Schedule DB, Part B, Financial or Economic Impact of the Hedge

**NONE**

**Page E08**

Schedule DB, Part D, Section 1

**NONE**

**SCHEDULE DB - Part D - Section 2**

Collateral for Derivative Instruments Open as of Current Statement Date

1 Exchange, Counterparty or Central Clearinghouse		2	3	4	5	6	7	8	9
Name	Legal Entity Identifier (LEI)	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)

Collateral Pledged by Reporting Entity

0199999 - Total Collateral Pledged by Reporting Entity .....

1 Exchange, Counterparty or Central Clearinghouse		2	3	4	5	6	7	8	9
Name	Legal Entity Identifier (LEI)	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)

**NONE**

**Page E10**  
Schedule DL, Part 1  
**NONE**

**Page E11**  
Schedule DL, Part 2  
**NONE**

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9 *
						6	7	8	
Name	Location and Supplemental Information	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	
Open Depositories									
PNC Bank	Columbus, OH					(32,671)	(1,008,799)	(199,146)	
0199999 - TOTAL - Open Depositories						(32,671)	(1,008,799)	(199,146)	
0399999 - TOTAL Cash on Deposit						(32,671)	(1,008,799)	(199,146)	
0599999 - TOTALS						(32,671)	(1,008,799)	(199,146)	

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book / Adjusted Carrying Value	7 Amount of Interest Due and Accrued	8 Amount Received During Year
Bonds: U. S. Government - Issuer Obligations							
REPURCHASE AGREEMENT - PNC BANK		03/31/2015	0.100	04/01/2015	3,977,920	11	105
0199999 - Bonds: U. S. Government - Issuer Obligations					3,977,920	11	105
0599999 - Bonds: Subtotals - U. S. Government Bonds					3,977,920	11	105
7799999 - Total Bonds - Subtotals - Issuer Obligations					3,977,920	11	105
8399999 - Total Bonds - Subtotals - Bonds					3,977,920	11	105
8699999 - Total Cash Equivalents					3,977,920	11	105