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ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015

OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc

NAIC Group Code 2838 (Current Period), 2838 (Prior Period) NAIC Company Code 95655 Employer's ID Number 31-1471229

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

Country of Domicile US

Licensed as business type:

Life, Accident and Health [ ]
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)
Edward Griese# (Interim President & CEO)
Hugh Jones (Treasurer)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

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

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.

Roger Spoelman#
Chairman of the Board

Keith Coleman
Treasurer

Thomas Davis#
Interim President & CEO

Subscribed and sworn to before me this
14th day of March, 2016

a. Is this an original filing? Yes (X) No ( )
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

		Current Year			Prior Year
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 - 2)	4 Net Admitted Assets
1.	Bonds (Schedule D)	116,727,416		116,727,416	116,529,604
2.	Stocks (Schedule D):				
	2.1 Preferred stocks				
	2.2 Common stocks	49,805,490		49,805,490	48,138,750
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less $ ..... encumbrances)				
	4.2 Properties held for the production of income (less $ ..... encumbrances)				
	4.3 Properties held for sale (less $ ..... encumbrances)				
5.	Cash ($ (1,667,020), Schedule E-Part 1), cash equivalents ($ 63,307,778, Schedule E-Part 2) and short-term investments ($ 24,289,646, Schedule DA)	85,930,404		85,930,404	64,139,819
6.	Contract loans (including $ ..... premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	252,463,310		252,463,310	228,808,173
13.	Title plants less $ ..... charged off (for Title insurers only)				
14.	Investment income due and accrued	850,428		850,428	1,279,220
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	583,342		583,342	10,330,271
	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 ($ 10,591,000) and contracts subject to redetermination ($ .....)	10,591,000		10,591,000	934,733
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	176,460		176,460	169,667
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts	276,406		276,406	125,948
17.	Amounts receivable relating to uninsured plans	3,488,883		3,488,883	4,808,597
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 ($ .....)	40,727	40,727		
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				147,157
24.	Health care ($ 5,341,063) and other amounts receivable	15,379,624	10,029,596	5,350,028	2,774,134
25.	Aggregate write-ins for other-than-invested assets	5,186,306	3,715,985	1,470,321	1,896,259
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	289,036,486	13,786,308	275,250,178	251,274,159
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Total (Lines 26 and 27)	289,036,486	13,786,308	275,250,178	251,274,159
DETAILS OF WRITE-INS					
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Miscellaneous receivable related to Coverage Gap Discount Program	1,470,321		1,470,321	1,896,259
2502.	Prepaid expenses	3,715,985	3,715,985		
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	5,186,306	3,715,985	1,470,321	1,896,259

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $ ..... reinsurance ceded)	41,674,715		41,674,715	31,511,786
2.	Accrued medical incentive pool and bonus amounts	1,568,478		1,568,478	
3.	Unpaid claims adjustment expenses	602,578		602,578	359,658
4.	Aggregate health policy reserves, including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				108,429
9.	General expenses due or accrued	8,557,238		8,557,238	4,563,833
10.1	Current federal and foreign income tax payable and interest thereon (including $ ..... on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	58,533		58,533	
14.	Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)				
15.	Amounts due to parent, subsidiaries and affiliates	4,335,535		4,335,535	4,154,530
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	3,737,959		3,737,959	
23.	Aggregate write-ins for other liabilities (including $ 59,639,347 current)	59,639,347		59,639,347	
24.	Total liabilities (Lines 1 to 23)	120,174,383		120,174,383	40,698,236
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX		100
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	42,422,534	42,422,434
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	112,653,261	168,153,389
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 31 minus Line 32)	XXX	XXX	155,075,795	210,575,923
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	275,250,178	251,274,159
DETAILS OF WRITE-INS					
2301.	Due to Centers for Medicare & Medicaid Services	59,181,608		59,181,608	
2302.	Retroactivity due to Centers for Medicare & Medicaid Services	457,739		457,739	
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	59,639,347		59,639,347	
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 (Lines 2501 through 2503 plus 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 (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	XXX	588,716	549,475
2. Net premium income (including $ non-health premium income)	XXX	508,027,377	482,086,210
3. Change in unearned premium reserves and reserve for rate credits	XXX	(108,429)	(11,990,365)
4. Fee-for-service (net of $ medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX	1,901,639	3,035,084
7. Aggregate write-ins for other non-health revenues	XXX		
8. Total revenues (Lines 2 to 7)	XXX	509,820,587	473,130,929
Hospital and Medical:			
9. Hospital/medical benefits		255,821,987	241,514,522
10. Other professional services		148,498,575	136,920,305
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs		53,956,710	57,172,958
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts		1,568,478	
16. Subtotal (Lines 9 to 15)		459,845,750	435,607,785
Less:			
17. Net reinsurance recoveries		514,478	355,087
18. Total hospital and medical (Lines 16 minus 17)		459,331,272	435,252,698
19. Non-health claims (net)			
20. Claims adjustment expenses, including $ 3,081,856 cost containment expenses		9,934,521	9,262,457
21. General administrative expenses		47,719,499	32,886,438
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)		516,985,292	477,401,593
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(7,164,705)	(4,270,664)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		3,207,884	4,649,867
26. Net realized capital gains (losses) less capital gains tax of $		2,771,721	6,424,779
27. Net investment gains (losses) (Lines 25 plus 26)		5,979,605	11,074,646
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]			
29. Aggregate write-ins for other income or expenses			589
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(1,185,100)	6,804,571
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	(1,185,100)	6,804,571
DETAILS OF WRITE-INS			
0601. Population management fees	XXX	352,376	329,126
0602. Intercompany management fees	XXX	1,549,263	2,705,958
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	1,901,639	3,035,084
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901. Other revenue			
2902. Other income			589
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			589

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year	2 Prior Year
33. Capital and surplus prior reporting year	210,575,923	291,422,225
34. Net income or (loss) from Line 32	(1,185,100)	6,804,571
35. Change in valuation basis of aggregate policy and claims reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of $	(2,087,234)	(3,403,203)
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(2,324,965)	(7,247,670)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Tranferred from capital		
46. Dividends to stockholders		(77,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	(49,902,829)	
48. Net change in capital and surplus (Lines 34 to 47)	(55,500,128)	(80,846,302)
49. Capital and surplus end of reporting year (Line 33 plus 48)	155,075,795	210,575,923
DETAILS OF WRITE-INS		
4701. SSAP No. 3 - Adjustment for prior years' Centers for Medicare & Medicaid Services overpayments	(49,902,830)	
4702. Rounding	1	
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(49,902,829)	

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	507,901,181	465,782,455
2. Net investment income	5,987,801	89,928
3. Miscellaneous income	1,901,639	3,035,673
4. Total (Line 1 through Line 3)	515,790,621	468,908,056
5. Benefit and loss related payments	460,922,445	422,518,025
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	(21,278,223)	43,966,029
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)	439,644,222	466,484,054
11. Net cash from operations (Line 4 minus Line 10)	76,146,399	2,424,002
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	31,803,644	33,034,960
12.2 Stocks	16,952,577	42,270,634
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)	48,756,221	75,305,594
13. Cost of investments acquired (long-term only):		
13.1 Bonds	32,053,442	20,088,266
13.2 Stocks	18,146,735	19,511,718
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)	50,200,177	39,599,984
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(1,443,956)	35,705,610
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		77,000,000
16.6 Other cash provided (applied)	(52,911,858)	(3,939,380)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(52,911,858)	(80,939,380)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	21,790,585	(42,809,768)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	64,139,819	106,949,587
19.2 End of year (Line 18 plus Line 19.1)	85,930,404	64,139,819

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001 Line 16.6 - Primarily prior year CMS overpayment		
20.0002		
20.0003		
20.0004		
20.0005		
20.0006		
20.0007		
20.0008		
20.0009		
20.0010		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	508,027,377						508,027,377			
2. Change in unearned premium reserves and reserve for rate credit	(108,429)						(108,429)			
3. Fee-for-service (net of $ ..... medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues	1,901,639						1,901,639			XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6)	509,820,587						509,820,587			
8. Hospital/medical benefits	255,821,987						255,821,987			XXX
9. Other professional services	148,498,575						148,498,575			XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area										XXX
12. Prescription drugs	53,956,710						53,956,710			XXX
13. Aggregate write-ins for other hospital and medical										XXX
14. Incentive pool, withhold adjustments, and bonus amounts	1,568,478						1,568,478			XXX
15. Subtotal (Lines 8 to 14)	459,845,750						459,845,750			XXX
16. Net reinsurance recoveries	514,478						514,478			XXX
17. Total hospital and medical (Lines 15 minus 16)	459,331,272						459,331,272			XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $ 3,081,856 cost containment expenses	9,934,521						9,934,521			
20. General administrative expenses	47,719,499						47,719,499			
21. Increase in reserves for accident and health contracts										XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	516,985,292						516,985,292			
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(7,164,705)						(7,164,705)			
DETAILS OF WRITE-INS										
0501. Population management fees	352,376						352,376			XXX
0502. Intercompany management fees	1,549,263						1,549,263			XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above)	1,901,639						1,901,639			XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

UNDERWRITING AND INVESTMENT EXHIBIT

Part 1 - Premiums

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)				
2. Medicare Supplement				
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII - Medicare	509,248,570		1,221,193	508,027,377
7. Title XIX - Medicaid				
8. Other health				
9. Health subtotal (Lines 1 through 8)	509,248,570		1,221,193	508,027,377
10. Life				
11. Property/casualty				
12. Totals (Lines 9 to 11)	509,248,570		1,221,193	508,027,377

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - Claims Incurred During the Year

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	453,763,287						453,763,287			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	507,685						507,685			
1.4 Net	453,255,602						453,255,602			
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	41,674,715						41,674,715			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	41,674,715						41,674,715			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	1,568,478						1,568,478			
6. Net health care receivables (a)	5,648,943						5,648,943			
7. Amounts recoverable from reinsurers December 31, current year	176,460						176,460			
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	31,511,786						31,511,786			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	31,511,786						31,511,786			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year	169,667						169,667			
12. Incurred benefits:										
12.1 Direct	458,277,273						458,277,273			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	514,478						514,478			
12.4 Net	457,762,795						457,762,795			
13. Incurred medical incentive pools and bonuses	1,568,478						1,568,478			

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - Claims Liability End of Current Year

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	3,874,715						3,874,715			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	3,874,715						3,874,715			
2. Incurred but Unreported:										
2.1 Direct	37,800,000						37,800,000			
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	37,800,000						37,800,000			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS:										
4.1 Direct	41,674,715						41,674,715			
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	41,674,715						41,674,715			

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 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	34,982,873	412,616,993	199,635	41,475,080	35,182,508	31,511,786
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	34,982,873	412,616,993	199,635	41,475,080	35,182,508	31,511,786
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts				1,568,478		
13. Totals (Lines 9-10+11+12)	34,982,873	412,616,993	199,635	43,043,558	35,182,508	31,511,786

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital and Medical)

	Cumulative Net Amounts Paid				
	1	2	3	4	5
Year in Which Losses Were Incurred	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Comprehensive (Hospital and Medical)

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1	2	3	4	5
Year in Which Losses Were Incurred	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital and Medical)

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011										
2. 2012										
3. 2013										
4. 2014										
5. 2015										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1	2	3	4	5
	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1	2	3	4	5
	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011										
2. 2012										
3. 2013										
4. 2014										
5. 2015										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1	2	3	4	5
	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1	2	3	4	5
	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011										
2. 2012										
3. 2013										
4. 2014										
5. 2015										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1	2	3	4	5
	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1	2	3	4	5
	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011										
2. 2012										
3. 2013										
4. 2014										
5. 2015										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefit Plan

	Cumulative Net Amounts Paid				
	1	2	3	4	5
Year in Which Losses Were Incurred	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Federal Employees Health Benefit Plan

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1	2	3	4	5
Year in Which Losses Were Incurred	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefit Plan

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011										
2. 2012										
3. 2013										
4. 2014										
5. 2015										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XVIII Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior					
2. 2011	221,661	239,833	239,834	239,834	239,834
3. 2012	XXX	229,204	246,582	246,603	246,603
4. 2013	XXX	XXX	276,790	303,687	361,819
5. 2014	XXX	XXX	XXX	401,984	466,979
6. 2015	XXX	XXX	XXX	XXX	412,617

Section B - Incurred Health Claims - Title XVIII Medicare

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior					
2. 2011	224,143	242,316	242,316	239,834	239,834
3. 2012	XXX	230,631	248,008	246,603	246,603
4. 2013	XXX	XXX	282,433	361,869	361,819
5. 2014	XXX	XXX	XXX	433,495	467,178
6. 2015	XXX	XXX	XXX	XXX	496,092

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII Medicare

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011	340,864	239,834	6,215	2.591	246,049	72.184			246,049	72.184
2. 2012	359,279	246,603	6,842	2.774	253,445	70.543			253,445	70.543
3. 2013	424,839	361,819	9,187	2.539	371,006	87.329			371,006	87.329
4. 2014	469,741	466,979	9,262	1.983	476,241	101.384	200	3	476,444	101.427
5. 2015	507,919	412,617	9,935	2.408	422,552	83.193	43,044	600	466,196	91.786

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1	2	3	4	5
	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1	2	3	4	5
	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX Medicaid

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011										
2. 2012										
3. 2013										
4. 2014										
5. 2015										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1	2	3	4	5
	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1	2	3	4	5
	2011	2012	2013	2014	2015
1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011										
2. 2012										
3. 2013										
4. 2014										
5. 2015										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

	Cumulative Net Amounts Paid				
	1	2	3	4	5
Year in Which Losses Were Incurred	2011	2012	2013	2014	2015
1. Prior					
2. 2011	221,661	239,833	239,834	239,834	239,834
3. 2012	XXX	229,204	246,582	246,603	246,603
4. 2013	XXX	XXX	276,790	303,687	361,819
5. 2014	XXX	XXX	XXX	401,984	466,979
6. 2015	XXX	XXX	XXX	XXX	412,617

Section B - Incurred Health Claims - Grand Total

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1	2	3	4	5
Year in Which Losses Were Incurred	2011	2012	2013	2014	2015
1. Prior					
2. 2011	224,143	242,316	242,316	239,834	239,834
3. 2012	XXX	230,631	248,008	246,603	246,603
4. 2013	XXX	XXX	282,433	361,869	361,869
5. 2014	XXX	XXX	XXX	433,495	467,178
6. 2015	XXX	XXX	XXX	XXX	496,092

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011	340,864	239,834	6,215	2.591	246,049	72.184			246,049	72.184
2. 2012	359,279	246,603	6,842	2.774	253,445	70.543			253,445	70.543
3. 2013	424,839	361,819	9,187	2.539	371,006	87.329			371,006	87.329
4. 2014	469,741	466,979	9,262	1.983	476,241	101.384	200	3	476,444	101.427
5. 2015	507,919	412,617	9,935	2.408	422,552	83.193	43,044	600	466,196	91.786

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Underwriting and Investment Exhibit, Part 2D

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent ($ ....for occupancy of own building)			873,931		873,931
2. Salaries, wages and other benefits	2,260,500	745,301	14,388,115		17,393,916
3. Commissions (less $....ceded plus $....assumed)					
4. Legal fees and expenses					
5. Certifications and accreditation fees	(3,120)	(1,489)	4,609		
6. Auditing, actuarial and other consulting services			3,441,947		3,441,947
7. Traveling expenses	858		113,140		113,998
8. Marketing and advertising			2,263,998		2,263,998
9. Postage, express, and telephone	423		1,712,368		1,712,791
10. Printing and office supplies	583		413,496		414,079
11. Occupancy, depreciation and amortization			893		893
12. Equipment		6,876	33,731		40,607
13. Cost or depreciation of EDP equipment and software			1,921,801		1,921,801
14. Outsourced services including EDP, claims, and other services	676,135	6,052,382	19,921,970	662,425	27,312,912
15. Boards, bureaus and association fees	4,084	5,569	69,134		78,787
16. Insurance, except on real estate			43,889		43,889
17. Collection and bank service charges		120	151,104		151,224
18. Group service and administration fees					
19. Reimbursements by uninsured accident and health plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			357,607		357,607
23.2 State premium taxes					
23.3 Regulator authority licenses and fees					
23.4 Payroll taxes	142,192	43,907	631,548		817,647
23.5 Other (excluding federal income and real estate taxes)	200		1,230,979		1,231,179
24. Investment expenses not included elsewhere			55,993		55,993
25. Aggregate write-ins for expenses			89,246		89,246
26. Total expenses incurred (Line 1 to Line 25)	3,081,855	6,852,666	47,719,499	662,425	(a) 58,316,445
27. Less expenses unpaid December 31, current year			8,557,240		8,557,240
28. Add expenses unpaid December 31, prior year			4,563,833		4,563,833
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30)	3,081,855	6,852,666	43,726,092	662,425	54,323,038
DETAILS OF WRITE-INS					
2501. Books/Subscriptions			2,325		2,325
2502. Seminars and Education			46,358		46,358
2503. Other			40,563		40,563
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)			89,246		89,246

(a) Includes management fees of $.... 10,979,034 to affiliates and $ ....to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 535,666	456,651
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 2,885,585	2,539,032
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	938,329	861,919
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 8,052	12,707
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	4,367,632	3,870,309
11.	Investment expenses		(g) 662,425
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		662,425
17.	Net investment income (Line 10 minus Line 16)		3,207,884
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		

(a) Includes $ 80,196 accrual of discount less $ 333,369 amortization of premium and less $ 63,167 paid for accrued interest on purchases.
(b) Includes $ ____ accrual of discount less $ ____ amortization of premium and less $ ____ paid for accrued dividends on purchases.
(c) Includes $ ____ accrual of discount less $ ____ amortization of premium and less $ ____ paid for accrued interest on purchases.
(d) Includes $ ____ for company's occupancy of its own buildings; and excludes $ ____ interest on encumbrances.
(e) Includes $ 498 accrual of discount less $ 4,760 amortization of premium and less $ 4,597 paid for accrued interest on purchases.
(f) Includes $ ____ accrual of discount less $ ____ amortization of premium.
(g) Includes $ ____ investment expenses and $ ____ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $ ____ interest on surplus notes and $ ____ interest on capital notes.
(i) Includes $ ____ depreciation on real estate and $ ____ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	66,116		66,116		
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)	135,070		135,070		
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)	2,605,252	(34,717)	2,570,535	(2,087,234)	
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	2,806,438	(34,717)	2,771,721	(2,087,234)	
DETAILS OF WRITE-INS						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Line 1 to Line 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets	40,727	47,251	6,524
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable	10,029,596	6,894,185	(3,135,411)
25. Aggregate write-ins for other-than-invested assets	3,715,985	4,519,907	803,922
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	13,786,308	11,461,343	(2,324,965)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Line 26 and Line 27)	13,786,308	11,461,343	(2,324,965)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)			
2501. Prepaid expenses	3,715,985	4,519,907	803,922
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)	3,715,985	4,519,907	803,922

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	45,901	49,074	49,016	49,080	49,042	588,716
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. Total	45,901	49,074	49,016	49,080	49,042	588,716
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)						

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

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

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

State Prescribed Practices	State of Domicile	Current	Prior
01A01 - Net Income, state basis (Page 4, Line 32, Columns 2 and 3)	OH	(1,185,100)	6,804,571
01A04 - Net Income, NAIC SAP (1-2-3=4)	OH	(1,185,100)	6,804,571
01A05 - Surplus, state basis (Page 3, Line 33, Columns 3 and 4)	OH	155,075,795	210,575,923
01A08 - Surplus, NAIC SAP (5-6-7=8)	OH	155,075,795	210,575,923

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

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

C. Accounting Policy

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

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

In addition, the Company uses the following accounting policies:

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

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

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

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

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

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

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

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

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

(9) Not Applicable.

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

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

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

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

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

2. Accounting Changes and Corrections of Errors

In 2015, the Company discovered certain errors in data previously submitted to the Centers for Medicare and Medicaid Services ("CMS") in connection with the CMS risk adjustment process for the years 2009 through 2015. The Company utilized outside experts to identify and quantify the effect of the errors and provide the required information for the submission of corrected data and repayment of amounts resulting from the data submission errors for the previous six years in accordance with CMS instructions. In accordance with Statement of Statutory Accounting Principles No. 3, the Company has adjusted beginning surplus for the prior year impact by $49,902,830 to account for the estimated impact of the repayment for the years 2009 through 2014. The estimated impact by year is not material. The repayment will not affect the Company's compliance with statutory reserve requirements as it will continue to meet all these requirements. Risk based capital at December 31, 2015 was 819%, well above the required regulatory requirement of 200%. The impact of the correcting adjustment was $9,278,778 and $8,213,970 for 2015 and 2014, respectively.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

NOTES TO FINANCIAL STATEMENTS

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

Not Applicable.

E. Repurchase Agreements and/or Securities Lending Transactions

Not Applicable.

F. Real Estate

Not Applicable.

G. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross Restricted from Current Year	2 Total Gross Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Percentage Gross Restricted to Total Assets	6 Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown						
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock						
i. FHLB capital stock						
j. On deposit with states	2,943,619	2,908,549	35,070	2,943,619	1.018	1.069
k. On deposit with other regulatory bodies						
l. Pledged as collateral to FHLB (including assets backing funding agreements)						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets	2,943,619	2,908,549	35,070	2,943,619		

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

Not Applicable.

(7) Detail of Other Restricted Assets

NOTES TO FINANCIAL STATEMENTS

Not Applicable.

I. Working Capital Finance

Not Applicable.

J. Offsetting and Netting of Assets and Liabilities

Not Applicable.

K. Structured Notes

Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. The Company did not recognize any impairment write down for investments in Joint Ventures, Partnerships or Limited Liability Companies during the statement periods.

7. Investment Income

A. Due and accrued income was excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due.

B. The total amount excluded was $-0-.

8. Derivative Instruments

Not Applicable.

9. Income Taxes

The Company has been recognized by the Internal Revenue Service, under Internal Revenue Code Section 501(c)(4), as an organization exempt from tax under Section 501(a). There were no deferred income tax assets, deferred income tax liabilities, investment tax credits, or loss carryforwards as of December 31, 2015 or 2014. The Company does not have any material uncertain tax positions as of December 31, 2015 or 2014.

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

A.-C. The Company paid common stock dividends to the Mount Carmel Health System ("MCHS") on March 16, 2014 in the amount of $5,000,000 and on October 20, 2014 in the amount of $72,000,000.

The Company leases the services of certain employees and its office space from MCHS. Additionally, MCHS also provides certain management, administrative, and marketing services to the Company. Expenses related to services provided by MCHS were $10,979,034 and $9,732,294 in 2015 and 2014, respectively. Medical expenses incurred by the Company provided by MCHS were $101,119,351 and $100,284,892 in 2015 and 2014, respectively.

The Company also provides by agreement certain management, administrative, and marketing services to Mount Carmel Health Insurance Company ("MCHIC"). Revenues related to services provided by the Company to MCHIC were $1,057,087 and $948,857 in 2015 and 2014, respectively.

D. The Company owed MCHS $4,335,535 and $4,154,530 as of December 31, 2015 and 2014, respectively.

E. Not Applicable.

F. Not Applicable.

G. The Company is owned by MCHS, a non-profit corporation domiciled in the State of Ohio.

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

11. Debt

A. Debt Including Capital Notes

The Company has no outstanding debt with third parties during 2015 and 2014.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

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

A.-D. Defined Benefit Plan

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

NOTES TO FINANCIAL STATEMENTS

Not Applicable.

G. Consolidated/Holding Company Plans

Employees of the Company are eligible to participate in a defined contribution retirement plan sponsored by Trinity Health Corporation ("Trinity"). Under this plan, employees may contribute a portion of their salary to the defined contribution plan. No employer matching contributions were made by Trinity or any of its subsidiaries on behalf of the participating Company employees in 2015 or 2014.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits

Not Applicable.

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

(1) The Company has no shares authorized, no shares issued and no shares outstanding.

(2) The Company has no preferred stock outstanding.

(3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to $-0-, an amount that is based on restrictions relating to net income and statutory surplus.

(4) An ordinary dividend in the amount of $5,000,000 on March 16, 2014 and $72,000,000 on October 20, 2014 was paid by the Company.

(5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

(6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

(7) The total amount of advances to surplus not repaid is $-0-.

(8) The Company did not hold stock, including stock of affiliated companies, for special purposes of conversion of preferred stock, employee stock options, or stock purchase warrants.

(9) There were no changes in balances of special surplus funds from the prior year.

(10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is $17,669,916 and $19,757,150 as of December 31, 2015 and 2014, respectively.

(11) The Company did not issue surplus debentures or similar obligations during the statement periods.

(12) The Company did not have a restatement due to a prior quasi-reorganization.

(13) Not Applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

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

Not Applicable.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

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

The Company is not aware of any other material contingent liabilities as of December 31, 2015.

15. Leases

A. Lessee Operating Lease

(1) The Company leases postage mail equipment under a noncancelable operating lease agreement that expires August 2018. Rental expense for 2015 and 2014 was $14,823 and $16,182 , respectively.

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

Year Ending December 31	Operating Leases
1..... 2016	$ 14,823
2..... 2017	$ 14,823
3..... 2018	$ 3,582
4..... 2019	$.....

NOTES TO FINANCIAL STATEMENTS

5.	2020	$
6.	Total	$ 33,228

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

B. Lessor Leases

Not Applicable.

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

The Company does not hold any financial instruments with off-balance sheet risk or concentrations of credit risk.

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

A. Transfer of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

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

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

(1) Revenue from the Company's Medicare (or similarly structured cost based reimbursement contract) contract for the years 2015 and 2014, consisted of $441,229,190 and $408,372,261, respectively for medical and hospital related services and $46,220,624 and $42,778,722, respectively for administrative expenses.

(2) As of December 31, 2015 and 2014, the Company has recorded receivables from CMS of $3,488,883 and $4,808,597, respectively, related to the low-income member cost share and catastrophic reinsurance components of administered Medicare products. The Company does not have any additional receivables greater than 10% of the Company's amounts receivable from uninsured accident and health plans or $10,000.

(3) In connection with the Company's Medicare (or similarly structured cost based reimbursement contract) contract, the Company has recorded allowances and reserves for adjustment of recorded revenues in the amount of $75,830 and $39,904 at December 31, 2015 and 2014, respectively.

(4) The Company reduced surplus $8,213,970 for 2014 and $41,688,860 for 2009-2013 resulting from an audit of receivables related to revenues recorded in prior periods.

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

Not Applicable.

20. Fair Value Measurement

A. (1) The fair value of financial assets at December 31, 2015 were as follows:

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
Assets at fair value				
Common stocks	49,805,490			49,805,490
Money market funds	2,465,196			2,465,196
20A1A99 - Assets at fair value	52,270,686			52,270,686

(2) Rollforward of Level 3 Items

Not Applicable.

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

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

NOTES TO FINANCIAL STATEMENTS

The Company is responsible for the determination of fair value and as such, the Company performs a review of the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. There were no material adjustments to the prices obtained from the third party pricing service during the years ended December 31, 2015 or 2014.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

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

C. Practicable to Estimate Fair Value

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Aggregate fair value for all financial instruments						
U.S. Treasury and agency securities	30,709,115	30,520,474	30,207,440	501,675		
U.S. Special revenue obligations	20,196,112	19,515,893		20,196,112		
Industrial & Miscellaneous bonds	67,098,104	66,691,049		67,098,104		
Common stock	49,805,490	49,805,490	49,805,490			
Cash, cash equivalents, and short-term securities	85,930,404	85,930,404	85,930,404			
20C9999 - Aggregate fair value for all financial instruments						

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

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime-Mortgage-Related Risk Exposure

Not Applicable.

G. Retained Assets

Not Applicable.

22. Events Subsequent

Type I - Recognized Subsequent Events:

Subsequent events have been considered through March 14, 2016 for the statutory statement issued on March 15, 2016.

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

Type II - Nonrecognized Subsequent Events:

Subsequent events have been considered through March 14, 2016 for the statutory statement issued on March 15, 2016.

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

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

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

Yes ( ) No (x)

NOTES TO FINANCIAL STATEMENTS

If yes, give full details.

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

Yes ( ) No (x)

If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

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

Yes ( ) No (x)

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

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? $452,866.

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

Yes ( ) No (x)

If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other that those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. $ 452,866.

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

Yes ( ) No (x)

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

B. Uncollectible Reinsurance

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

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

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

C. The amount of net premiums written by the Company at December 31, 2015 and 2014 that are subject to retrospective rating features was $408,939,944 and $365,851,032, respectively. That represented 89% and 88% of the total net premiums written, respectively. No other net premiums written by the Company are subject to retrospective rating features.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2014 were $31,871,444. As of December 31, 2015, $34,982,873 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $202,510 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a $3,313,939 unfavorable prior-year development since December 31, 2014 to December 31, 2015. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

A.-G.

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

NOTES TO FINANCIAL STATEMENTS

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
Pharmaceutical Rebate Receivables					
12/31/2015	5,234,622				
09/30/2015	4,067,913		657,276		
06/30/2015	4,130,186	4,130,186	381,862	2,754,847	
03/31/2015	3,976,556	3,976,556	11,856	2,445,749	1,314,264
12/31/2014	2,637,047	2,594,288		1,493,973	1,056,183
09/30/2014	2,700,609	2,654,558		1,461,563	1,152,095
06/30/2014	3,252,953	2,686,161		2,069,022	601,525
03/31/2014	3,283,228	2,731,299		1,255,879	1,474,864
12/31/2013	1,889,881	1,858,477		966,195	892,282
09/30/2013	1,913,278	1,862,398		871,110	991,288
06/30/2013	1,716,153	1,710,947		809,963	900,984
03/31/2013	2,155,038	2,127,247		846,125	1,282,608

28A - Pharmaceutical Rebate Receivables

B. Risk Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received All Other
Risk Sharing Receivables									
2015	2015								
	2016								
2014	2014								
	2015								
2013	2013	330,875							
	2014								

28B - Risk Sharing Receivables

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves $-0-
2. Date of the most recent evaluation of this liability December 31, 2015
3. Was anticipated investment income utilized in the calculation? Yes ( ) No (x)

31. Anticipated Salvage and Subrogation

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes (X) No ( )

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes (X) No ( ) N/A ( )

1.3 State Regulating? Ohio

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes ( ) No (X)

2.2 If yes, date of change: .....

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013

3.2 State the as of date of the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2013

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 03/09/2015

3.4 By what department or departments?
Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes ( ) No ( ) N/A (X)

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes (X) No ( ) N/A ( )

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

4.11 sales of new business? Yes ( ) No (X)
4.12 renewals? Yes ( ) No (X)

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

4.21 sales of new business? Yes ( ) No (X)
4.22 renewals? Yes ( ) No (X)

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ( ) No (X)

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

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes ( ) No (X)

6.2 If yes, give full information:
.....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes ( ) No (X)

7.2 If yes,

7.21 State the percentage of foreign control ..... %

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

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes ( ) No (X)

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes ( ) No (X)

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

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

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes ( ) No (X)

10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes ( ) No (X)

10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....

10.5 Has the reporting entity established an Audit Committee in compliance with domiciliary state insurance laws? Yes (X) No ( ) N/A ( )

10.6 If the response to 10.5 is no or n/a, please explain:
.....

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Timothy D. Gustafson, Principal, Deloitte Consulting LLP, 111 S. Wacker Drive, Chicago, IL 60606

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes ( ) No (X)

12.11 Name of real estate holding company .....

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value $ .....

12.2 If yes, provide explanation .....

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? .....

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes ( ) No ( )

13.3 Have there been any changes made to any of the trust indentures during the year? Yes ( ) No ( )

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes ( ) No ( ) N/A (X)

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? 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.

14.11 If the response to 14.1 is no, please explain: .....

14.2 Has the code of ethics for senior managers been amended? Yes ( ) No (X)

14.21 If the response to 14.2 is yes, provide information related to amendment(s). .....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ( ) No (X)

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). .....

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes ( ) No (X)

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes (X) No ( )

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes (X) No ( )

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes (X) No ( )

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes ( ) No (X)

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
20.11 To directors or other officers $.....
20.12 To stockholders not officers $.....
20.13 Trustees, supreme or grand (Fraternal only) $.....

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
20.21 To directors or other officers $.....
20.22 To stockholders not officers $.....
20.23 Trustees, supreme or grand (Fraternal only) $.....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes ( ) No (X)

21.2 If yes, state the amount thereof at December 31 of the current year:
21.21 Rented from others $.....
21.22 Borrowed from others $.....
21.23 Leased from others $.....
21.24 Other $.....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes ( ) No (X)

22.2 If answer is yes:
22.21 Amount paid as losses or risk adjustment $.....
22.22 Amount paid as expenses $.....
22.23 Other amounts paid $.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes ( ) No (X)

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $.....

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes (X) No ( )

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

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

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions? Yes ( ) No ( ) N/A (X)

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

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

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes ( ) No ( ) N/A (X)

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes ( ) No ( ) N/A (X)

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes ( ) No ( ) N/A (X)

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

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

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

24.103 Total payable for securities lending reported on the liability page $

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes (X) No ( )

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

25.21	Subject to repurchase agreements	$
25.22	Subject to reverse repurchase agreements	$
25.23	Subject to dollar repurchase agreements	$
25.24	Subject to reverse dollar repurchase agreements	$
25.25	Placed under option agreements	$
25.26	Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	$
25.27	FHLB Capital Stock	$
25.28	On deposit with states	$ 2,943,619
25.29	On deposit with other regulatory bodies	$
25.30	Pledged as collateral - excluding collateral pledged to an FHLB	$
25.31	Pledged as collateral to FHLB - including assets backing funding agreements	$
25.32	Other	$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ( ) No (X)

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

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes ( ) No (X)

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

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds, and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ( )

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

1 Name of Custodian(s)	2 Custodian's Address
PNC Bank, NA	249 Fifth Avenue, One PNC Plaza, Pittsburgh, PA 15222

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

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

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

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

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

1 Central Registration Depository Number(s)	2 Name	3 Address
151829	PNC Capital Advisors, LLC	1 East Pratt Street, Baltimore, MD 21202

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

29.2 If yes, complete the following schedule:

1 CUSIP Number	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
69351J-10-8	PNC Fds Intl Eqt Fund I	5,720,952
29.2999 - Total		5,720,952

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

1 Name of Mutual Fund (from question 29.2)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
PNC Fnd Intl Eqt Fund I	Roche Holding AG	77,805	12/31/2015
PNC Fnd Intl Eqt Fund I	Novo Nordisk A/S	75,517	12/31/2015
PNC Fnd Intl Eqt Fund I	Toyota Motor Corp	74,944	12/31/2015
PNC Fnd Intl Eqt Fund I	KDDI Corp	74,372	12/31/2015
PNC Fnd Intl Eqt Fund I	Taylor Wimpey PLC	71,512	12/31/2015

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	$ 116,727,416	$ 118,003,331	$ 1,275,915
30.2 Preferred stocks	$	$	$
30.3 Totals	$ 116,727,416	$ 118,003,331	$ 1,275,915

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

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

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

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

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

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 81,051

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

1 Name	2 Amount Paid
Health Plan Alliance	$ 35,828
Ohio Association of Health Plans	$ 25,000
America's Health Insurance Plans	$ 20,223
	$

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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

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

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

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

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

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes ( ) No (X)

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

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

1.31 Reason for excluding:

.....
.....

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

1.5 Indicate total incurred claims on all Medicare Supplement insurance. $.....

1.6 Individual policies:

	Most current three years:	
1.61	Total premium earned	$.....
1.62	Total incurred claims	$.....
1.63	Number of covered lives	.....
	All years prior to most current three years:	
1.64	Total premium earned	$.....
1.65	Total incurred claims	$.....
1.66	Number of covered lives	.....

1.7 Group polices:

	Most current three years:	
1.71	Total premium earned	$.....
1.72	Total incurred claims	$.....
1.73	Number of covered lives	.....
	All years prior to most current three years:	
1.74	Total premium earned	$.....
1.75	Total incurred claims	$.....
1.76	Number of covered lives	.....

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	$ 508,027,377	$ 466,995,878
2.2	Premium Denominator	$ 508,027,377	$ 466,995,878
2.3	Premium Ratio (2.1 / 2.2)	..... 1.000	..... 1.000
2.4	Reserve Numerator	$ 43,243,193	$ 31,511,786
2.5	Reserve Denominator	$ 43,243,193	$ 31,511,786
2.6	Reserve Ratio (2.4 / 2.5)	..... 1.000	..... 1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes ( ) No (X)

3.2 If yes, give particulars:

.....
.....

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes (X) No ( )

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes ( ) No (X)

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

5.2 If no, explain:

.....
.....

5.3 Maximum retained risk (see instructions)

5.31	Comprehensive Medical	$.....
5.32	Medical Only	$ 250,000
5.33	Medicare Supplement	$.....
5.34	Dental & Vision	$.....
5.35	Other Limited Benefit Plan	$.....
5.36	Other	$.....

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

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

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes (X) No ( )

7.2 If no, give details:

.....
.....

8. Provide the following information regarding participating providers:

8.1	Number of providers at start of reporting year	 7,640
8.2	Number of providers at end of reporting year	 5,264

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes ( ) No (X)

9.2 If yes, direct premium earned:

9.21	Business with rate guarantees between 15-36 months	.....
9.22	Business with rate guarantees over 36 months	.....

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

10.2 If yes:

10.21	Maximum amount payable bonuses	$.....
10.22	Amount actually paid for year bonuses	$.....
10.23	Maximum amount payable withholds	$.....
10.24	Amount actually paid for year withholds	$.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

11.1 Is the reporting entity organized as:

11.12	A Medical Group / Staff Model,	Yes ( ) No (X)
11.13	An Individual Practice Association (IPA), or	Yes ( ) No (X)
11.14	A Mixed Model (combination of above)?	Yes ( ) No (X)

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes (X) No ( )

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Ohio

11.4 If yes, show the amount required. $ 1,500,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes ( ) No (X)

11.6 If the amount is calculated, show the calculation

.....

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

1 Name of Service Area
Adams County, OH
Brown County, OH
Butler County, OH
Champaign County, OH
Clark County, OH
Clermont County, OH
Clinton County, OH
Coshocton County, OH
Delaware County, OH
Fairfield County, OH
Fayette County, OH
Franklin County, OH
Greene County, OH
Guernsey County, OH
Hamilton County, OH
Highland County, OH
Knox County, OH
Licking County, OH
Madison County, OH
Monroe County, OH
Montgomery County, OH
Morgan County, OH
Muskingum County, OH
Noble County, OH
Perry County, OH
Pike County, OH
Pickaway County, OH
Richland County, OH
Ross County, OH
Union County, OH
Warren County, OH
Washington County, OH

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

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

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

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

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

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

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

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

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

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

FIVE - YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
BALANCE SHEET (Page 2 and Page 3)					
1. Total admitted assets (Page 2, Line 28)	275,250,178	251,274,159	327,100,037	294,644,171	259,302,640
2. Total liabilities (Page 3, Line 24)	120,174,383	40,698,236	35,677,812	29,901,782	30,230,571
3. Statutory minimum capital and surplus requirement	1,500,000	1,500,000	1,200,000	1,200,000	1,200,000
4. Total capital and surplus (Page 3, Line 33)	155,075,795	210,575,923	291,422,225	264,742,389	229,072,069
INCOME STATEMENT (Page 4)					
5. Total revenues (Line 8)	509,820,587	473,130,929	424,839,161	359,279,198	340,863,947
6. Total medical and hospital expenses (Line 18)	459,331,272	435,252,698	358,773,046	290,442,826	283,857,481
7. Claims adjustment expenses (Line 20)	9,934,521	9,262,457	9,186,816	6,841,645	6,215,298
8. Total administrative expenses (Line 21)	47,719,499	32,886,438	34,158,431	23,525,375	19,621,718
9. Net underwriting gain (loss) (Line 24)	(7,164,705)	(4,270,664)	22,720,868	38,469,352	31,169,450
10. Net investment gain (loss) (Line 27)	5,979,605	11,074,646	19,501,630	10,517,240	4,867,962
11. Total other income (Line 28 plus Line 29)		589	1,154,882	614,333	642,830
12. Net income or (loss) (Line 32)	(1,185,100)	6,804,571	43,377,380	49,600,925	36,680,242
CASH FLOW (Page 6)					
13. Net cash from operations (Line 11)	76,146,399	2,424,002	14,171,939	44,769,855	40,664,792
RISK-BASED CAPITAL ANALYSIS					
14. Total adjusted capital	155,075,795	210,575,923	291,422,225	264,742,389	229,072,069
15. Authorized control level risk-based capital	18,940,244	20,949,018	17,942,371	14,499,380	13,863,906
ENROLLMENT (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	49,042	45,901	37,669	29,961	29,213
17. Total members months (Column 6, Line 7)	588,716	549,475	445,756	359,321	350,259
OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	90.4	92.6	84.4	80.8	83.3
20. Cost containment expenses	0.6	0.7	0.7	0.6	0.6
21. Other claims adjustment expenses	1.3	1.3	1.5	1.3	1.2
22. Total underwriting deductions (Line 23)	101.8	101.6	94.7	89.3	90.9
23. Total underwriting gain (loss) (Line 24)	(1.4)	(0.9)	5.3	10.7	9.1
UNPAID CLAIMS ANALYSIS (U and I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Column 5)	35,182,508	26,919,365	19,368,861	20,205,762	17,950,128
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	31,511,786	25,161,978	20,605,935	21,197,158	18,747,825
INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES					
26. Affiliated bonds (Schedule D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Schedule D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Line 26 to Line 31					
33. Total investment in parent included in Line 26 to Line 31 above					

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

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only Year to Date							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 7	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		509,248,570					509,248,570	
37. Oklahoma OK	N								
38. Oregon OR	N								
39. Pennsylvania PA	N								
40. Rhode Island RI	N								
41. South Carolina SC	N								
42. South Dakota SD	N								
43. Tennessee TN	N								
44. Texas TX	N								
45. Utah UT	N								
46. Vermont VT	N								
47. Virginia VA	N								
48. Washington WA	N								
49. West Virginia WV	N								
50. Wisconsin WI	N								
51. Wyoming WY	N								
52. American Samoa AS	N								
53. Guam GU	N								
54. Puerto Rico PR	N								
55. U.S. Virgin Islands VI	N								
56. Northern Mariana Islands MP	N								
57. Canada CAN	N								
58. Aggregate Other Alien OT	XXX								
59. Subtotal	XXX		509,248,570					509,248,570	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1		509,248,570					509,248,570	
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Summary of remaining write-ins for Line 58 from overflow page									
58999. Total (Line 58001 through Line 58003 plus Line 58998) (Line 58 above)									

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer;
(E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

All premium written within the state of Ohio.

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

Trinity Health Corporation (an Indiana nonprofit); FEIN: 35-1443425 (PARENT CORPORATION)

- Mount Carmel Heath System [Ohio]; FEIN: 31-1439334 (100% Ownership by Trinity Health Corporation)
  - Mount Carmel Health System Foundation; FEIN: 31-1113966 (100% Ownership by Immediate Parent)
  - Mount Carmel Health Plan Inc. (HMO); FEIN: 31-1471229 (100% Ownership by Immediate Parent)
  - Mount Carmel Health Insurance Company (PPO); FEIN: 25-1912781 (100% Ownership by Immediate Parent)
  - Mount Carmel College of Nursing; FEIN: 31-1308555 (100% Ownership by Immediate Parent)
  - Patient Transport Services of Columbus LLC; FEIN: 26-4601285 (50% Ownership by Immediate Parent)
  - Cornerstone Medical Services of Columbus LLC; FEIN: 26-3869158 (50% Ownership by Immediate Parent)
  - OSU/Mount Carmel Health Alliance; FEIN: 31-1654603 (50% Ownership by Immediate Parent)
    - Madison County Community Hospital; FEIN: 31-1657206 (40% Ownership by Immediate Parent)
  - Diley Ridge Medical Center; FEIN: 34-2032340 (70% Ownership by Immediate Parent)
  - Mount Carmel Heath Partners Inc.; FEIN: 31-1411721 (50% Ownership by Immediate Parent)
  - Central Ohio Medical Textiles Inc.; FEIN: 38-3643188 (50% Ownership by Immediate Parent)
  - Surgery Center Financing Corp; FEIN: 31-1531102 (100% Ownership by Immediate Parent)
  - St Ann's Medical Office Building III, LLC; FEIN: 20-1218559 (38.5% Ownership by Immediate Parent)
  - Mount Carmel HeathProviders Inc.; FEIN: 31-1382442 (100% Ownership by Immediate Parent)
    - Mount Carmel HealthProviders Two, LLC; FEIN: 20-1983271 (100% Ownership by Immediate Parent)
    - Mount Carmel HealthProviders III, LLC; FEIN: 20-4145781 (100% Ownership by Immediate Parent)
  - Big Run Medical Office Building Limited Partnership; FEIN: 31-1608125 (50% Ownership by Immediate Parent) (50% ownership)
    - MCHS Big Run Condominium Association; FEIN: 31-1571567 (50% Ownership by Immediate Parent)
  - Big Run Urgent Care Ltd ; FEIN: 31-1581575 (40% Ownership by Immediate Parent)
  - Central Ohio Sleep Medicine; FEIN: 31-1701029 (60% Ownership by Immediate Parent)
  - Highfield MRI Ltd ; FEIN: 65-1183045 (50% Ownership by Immediate Parent)
  - Concord Radiation Therapy LLC; FEIN: 20-8596889 (50% Ownership by Immediate Parent)
  - Taylor Station Surgical Center Ltd; FEIN: 31-1459910 (40% Ownership by Immediate Parent)
  - Columbus Cyberknife LLC; FEIN: 27-0865251 (35% Ownership by Immediate Parent)
  - Green Street Surgery Center LLC; FEIN: 02-0614846 (20% Ownership by Immediate Parent)
  - Canal Winchester MOB LLC; FEIN: 26-4825933 (22% Ownership by Immediate Parent)
  - Eye Center of Columbus LLC; FEIN: 01-0702725 (3.18% Ownership by Immediate Parent)
  - Health Innovations Ohio LLC; FEIN: 46-0902510 (25% Ownership by Immediate Parent)
  - New Albany Surgery Center LLC; FEIN: 45-1617821 (40% Ownership by Immediate Parent)
  - MCE MOB IV Limited Partnership; FEIN: 42-1544707 (49.60% Ownership by Immediate Parent)
  - St Ann's Medical Office Building II Limited Partnership; FEIN: 31-1603660 (46.75% Ownership by Immediate Parent)
  - Mount Carmel East Professional Office Building III Limited Partnership; FEIN: 31-1369473 (27.5% Ownership by Immediate Parent)
  - Medilucent MOB I Limited Partnership; FEIN: 20-4913370 (25% Ownership by Immediate Parent)
  - Mount Carmel Home Care, LLC; FEIN: 26-2729300 (50% Ownership by Immediate Parent)
  - Westar Medical Office Building Limited Partnership; FEIN: 31-1784409 (44.33% Ownership by Immediate Parent)
  - MCMC POB III Limited Partnership: FEIN: 31-1392994 (25.17% Ownership by Immediate Parent)
  - Canal Med I Limited Partnership; FEIN: 31-1512328 (18.88% Ownership by Immediate Parent)
- Holy Cross Health Inc. [Maryland]; FEIN: 52-0738041 (100% ownership by Trinity Health Corporation)
  - Holy Cross Health Network (Division of Holy Cross Health, Inc.); FEIN: 52-0738041 (100% ownership by Immediate Parent)
  - Maryland Care Group, Inc.; FEIN: 52-1815313 (100% ownership by Immediate Parent)
  - Holy Cross Private Home Services Corporation; FEIN: 52-1986562 (100% ownership by Immediate Parent)
  - Holy Cross Health Foundation, Inc.; FEIN: 20-8428450 (100% ownership by Immediate Parent)
  - Chesapeake Potomac Regional Cancer Center LLC; FEIN: 20-3762277 (20% ownership by Immediate Parent)
  - Doctors' Regional Cancer Center LLC; FEIN: 20-8889327 (20% ownership by Immediate Parent)
  - Maryland Care, Inc. d/b/a Maryland Physician Care; FEIN:22-3476498 (20% Ownership by Immediate Parent)
  - Maryland Care - Medicare, Inc.; FEIN: 20-4771530 (20% Ownership by Immediate Parent)
  - The Blue Door Pharmacy, LLC; FEIN: 47-3638756 (25% Ownership by Immediate Parent)
- Mercy Health Network, Inc. FEIN: 42-1478417 (50% ownership by Immediate Parent) [Iowa/Nebraska]
- Mercy Health Services - Iowa Corp [Iowa/Nebraska]; FEIN: 31-1373080 (100% ownership by Trinity Health Corporation)
  - Mercy Medical Center - Clinton Inc.; FEIN: 42-1336618 (100% ownership by Immediate Parent)
    - Mercy-Clinton Anesthesia Group, LLC; FEIN:46-1906752 (100% ownership by Immediate Parent)
    - Clinton Imaging Services LLC; FEIN: 41-2044739 (65% ownership by Immediate Parent)
    - Stereotactic Biopsy Services LC; FEIN: 42-1448735 (11.1% ownership by Immediate Parent)
    - Mercy Healthcare Foundation Clinton; FEIN: 42-1316126 (100% Ownership by Immediate Parent)
  - Hospice of North Iowa; FEIN: 42-1173708 (100% ownership by Immediate Parent)
  - Mercy Care Connections; FEIN: 35-2473948 (100% ownership by Immediate Parent)
  - United Clinical Laboratories Inc.; FEIN: 42-1268486 (33.3% ownership by Immediate Parent)
  - Preferred Health Choices LLC; FEIN: 90-0139311 (50% ownership by Immediate Parent)
  - Health Management Services LLC; FEIN: 46-1861361 (50% ownership by Immediate Parent)
    - Tri-State Surgery Center, LLC; FEIN: 91-1900559 (100% Ownership by Immediate Parent)
    - Medical Associates/Mercy Family Care Network, LLC; FEIN: 42-1478444 (100% Ownership by Immediate Parent)
    - Tri-State Occupational Health, LLC; FEIN: 90-1039315 (100% Ownership by Immediate Parent)
  - Forest Park Imaging LLC; FEIN: 13-4365966 (52.89% ownership by Immediate Parent)
  - Surgical Center Building Associates LLC; FEIN: 311373080 (35% ownership by Immediate Parent)
  - YMCA and Rehabilitation Center MMC North Iowa; FEIN: 42-1491491 (50% ownership by Immediate Parent)
  - Magnetic Resonance Services LLC; FEIN: 42-1328388 (49% ownership by Immediate Parent) (49% ownership)
  - Mason City Ambulatory Surgery Center LLC dba Mason City Surgery Center; FEIN: 20-1960348 (51% ownership by Immediate Parent)
  - Mercy Heart Center Outpatient Services LLC; FEIN: 13-4237594 (51% ownership by Immediate Parent)
  - Iowa Falls Clinic MMC North Iowa; FEIN: 42-1467712 (50% ownership by Immediate Parent)
  - Mercy Medical Center Foundation - North Iowa; FEIN: 42-1229151 (100% ownership by Immediate Parent)
  - North Iowa Community Healthcare LLC MMC - North Iowa; FEIN: 45-2878353 (19.25% ownership by Immediate Parent)
  - Hawarden Regional Healthcare Clinic, LLC; FEIN: 42-6005851 (50% ownership by Immediate Parent)
  - Mercy Medical Services, Inc.; FEIN: 42-1283849 (100% ownership by Immediate Parent)

Mercy Medical Center - Sioux City Foundation; FEIN: 14-18800022 (100% ownership by Immediate Parent)
Health Incorporated; FEIN: 31-1712115 (50% ownership by Immediate Parent)
Siouxland Paramedics Inc.; FEIN: 42-1185707 (100% ownership by Immediate Parent)
Siouxland PACE, Inc.; FEIN: 26-1120134 (100% ownership by Immediate Parent)
Siouxland Regional Cancer Center dba June E. Nylan Cancer Center; FEIN: 42-1411233 (100% ownership by Immediate Parent)
Hospice of Siouxland; FEIN: 38-3320710 (100% ownership by Immediate Parent)
Mercy/USP Health Ventures ; FEIN: 47-1290300 (55.71% ownership by Immediate Parent)
Siouxland Surgery Center LLP; FEIN: 46-0423353 (55.54% ownership by Immediate Parent) (55.54% ownership)
Oakland Mercy Hospital; FEIN: 20-8072234 (100% ownership by Immediate Parent)
Oakland Mercy Hospital Foundation; FEIN: 31-1678345 (100% ownership by Immediate Parent)
Baum Harmon Mercy Hospital; FEIN: 42-1500277 (100% ownership by Immediate Parent)
Baum Harmon Mercy Hospital & Clinics Foundation; FEIN: 26-2973307 (100% ownership by Immediate Parent)
Dubuque Mercy Health Foundation, Inc.; FEIN: 26-2227841 (100% ownership by Immediate Parent)
Saint Joseph Regional Medical Center, Inc. [Indiana]; FEIN: 35-1568821 (100% owned by Trinity Health)
The Foundation of Saint Joseph Regional Medical Center Inc.; FEIN: 35-1654543 (100% owned by Immediate Parent)
Saint Joseph Regional Medical Center Mishawaka Auxiliary Inc.; FEIN: 35-6033285 (100% owned by Immediate Parent)
Saint Joseph Regional Medical Center Plymouth Auxiliary Inc.; FEIN: 35-6043563 (100% owned by Immediate Parent)
Alick's Home Medical Equipment Inc.; FEIN: 35-1548294(15% ownership by Immediate Parent)
Saint Joseph Regional Medical Center - Health Insurance Services LLC; FEIN: 46-2814097 (100% ownership by Immediate Parent)
Northern Indiana Magnetic Resonance Center, LLP; FEIN: 35-1832912 (25% ownership by Immediate Parent)
Select Health Network Inc.; FEIN: 35-1932210 (50% ownership by Immediate Parent)
Michiana Heath Information Network LLC; FEIN: 35-2050128 (33.33% ownership by Immediate Parent)
Edison Lakes Inc.; FEIN: 35-1783309 (23.84% ownership by Immediate Parent)
Advantage Heath Solutions, Inc.; FEIN: 35-2093565 (15.5% ownership by Immediate Parent)
Community Health Partners of South Bend, Inc.; FEIN: 26-3051440 (50% ownership by Immediate Parent)
Edison Lakes ROC LLC ; FEIN: 27-1778694 (30% ownership by Immediate Parent)
Saint Joseph Regional Medical Center - South Bend Campus Inc.; FEIN: 35-0868157 (100% owned by Immediate Parent)
Saint Joseph Regional Medical Center - Plymouth Campus Inc.; FEIN: 35-1142669 (100% owned by Immediate Parent)
SJRMC Holding, Inc.; FEIN: 47-4763735 (100% ownership by Immediate Parent)
Michiana Urgent Care Management, LLC; FEIN: 47-427986 (40% ownership by Immediate Parent)
Saint Alphonsus Health System, Inc. [Idaho/Oregon]; FEIN: 27-1929502 (100% ownership by Trinity Health)
Saint Alphonsus Medical Center - Nampa Inc.; FEIN: 82-0200896 (100% ownership by Immediate Parent)
MedNow Inc.; FEIN: 82-0389927 (100% ownership by Immediate Parent)
Treasure Valley Healthnet, Inc.; FEIN: 84-1375309 (50% ownership by Immediate Parent)
Saint Alphonsus Medical Center Nampa Health Foundation, Inc.; FEIN: 26-1737256 (100% ownership by Immediate Parent)
Saint Alphonsus Regional Medical Center, Inc.; FEIN: 82-0200895 (100% ownership by Immediate Parent)
Saint Alphonsus Diversified Care, Inc.; FEIN: 94-3028978 (100% ownership by Immediate Parent)
Southern Idaho Regional Laboratory LLC dba Treasure Valley Lab; FEIN: 82-0511819 (50% ownership by Immediate Parent)
Idaho Cytogenetics Diagnostic Laboratory LLC; FEIN: 33-1012210 (50% ownership by Immediate Parent)
Intermountain Medical Imaging LLC; FEIN: 82-0514422 (50% ownership by Immediate Parent)
Saint Alphonsus Caldwell Cancer Treatment Center, LLC; FEIN: 82-0526861 (80% ownership by Immediate Parent)
Eagle ED Real Estate LLC ; FEIN: 20-8836798 (50% ownership by Immediate Parent)
Life Flight Network LLC; FEIN: 20-5016802 (32% ownership by Immediate Parent) (32% ownership)
MRI LP Interest MRI Center LP; FEIN: 82-0423387 (14.175% ownership by Immediate Parent)
Saint Alphonsus Home Health & Hospice LLC; FEIN: 20-3942050 (50% ownership by Immediate Parent)
Saint Alphonsus Health Alliance Inc.; FEIN: 82-0524649(100% ownership by Immediate Parent)
Saint Alphonsus Professional Medical Services LLC; FEIN: 46-0500210 (100% ownership by Immediate Parent)
Saint Alphonsus Building Company Inc.; FEIN: 82-0401011 (100% ownership by Immediate Parent)
Saint Alphonsus Specialty Services Inc.; FEIN: 26-0553931 (100% ownership by Immediate Parent)
Idaho ASC Holding, LLC; FEIN: 36-4729605 (51% ownership by Immediate Parent)
Saint Alphonsus Medical Center - Ontario Inc.; FEIN: 27-1789847 (100% ownership by Immediate Parent)
Saint Alphonsus Medical Center - Baker City Inc.; FEIN: 27-1790052 (100% ownership by Immediate Parent)
Saint Alphonsus Foundation, Baker City, Inc.; FEIN: 94-3164869 (100% ownership by Immediate Parent)
Trinity Health - Michigan [Michigan]; FEIN: 38-2113393 (100% owned by Trinity Health Corporation)
Saint Joseph Mercy Health System (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
Chelsea Community Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
St. Joseph Mercy Hospital, Ann Arbor; (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
Saint Joseph Mercy Livingston Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
The Saint Joseph Mercy Health Partners Clinically Integrated Network, LLC; FEIN: 47-1340852 (100% ownership by Immediate Parent)
Washtenaw/Livingston Medical Control Corporation ; FEIN: 38-2843970 (52.5% ownership by Immediate Parent)
Mission Health Corporation ; FEIN: 38-3181557 (50% ownership by Immediate Parent)
Center for Digestive Care, LLC: FEIN: 03-0447062 (51% ownership by Immediate Parent)
Huron Arbor Corporation; FEIN: 38-2475644 (100% ownership by Immediate Parent)
Probility Therapy Services; FEIN: 20-2020239 (100% ownership by Immediate Parent)
SJ-UM LLC; FEIN: 46-2847401 (100% ownership by Immediate Parent)
Woodland Imaging Center, LLC dba Avant Imaging ; FEIN: 76-0820959 (51% ownership by Immediate Parent);
IHA Health Services Corporation ; FEIN: 38-3316559 (100% ownership by Immediate Parent)
Catherine McAuley Health Services Corporation; FEIN: 38-2507173 (100% ownership by Immediate Parent)
St. Mary Mercy Hospital (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
The Care Alliance, LLC; FEIN: 46-5648536 (100% Ownership by Immediate Parent)
Western Care Alliance, LLC; FEIN: 46-5620128 (100% ownership by Immediate Parent)
St. Joseph Mercy Oakland (Division of and dba for Trinity Health - Michigan); FEIN: 38-2113393 (100% ownership by Immediate Parent)
Oakland Health Partners; FEIN: 47-2105093 (100% Ownership by Immediate Parent)
Oakland Accountable Care, LLC; FEIN: 45-5589234 (100% Ownership by Immediate Parent)
The Waterford Surgical Center, LLC; FEIN: 27-1110813 (100% ownership by Immediate Parent)

Tri-Hospital Emergency Medical Services; FEIN: 38-2485700 (33.33% ownership by Immediate Parent)
Tri-Hospital MRI Center d/b/a Advanced MRI; FEIN: 38-2884297 (55% ownership by Immediate Parent)
Mercy Health Partners; FEIN: 38-2589966 (100% ownership by Immediate Parent)
Westshore Health Network dba Lakeshore Health Network dba Lakeshore Health Network; FEIN: 38-3280200 (100% ownership by Immediate Parent)
MRI Mobile Services of West Michigan; FEIN: 38-3073745 (100% ownership by Immediate Parent)
Muskegon Community Heath Project; FEIN: 91-1932918 (100% ownership by Immediate Parent)
Muskegon SC LLC; FEIN: 20-3244346 (35.7% ownership by Immediate Parent)
West Shore Professional Building Condominium Association; FEIN: 38-2700166 (70% ownership by Immediate Parent)
HPC Co-Owners Association; FEIN: 27-0734448 (100% ownership by Immediate Parent)
Professional Med Team; FEIN: 38-2638284 (100% ownership by Immediate Parent)
Mobile Health Resources LLC; FEIN: 38-3285823 (14.3% ownership by Immediate Parent)
Hackley Life Counseling dba Mercy Health Partners - Life Counseling and dba Mercy Health Partners Work Life Services; FEIN: 38-1386362 (100% ownership by Immediate Parent)
HPCN; FEIN: 30-0207909 (100% ownership by Immediate Parent)
PACE Program dba Life Circles; FEIN: 26-0170498 (25.5% ownership by Immediate Parent)
Mercy Health Clinically Integrated Network LLC; FEIN: 47-2070753 (100% ownership by Immediate Parent)
Western Michigan Associates JV; FEIN: 38-2960292 (9.82% ownership by Immediate Parent)
Western Michigan Shared Hospital Laundry; FEIN: 38-2026913 (9.82% ownership by Immediate Parent)
Hackley Health Ventures Inc.; FEIN: 38-2589959 (100% ownership by Immediate Parent)
H.E.F. Inc.; FEIN: 38-3086401 (100% ownership by Immediate Parent)
Hackley Health Management Inc. dba Mercy Health Partners-Health Management Inc.; FEIN: 38-2961814 (100% ownership by Immediate Parent)
Hackley Healthcare Equipment Corp dba Mercy Healthcare Equipment Corp; FEIN: 38-2578569 (100% ownership by Immediate Parent)
Hackley Healthcare Equipment Corp. dba Mercy Health Partners-Healthcare Equipment and Pharmacy; FEIN: 38-2578569 (100% ownership by Immediate Parent)
Hackley Healthcare Equipment Corp dba Axiom Health (Grand Rapids); FEIN: 38-2578569 (100% ownership by Immediate Parent)
Hackley Professional Pharmacy Inc. dba Mercy Health Partners-Pharmacy Inc.; FEIN: 38-244870 (100% ownership by Immediate Parent)
Workplace Health of Grand Haven Inc.; FEIN: 38-3112035 (100% ownership by Immediate Parent)
Together Health Network, LLC; FEIN: 47-1573173 (50% ownership by Immediate Parent)
Midwest Medflight; FEIN: 38-2684671 (100% ownership by Immediate Parent)
CLR Investments, LLC; FEIN: 32-0008631 (100% ownership by Immediate Parent)
Northern Michigan Supply Alliance; FEIN: 38-3453378 (50% ownership by Immediate Parent)
Advantage Health St. Mary's Care Network; FEIN: 38-3845167 (50% ownership by Immediate Parent)
Advantage Health St. Mary's Medical Group; 27-2491974
Health Park Central Limited Partnership; FEIN: 38-3006501 (10.55% ownership by Immediate Parent)
Michigan Athletic Club; FEIN: 38-2647304 (90% ownership by Immediate Parent)
Pennant Health Alliance; FEIN: 27-3618927 (27% ownership by Immediate Parent)
Advent Rehabilitation; FEIN:38-3306673 (50% ownership by Immediate Parent)
Saint Mary's Foundation; FEIN: 38-1779602 (100% ownership by Immediate Parent)
Saint Mary's Health Management; FEIN: 38-3450733 (100% ownership by Immediate Parent)
Sixty Fourth Street LLC; FEIN: 20-2443646 (51% ownership by Immediate Parent)
Mercy Physician Community PHO; FEIN: 38-3406127 (50% ownership by Immediate Parent)
Port Huron Family Care; FEIN: 20-1855647 (100% ownership by Immediate Parent)
Loyola University Health System [Illinois]; FEIN: 36-3342448 (100% Ownership by Trinity Health Corporation)
Loyola Ambulatory Centers LLC; FEIN: 36-4321058 (100% Ownership by Immediate Parent)
Loyola Physicians Partners ACO, LLC; FEIN: 38-3930598 (100% Ownership by Immediate Parent) PL
Gottlieb Memorial Hospital; FEIN: 36-2379649 (100% Ownership by Immediate Parent)
Gottlieb/West Towns PHO, Inc.; FEIN: 36-4006263 (50% Ownership by Immediate Parent)
Gottlieb Community Health Services Corporation; FEIN: 36-3332852 (100% Ownership by Immediate Parent)
Gottlieb Management Services, Inc.; FEIN: 36-3330529 (100% Ownership by Immediate Parent)
Loyola University Medical Center; FEIN: 36-4015560 (100% Ownership by Immediate Parent)
Loyola Ambulatory Centers LLC; FEIN: 36-4321058 (100% Ownership by Immediate Parent)
Loyola Ambulatory Surgery Center at Oakbrook LP; FEIN: 36-4119522 (49% Ownership by Immediate Parent)
RMLHP Corporation; FEIN: 36-4160869 (50% Ownership by Immediate Parent)
RML Health Providers Limited Partnership; FEIN: 36-4113692 (49.5% Ownership by Immediate Parent; 1% Ownership by RMLHP)
Loyola Medicine Transport, LLC; FEIN 47-4147171 (51% Ownership by Immediate Parent)
Loyola Physician Partners, LLC; FEIN: 37-1756257; (100% Ownership by Immediate Parent)
Loyola Physician Partners ACO, LLC; FEIN: 38-3930598 (100% Ownership by Immediate Parent)
Mercy Health System of Chicago [Illinois]; FEIN: 36-3163327 (100% Ownership by Trinity Health)
Mercy Hospital and Medical Center; FEIN: 36-2170152 (100% Ownership by Immediate Parent)
Mercy Advanced MRI LLC; FEIN:26-2116721 (100% Ownership by Immediate Parent)
Mercy Foundation Inc. ; FEIN:36-3227350 (100% Ownership by Immediate Parent)
Mercy Services Corporation; FEIN: 36-3227348 (100% owned by Immediate Parent)
Mercy Quality Health Partners ACO, LLC, an Illinois limited liability company; FEIN: 38-3971072 (100% ownership by Immediate Parent)
Mercy Quality Health Partners, LLC, an Illinois limited liability company; FEIN: 36-4798692 (100% ownership by Immediate Parent)
Saint Agnes Medical Center [California]; FEIN: 94-1437713 (100% ownership by Trinity Health)
Greater Central Valley Healthcare LLC; FEIN: 46-5551144 (100% ownership by Immediate Parent)
Saint Agnes Health Partners LLC; FEIN: 38-3880220 (50% ownership by Immediate Parent) (50% ownership)
Professional Office Corporation; FEIN: 94-2839324 (100% ownership by Immediate Parent)
BSV Medical Office Building LLC; FEIN:74-3059017 (50% ownership by Immediate Parent)
Priority Plus of California dba Priority Heath Services; FEIN: 77-0395267 (63.6% ownership by Immediate Parent)
Saint Agnes Medical Providers, Inc.; FEIN: 46-1465093 (Sole Shareholder is CMO of SAMC - No Ownership by SAMC)
TRINITY ASSURANCE, LTD (CAYMAN ISLAND) (100% Ownership by Trinity Health)
Pittsburgh Mercy Health System, Inc. [Pennsylvania]; FEIN: 25-1464211 (100% owned by Trinity Health)
Mercy Life Center Corporation; FEIN: 25-1604115 (100% Ownership by Immediate Parent)
McAuley Ministries; FEIN: 94-3436142 (100% Ownership by Immediate Parent)
Trinity Continuing Care Services (multistate operation - incorporated in Michigan); FEIN: 38-2559656 (100 % ownership by Trinity Health Corporation)
Catholic Health East Senior Services Management, Incorporated;FEIN:37-1572595 (100% owned by Trinity Continuing Care Services/Trinity Health)

Holy Cross CareNet Inc.; FEIN: 52-1945054 (100% ownership by Immediate Parent)
Marycrest Heights; FEIN: 27-0291722 (100% ownership by Immediate Parent)
Mary Free Bed Sub-Acute Rehabilitation; FEIN: 46-3971740 (50% ownership by Immediate Parent)
Mercy Services for Aging Corporation; FEIN: 38-2719605(100% ownership by Immediate Parent)
Trinity Continuing Care Services - Indiana; FEIN: 93-09070475 (100% ownership by Immediate Parent)
Saint Joseph's Tower Inc.; FEIN: 31-1040468 (100% ownership by Immediate Parent)
Trinity Home Heath Services (multistate operation - incorporated in Michigan); FEIN: 38-2621935 (100% ownership by Trinity Health Corporation)
Amicare Hospice Services Inc.; FEIN: 38-2949053 (100% ownership by Immediate Parent)
Cranbrook Hospice Care; FEIN: 38-3320699 (100% ownership by Immediate Parent)
Mercy Amicare Home Healthcare, Oakland; FEIN: 38-3320698 (100% ownership by Immediate Parent)
Mercy Amicare Home Healthcare, Port Huron; FEIN: 38-3320701 (100% ownership by Immediate Parent)
Mercy General Health Partners, Amicare Homecare; FEIN: 38-3.321856 (100% ownership by Immediate Parent)
Mercy North Homecare and Hospice; FEIN: 38-3313897 (100% ownership by Immediate Parent)
Mount Carmel Home Care LLC; FEIN: 26-2729300 (50% ownership by Immediate Parent)
Hospice of Washtenaw; FEIN: 38-3320707 (100% ownership by Immediate Parent)
Saint Mary's Amicare Home Healthcare; FEIN: 38-3320700 (100% ownership by Immediate Parent)
Trinity Health PACE; FEIN: 47-3073124 (100% ownership by Immediate Parent) (multistate operation - incorporated in Michigan)
Saint Joseph PACE; FEIN: Applied For, But Not Yet Received (100% ownership by Immediate Parent)
Mercy Health System of Southeastern Pennsylvania [Pennsylvania]; FEIN: 23-2212638 (100% owned by Trinity Health)
Mercy Health Foundation of Southeastern Pennsylvania; FEIN: 23-2829864 (100% Ownership by Immediate Parent)
Mercy Catholic Medical Center of Southeastern Pennsylvania; FEIN: 23-1352191 (100% Ownership by Immediate Parent)
Nazareth Hospital; FEIN: 23-2794121 (100% Ownership by Immediate Parent)
Nazareth Health Care Foundation; FEIN: 23-2300951 (100% Ownership by Immediate Parent)
Nazareth Medical Office Building Associates LP; FEIN: 23-2388040 (56.49% Ownership by Immediate Parent)
Mercy Suburban Hospital, Inc.; FEIN: 23-1396763 (100% owned by Trinity Health)
St. Agnes Continuing Care Center; FEIN: 23-2840137 (100% Ownership by Immediate Parent)
St Agnes Continuing Care Foundation; FEIN: 23-2415137(100% Ownership by Immediate Parent)
Mercy Accountable Care, LLC; FEIN: 46-2774097 (100% Ownership by Immediate Parent)
Mercy Health Plan; FEIN: 22-2483605 (100% Ownership by Immediate Parent)
Gateway Health Plan, LP (50% ownership by Immediate Parent); FEIN: 25-1691945
Gateway Health Plan, Inc.; FEIN: 25-1505506 (100% Ownership by Immediate Parent)
Gateway of Ohio, Inc.; FEIN: 30-0282076 (100% Ownership by Immediate Parent)
Mercy Home Health Services; FEIN: 23-2325058 (100% Ownership by Immediate Parent)
Mercy Home Health; FEIN: 23-1352099 (100% Ownership by Immediate Parent)
Mercy Family Support; FEIN: 23-2325059 (100% Ownership by Immediate Parent)
Mercy Physician Network; FEIN: 46-1187365 (100% Ownership by Immediate Parent)
Nazareth Physician Services, Inc.; FEIN: 20-3261266 (100% Ownership by Immediate Parent)
N.E. Physician Services, Inc.; FEIN: 23-2497355 (100% Ownership by Immediate Parent)
East Norriton Physicians Services, Inc.; FEIN: 23-2515999 (100% Ownership by Immediate Parent)
Mercy Management of Southeastern Pennsylvania; FEIN: 23-2627944 (100% Ownership by Immediate Parent)
Mercy/Manor Partnership (50% ownership by Immediate Parent); FEIN: 52-1931012
Mercy Eastwick, Inc.; FEIN: 23-2184261 (100% Ownership by Immediate Parent)
St. Mary Medical Center [Pennsylvania]; FEIN: 23-1913910 (100% owned by Trinity Health)
Langhorne Physician Services; FEIN: 23-2571699 (100% Ownership by Immediate Parent)
St. Mary Medical Center Foundation; FEIN: 23-2567468 (100% Ownership by Immediate Parent)
LIFE St Mary; FEIN: 26-2976184 (100% Ownership by Immediate Parent)
St. Mary Emergency Medical Services; FEIN: 46-5354512 (100% Ownership by Immediate Parent)
St. Mary Building and Development; FEIN: 46-1827502 (100% Ownership by Immediate Parent)
Langhorne Services, Inc.; FEIN: 23-2625981 (100% Ownership by Immediate Parent)
Langhorne Services II, Inc.; FEIN: 23-3795549 (100% Ownership by Immediate Parent)
Langhorne MRI, Inc.; FEIN: 23-2519529 (100% Ownership by Immediate Parent)
Langhorne MOB Partners, LP; FEIN: 23-2622772 (39.08% Ownership by Immediate Parent)
The Ambulatory Surgery Center at St. Mary LLC; FEIN: 23-2871206 (51% Ownership by Immediate Parent)
St. Mary Medical Center MOB II, LP; FEIN: 36-4559869 (65.75% Ownership by Immediate Parent)
Quality Health Alliance, LLC; FEIN: 46-5686622 (100% Ownership by Immediate Parent)
Quality Health Alliance - ACO, LLC; FEIN: 46-5675954 (100% Ownership by Immediate Parent)
Endoscopy Center at St. Mary; FEIN: 20-5253361 (16.349% Ownership by Immediate Parent)
St. Mary's Health Care System, Inc. [Georgia]; FEIN: 58-0566223 (100% owned by Trinity Health)
St. Mary's Foundation, Inc.; FEIN: 58-2544232 (100% Ownership by Immediate Parent)
St. Mary's Sacred Heart Hospital; FEIN: 47-3752176 (100% Ownership by Immediate Parent)
Good Samaritan Hospital, Inc.; FEIN: 26-1720984 (100% Ownership by Immediate Parent)
St. Mary's Highland Hills Village, Inc.; FEIN: 58-2276801 (100% Ownership by Immediate Parent)
St. Mary's Medical Group, Inc.; FEIN: 26-1858563 (100% Ownership by Immediate Parent)
St. Mary's Highland Hills, Inc.; FEIN: 02-0576648 (100% Ownership by Immediate Parent)
St. Francis Hospital, Inc. [Delaware]; FEIN: 51-0064326 (100% owned by Trinity Health)
St. Francis Foundation; FEIN: 51-0374158 (100% Ownership by Immediate Parent)
LIFE at St. Francis Healthcare, Inc.; FEIN: 45-2569214 (100% Ownership by Immediate Parent)
Franciscan Eldercare Corporation; FEIN: 22-3008680 (100% Ownership by Immediate Parent)
Delaware Care Collaboration; FEIN: 47-4069475 (100% Ownership by Immediate Parent)
St. Francis Medical Center, a New Jersey Nonprofit Corporation [New Jersey]; FEIN: 22-3431049 (100% owned by Trinity Health)
St. Francis Medical Center Foundation, Inc.; FEIN: 52-1025476 (100% Ownership by Immediate Parent)
LIFE St Francis, a New Jersey Nonprofit Corporation (PACE); FEIN: 22-2797282 (100% Ownership by Immediate Parent)
Life Care Physicians LLC (Managed and Controlled but not Owned by St. Francis Medical Center); FEIN: 26-1649038
St. Francis Community Health Services, LLC; FEIN: 46-1801229 (100% Ownership by Immediate Parent)
Central New Jersey Heart Services, LLC; FEIN: 20-8525458 (59.76% Ownership by St. Francis Medical Center)

Mercy Community Health, Inc. - [Connecticut]; FEIN: 06-1492707 (100% owned by Trinity Continuing Care Services/Trinity Health)
- Saint Mary Home, Incorporated; FEIN: 06-0646843 (100% Ownership by Immediate Parent)
- McAuley Center, Incorporated; FEIN: 06-1058086 (100% Ownership by Immediate Parent)

Our Lady of Lourdes Health Care Services, Inc. [New Jersey]; FEIN: 22-2568528 (100% owned by Trinity Health)
- Our Lady of Lourdes Health Foundation, Inc.; FEIN: 22-2351960 (100% Ownership by Immediate Parent)
  - Our Lady of Lourdes Medical Center Auxiliary; FEIN: 21-0635001 (100% Ownership by Immediate Parent)
- Lourdes Medical Center of Burlington County, a New Jersey Nonprofit Corporation; FEIN: 22-3612265 (100% Ownership by Immediate Parent)
- Our Lady of Lourdes Medical Center, Inc.; FEIN: 21-0635001 (100% Ownership by Immediate Parent)
  - Centennial Surgical Unit, LLC JV (51% ownership by Immediate Parent); FEIN: 22-3580847
  - Our Lady of Lourdes School of Nursing, Inc.; FEIN: 21-0635001 (100% Ownership by Immediate Parent)
  - Lourdes Cardiac Surgery, LLC; FEIN: 27-4357794 (100% Ownership by Immediate Parent)
  - Lourdes Cardiology Services, PC; FEIN: 27-4357794 (100% Ownership by Immediate Parent)
- Lourdes Ancillary Services, Inc.; FEIN:22-2568525 (100% Ownership by Immediate Parent)
  - Health Management Services Organization, Inc.; FEIN: 22-3366580 (100% Ownership by Immediate Parent)
    - South Jersey Vascular Management, LLC JV (50% ownership by Immediate Parent); 20-2273476
    - Lourdes Specialty Hospital of Southern New Jersey LLC JV (20% ownership by Immediate Parent); FEIN: 86-1139477
    - Tyler Dialysis, LLC JV (19% ownership by Immediate Parent); FEIN: 45-4079716
    - Lourdes Medical Associates, PA; FEIN: 22-3361862 (100% Ownership by Immediate Parent)
- LIFE at Lourdes, Inc.; FEIN: 26-1854750 (100% Ownership by Immediate Parent)
- Lourdes Urgent Care Services, PC; FEIN: 46-4188202 (100% Ownership by Immediate Parent)
- LHS Health Network, LLC; FEIN: 46-2820519 (100% Ownership by Immediate Parent)
- Lourdes Health Services, Inc. ; FEIN: 22-2890286 (100% Ownership by Immediate Parent)

Saint Michael's Medical Center, Inc. [New Jersey]; FEIN: 26-2616046 (100% owned by Trinity Health)
- Saint James Care, Inc., a New Jersey Nonprofit Corporation; FEIN: 26-2616230 (100% Ownership by Immediate Parent)
- Columbus Acquisition Corp; 26-2616342 (100% Ownership by Immediate Parent)
- LIFE at Saint Michael's, Inc. (100% Ownership by Immediate Parent); FEIN: Not yet issued - PACE Program has not yet opened
- Saint Michael's Physician Services, PC; FEIN: 45-2648607 (100% Ownership by Immediate Parent)
- Saint Michael's Foundation, Inc.; 22-3311976 (100% Ownership by Immediate Parent)
- University Heights Property Company, Inc., a NJ Nonprofit Corp.; FEIN: 22-3100162 (100% Ownership by Immediate Parent)
- Chestnut Risk Services Ltd; FEIN: 26-2616046 (100% Ownership by Immediate Parent)

St. Peter's Health Partners [New York]; FEIN: 45-3570715 (100% owned by Trinity Health)
- Innovative Health Alliance of New York, LLC (SPHP owns 50%; Ellis Hospital owns 50%); FEIN: 46-5676066
- Manning Medical , PLLC (Nominally owned by SPHP Physician in accordance with NY law; SPHP exercises control through an Agreement and Reserve Powers); FEIN: 46-4331512
  - Albany Advanced Imaging, PLLC dba St. Peter's Health Partners Imaging (Manning Medical PLLC owns 46%; Albany Radiology Partners, PLLC owns 54%); FEIN: 14-1813068
- St. Peter's Health Partners Medical Associates, PC; FEIN: 46-1177336 (100% Ownership by Immediate Parent)
- St. Peter's Hospital Foundation, Inc.; FEIN: 22-2262982 (100% Ownership by Immediate Parent)
- St. Peter's Auxiliary; FEIN: 22-2843206 (100% Ownership by Immediate Parent)
- St. Peter's Hospital of the City of Albany dba St. Peter's Hospital; FEIN: 14-1348692 (100% Ownership by Immediate Parent)
  - Villa Mary Immaculate d/b/a St Peter's Nursing & Rehabilitation Center; FEIN: 14-1438749 (100% Ownership by Immediate Parent)
  - St. Peter's Ambulatory Surgery Center LLC (St. Peter's Hospital 50%; AGC Associates, Inc. 50%); FEIN: 46-0463892
- Our Lady of Mercy Life Center; FEIN: 14-1743506 (100% Ownership by Immediate Parent)
- The Community Hospice, Inc.; FEIN: 14-1608921 (100% Ownership by Immediate Parent)
  - The Community Hospice Foundation, Inc.; FEIN: 22-2692940 (100% Ownership by Immediate Parent)
- Samaritan Hospital of Troy, New York dba Samaritan Hospital; FEIN: 14-1338544 (100% Ownership by Immediate Parent)
  - Alliance for Better Care, LLC (JV Samaritan Hospital 20%; Ellis Hospital 20%; Hometown Health 20%; St. Mary Hospital of Amsterdam 20%; Whitney M. Young Health Center 20%); FEIN: 47-2920659
  - Samaritan Medical Office Building, Inc.; FEIN: 14-1607244 (100% Ownership by Immediate Parent)
- Memorial Hospital, Albany, NY dba Albany Memorial Hospital; FEIN: 14-1338457 (100% Ownership by Immediate Parent)
- The Northeast Health Foundation, Inc.; 22-2743478 (100% Ownership by Immediate Parent)
- Samaritan Child Care Center, Inc.; FEIN: 14-1710225 (100% Ownership by Immediate Parent)
- Sunnyview Hospital and Rehabilitation Center, Inc.; FEIN: 14-1338386 (100% Ownership by Immediate Parent)
  - Sunnyview Hospital and Rehabilitation Foundation, Inc.; FEIN: 22-2505127 (100% Ownership by Immediate Parent)
- LTC (Eddy), Inc. dba The Eddy; FEIN: 22-2564710 (100% Ownership by Immediate Parent)
  - The James A. Eddy Memorial Geriatric Center, Inc. dba Eddy Memorial Geriatric Center; FEIN: 22-2570478 (100% Ownership by Immediate Parent)
  - The Capital Region Geriatric Center, Inc. dba Eddy Village Green at Cohoes: FEIN: 14-1701597 (100% Ownership by Immediate Parent)
  - Heritage House Nursing Center, Inc. dba Eddy Heritage House; FEIN: 14-1725101(100% Ownership by Immediate Parent)
  - Senior Care Connection, Inc. dba Eddy Senior Care; FEIN: 14-1708754 (100% Ownership by Immediate Parent)
  - Home Aide Service of Eastern New York, Inc. dba Eddy Visiting Nurse Association; FEIN: 14-1514867 (100% Ownership by Immediate Parent)
  - Beverwyck, Inc. dba Eddy Village Green at Beverwyck; FEIN: 14-1717028 (100% Ownership by Immediate Parent)
  - Glen Eddy, Inc.; FEIN: 14-1794150 (100% Ownership by Immediate Parent)
  - Glen at Highland Meadows, Inc.; FEIN: 16-1529639 (50% Ownership by Immediate Parent)
  - Hawthorne Ridge, Inc. dba Eddy Hawthorne Ridge; FEIN: 80-0102840 (100% Ownership by Immediate Parent)
  - The Marjorie Doyle Rockwell Center, Inc.; FEIN: 14-1793885(100% Ownership by Immediate Parent)
  - Beechwood, Inc. dba Eddy Property Services; FEIN: 14-1651563 (100% Ownership by Immediate Parent)
  - Eddy Licensed Home Care Agency, Inc.; FEIN: 14-1818568 (100% Ownership by Immediate Parent)
  - Empire Home Infusion Services, Inc. dba Northeast Home Medical Equipment; FEIN: 14-1795732 (100% Ownership by Immediate Parent)
- Seton Health System, Inc. dba St. Mary's Hospital; FEIN: 14-1776186 (100% Ownership by Immediate Parent)
  - Affiliated Management Services, Corp.; FEIN: 14-1668024 (100% Ownership by Immediate Parent)
  - Seton Health at Schuyler Ridge Residential Healthcare dba Schuyler Ridge Nursing Home; FEIN: 14-1756230 (100% Ownership by Immediate Parent)
  - Seton Health Foundation, Inc.; FEIN: 22-02345416 (100% Ownership by Immediate Parent)
  - Seton Auxiliary, Inc.; FEIN: 14-1505031 (100% Ownership by Immediate Parent)
  - Seton IPA, LLC (100% Ownership by Immediate Parent); FEIN: 14-1776186

St. James Mercy Health System (New York); FEIN: 22-3127184 (100% owned by Trinity Health)
- SJM Properties, Inc.; FEIN: 16-1294991 (100% Ownership by Immediate Parent)

Catholic Health System, Inc. (JOA - One Third ownership by Trinity Health) [New York]; FEIN: 22-2565278
- Sisters of Charity Hospital of Buffalo NY; FEIN: 16-0743187 (100% Ownership by Immediate Parent)

Sisters Hospital Foundation; FEIN: 22-2283077 (100% Ownership by Immediate Parent)
Kenmore Mercy Hospital; FEIN: 16-0762843 (100% Ownership by Immediate Parent)
Kenmore Mercy Foundation; FEIN: 16-1162971 (100% Ownership by Immediate Parent)
KMH Homes, Inc.; FEIN: 16-1387890 (100% Ownership by Immediate Parent)
Catholic Health System Continuing Care Foundation; FEIN: 20-0947831 (100% Ownership by Immediate Parent)
Mercy Hospital of Buffalo; FEIN: 16-0756336 (100% Ownership by Immediate Parent)
Orchard Park Mercy Corp.; FEIN: 16-1470350 (100% Ownership by Immediate Parent)
Alsace Abbott Corporation; FEIN: 16-1355092 (100% Ownership by Immediate Parent)
Aurora Mercy Corp.; FEIN: 16-1354302 (100% Ownership by Immediate Parent)
Mercy Hospital Foundation, Inc.; FEIN: 22-2209721 (100% Ownership by Immediate Parent)
Mount St. Mary's Hospital of Niagara Falls; FEIN: 16-1523353 (100% Ownership by Immediate Parent)
Mount St. Mary's Hospital Foundation; FEIN: 16-1360884 (100% Ownership by Immediate Parent)
Mount St. Mary's Hospital Child Care Center; FEIN: 16-1523352 (100% Ownership by Immediate Parent)
Nazareth, Inc.; FEIN: 16-0813142 (100% Ownership by Immediate Parent)
Western New York Catholic Long Term Care, Inc. d/b/a Father Baker Manor (100% Ownership by Immediate Parent); FEIN: 16-1434368
Niagara Homemaker Services; FEIN: 16-1317960 (100% Ownership by Immediate Parent)
St. Vincent's Home for the Aged; FEIN: 16-0743167 (100% Ownership by Immediate Parent)
St. Elizabeth's Home of Lancaster, New York; FEIN: 16-0743154 (100% Ownership by Immediate Parent)
McAuley-Seton Home Care Corporation; FEIN: 16-1310062 (100% Ownership by Immediate Parent)
St. Francis Buffalo; FEIN: 16-1523535 (100% Ownership by Immediate Parent)
St. Clare Apartments (50% ownership by Immediate Parent); FEIN: 16-0782647
Catholic Health System Program of All-Inclusive Care for the Elderly, Inc.; FEIN: 26-1252884 (100% Ownership by Immediate Parent)
Catholic Health System Infusion Pharmacy, Inc.; FEIN: 20-0198518 (100% Ownership by Immediate Parent)
Catholic Health Home Respiratory, LLC (50% ownership by Immediate Parent); FEIN: 45-4134007
Our Lady of Victory Renaissance Corporation; FEIN: 20-0167745 (100% Ownership by Immediate Parent)
Our Lady of Victory Community Housing Development Organization, Inc.; FEIN: 20-0372194 (100% Ownership by Immediate Parent)
Our Lady of Victory Housing Development Fund Corp. (100% Ownership by Immediate Parent); FEIN: 14-1930644
Smithtown GP, LLC (100% Ownership by Immediate Parent); FEIN: 57-3192758
Victory Ridge Apartments, LP (80% Ownership by Immediate Parent); FEIN: 57-1219731
McAuley Mercy Corporation; FEIN: 16-1279834 (100% Ownership by Immediate Parent)

Baycare Health System (JOA - 50.4% ownership by Trinity Health, not all facilities owned) [Florida]; FEIN: 59-2796965

Baycare Physician Partners; FEIN: 45-2908908 (100% Ownership by Immediate Parent)
Community Health Alliance, Inc.; FEIN: 59-3631620 (100% Ownership by Immediate Parent)
St Joseph's Hospital, Inc.; FEIN: 59-0774199 (100% Ownership by Immediate Parent)
St. Joseph's Hospital of Tampa Foundation, Inc.; FEIN: 59-1100828 (100% Ownership by Immediate Parent)
St. Joseph's Health Care Center, Inc.; FEIN: 59-2593686 (100% Ownership by Immediate Parent)
St Joseph's Hospital, Inc.. d/b/a St. Joseph's Children's Hospital; FEIN: 59-0774199 (100% Ownership by Immediate Parent)
St Joseph's Hospital, Inc. d/b/a St. Joseph's Women's Hospital; FEIN: 59-0774199 (100% Ownership by Immediate Parent)
St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital - North; FEIN: 59-0774199 (100% Ownership by Immediate Parent)
St Joseph's Hospital, Inc. d/b/a St. Joseph's Hospital Behavioral Health Center; FEIN: 59-0774199 (100% Ownership by Immediate Parent)
South Florida Baptist Hospital; FEIN: 59-0594631 (100% Ownership by Immediate Parent)
HealthPoint Management Group & MSO; FEIN: 65-0645457 (100% Ownership by Immediate Parent)
John Knox Village; FEIN: 58-1377711 (100% Ownership by Immediate Parent)
Morton Plant Mease Health Care, Inc.; FEIN: 59-2374556 (100% Ownership by Immediate Parent)
Morton Plant Hospital, Inc. d/b/a Morton Plant Hospital; FEIN: 59-0624462 (100% Ownership by Immediate Parent)
Trustees of Mease Hospital , Inc. d/b/a Mease Countryside Hospital; FEIN: 59-0855412 (100% Ownership by Immediate Parent)
Trustees of Mease Hospital, Inc. d/b/a Mease Dunedin Hospital; FEIN: 59-0855412 (100% Ownership by Immediate Parent)
Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Hospital; FEIN: 59-0624462 (100% Ownership by Immediate Parent)
Morton Plant Hospital Association, Inc. d/b/a Morton Plant North Bay Recovery Center; FEIN: 59-0624462 (100% Ownership by Immediate Parent)
BayCare Medical Group, Inc. (f/k/a Morton Plant Mease Primary Care, Inc.); FEIN: 59-3140335 (100% Ownership by Immediate Parent)
Morton Plant Hospital Association, Inc. d/b/a Morton Plant Rehabilitation Center; FEIN: 59-0624462 (100% Ownership by Immediate Parent)
St. Anthony's Hospital, Inc.; FEIN: 59-2043026 (100% Ownership by Immediate Parent)
St. Anthony's Health Care Foundation, Inc.; FEIN: 59-2128991 (100% Ownership by Immediate Parent)
St. Anthony's Primary Care, LLC; FEIN: 03-0575868 (100% Ownership by Immediate Parent)
St. Anthony's Specialists, LLC; FEIN: 74-3168197 (100% Ownership by Immediate Parent)
St. Anthony's Physicians Surgery Center, LLC; FEIN: 01-0861245 (100% Ownership by Immediate Parent)

Allegany Franciscan Ministries, Inc. (Florida); FEIN: 58-1492325 (100% owned by Trinity Health)

Saint Joseph's Health System, Inc. [Georgia]; FEIN: 58-1744848 (100% owned by Trinity Health)

Saint Joseph's Mercy Care Services, Inc.; FEIN: 58-1752700 (100% Ownership by Immediate Parent)
Mercy Senior Care, Inc.; FEIN: 58-1366508 (100% Ownership by Immediate Parent)
Mercy Care Foundation (f/k/a Saint Joseph's Mercy Foundation, Inc.); FEIN: 58-1448522 (100% Ownership by Immediate Parent)
Mercy Services Downtown, Inc.; FEIN: 27-2046353 (100% Ownership by Immediate Parent)
SJHS/JOC Holdings, Inc.; FEIN: 47-2299757 (100% Ownership by Immediate Parent)
Emory/Saint Joseph's, Inc. (JOC - 49% owned by SJHS/JOC Holdings, Inc.); FEIN: 45-2721833

Saint Joseph of the Pines, Inc. [North Carolina]; FEIN: 56-0694200 (100% owned by Trinity Continuing Care Services/Trinity Health)

LIFE St. Joseph of the Pines, Inc.; FEIN: 27-2159847 (100% Ownership by Immediate Parent)

Holy Cross Hospital, Inc. [Florida]; FEIN: 59-0791028 (100% owned by Trinity Health)

Nursing Network, Inc.; FEIN: 59-1145192 (100% Ownership by Immediate Parent)
Holy Cross Medical Properties, Inc.; FEIN: 65-0666283 (100% Ownership by Immediate Parent)
Holy Cross Outpatient Services, Inc.; FEIN: 46-5421068 (100% Ownership by Immediate Parent)
Holy Cross Physician Partners, LLC; FEIN: 36-4712116 (100% Ownership by Immediate Parent)
Holy Cross Physician Partners ACO, LLC; FEIN: 46-5530455 (100% Ownership by Immediate Parent)
Physicians Outpatient Surgery Center, LLC (JV with Physician Members - HCH ownership 71%); FEIN: 35-2325646
Atlantic Coast Health Network, Inc. (JV with Atlantic Coast Holdings, Inc. - HCH ownership 50%); FEIN: 47-4756582

Mercy Medical, A Corporation [Alabama]; FEIN: 63-6002215 (100% owned by Trinity Health)

Mercy LIFE of Alabama; FEIN: 27-3163002 (100% Ownership by Immediate Parent)

St. Joseph's Health, Inc. [New York]; FEIN: 47-4754987 (100% owned by Trinity Health)

St. Joseph's Hospital Health Center; FEIN: 15-0532254 (100% Ownership by Immediate Parent)

S.J. Management Company of Syracuse, Inc.; FEIN: 27-1763712 (100% Ownership by Immediate Parent)

SJLS, LLC (51% SJMCS, 34% Fresenius, 15% Physicians); FEIN: 20-1796650

St. Joseph's College of Nursing at St. Joseph's Hospital Health Center; FEIN: 20-2497520 (100% Ownership by Immediate Parent)

SJPE Practice Management Services, Inc.; FEIN: 45-4164964 (100% Ownership by Immediate Parent)

The Auxiliary of St. Joseph's Hospital Health Center; FEIN: 20-3018640 (100% Ownership by Immediate Parent)

Liverpool Dialysis Center, LLC; FEIN: 26-1890615 (100% Ownership by Immediate Parent - Sale Pending to NYDS, Inc.)

MDR MRI Technical Services, LLC (40% SJHHC, 60% Magnetic Diagnostic Resources of Central New York); FEIN: 16-1590982

Plaza Corporation of Central New York, Inc. (50% SJHHC, 50% Crouse Hospital); FEIN: 22-2800840

Iroquois Nursing Home; FEIN: 16-1364582 (100% Ownership by Immediate Parent)

Plaza Nursing Home Company, Inc.; FEIN: 16-0955793 (100% Ownership by Immediate Parent)

Mandorla Gardens Development Company (50% PNH, 50% Loretto Geriatric); FEIN:27-3993174

Enriched Resources for Independent Elderly, Inc.; FEIN: 16-1163209 (100% Ownership by Immediate Parent)

Plaza Foundation of Central New York; FEIN: 22-2800835 (100% Ownership by Immediate Parent)

Laboratory Alliance of Central New York, LLC (33.3% SJHHC, 33% State University of New York Upstate Medical University, 33.33% Crouse Health Hospital, Inc.);FEIN: 16-1536202

Loretto Independent Living Services, Inc. ; FEIN: 16-1470454 (100% Ownership by Immediate Parent)

St. Joseph's Hospital Health Center Foundation, Inc.; FEIN: 22-2149775 (100% Ownership by Immediate Parent)

St. Joseph's Health Center Properties, Inc.; FEIN: 23-7219294 (100% Ownership by Immediate Parent)

Radisson SJH Properties, LLC (50% St. Joseph's Health Center Properties, 50% Radisson Partners, LLC); FEIN: 46-1892799

Franciscan Associates, Inc.; FEIN: 20-2991688 (100% Ownership by Immediate Parent)

Cedar Bay Properties, LLC (44% Franciscan Associates; 11% Cashflo, LLC; 11% FJP Properties, LLC;; 34% Burdick Street Properties, LLC); FEIN: 14-1844259

FHS Services, Inc. d/b/a Oneida Lifeline , Franciscan Lifeline; FEIN: 27-2995699 (100% Ownership by Immediate Parent)

Franciscan Management Services, Inc. ; FEIN: 16-1351193 (100% Ownership by Immediate Parent)

St. Elizabeth Health Support Services, Inc. (60% FMS, 40% St. Elizabeth Medical Center); FEIN: 16-1540486

Lourdes Health Support, LLC (40% FMS, 60% Lourdes Health System); FEIN: 16-1611707

CNY Infusion Services, LLC (20% FMS, 80% Infusion Services, Inc.); FEIN: 16-1559710

Kinney-Franciscan Pharmacy, LLC (49% FMS, 51% Kinney Drugs); FEIN: 20-4352398

Loretto Health Support, LLC (Inactive - 100% FMS); FEIN: 16-1569460

Franciscan Health Support, Inc. ; FEIN: 16-1236354 (100% Ownership by Immediate Parent)

Franciscan Health Support Services, LLC (d/b/a Oneida Health Support, Auburn Health Support, Mountain Lakes Health Support); FEIN: 16-1236354 (100% Ownership by Immediate Parent)

Health Care Management Administrators, Inc.; FEIN: 16-1450960 (100% Ownership by Immediate Parent)

Embracing Age, Inc.; FEIN: 46-1051881 (100% Ownership by Immediate Parent)

Oswego Home Health, LLC (49% Embracing Age and 60% Oswego Health); FEIN: 47-2463736

St. Joseph's Physician Health, PC; FEIN: 16-1516863 (100% Ownership by Immediate Parent)

St. Joseph's Medical, PC; FEIN: 27-3899821 (100% Ownership by Immediate Parent)

St. Joseph's Imaging, PLLC (60% Prospect Hill Radiology Group, 40% SJMPC); FEIN: 16-1104293

Trinity Health - New England, Inc. (formerly Saint Francis Care, Inc. (Connecticut); FEIN: 06-1491191 (100% owned by Trinity Health)

St. Francis Hospital and Medical Center; FEIN: 06-0646813 (100% Ownership by Immediate Parent)

Saint Francis Indemnity Company, LLC; FEIN: 90-0656448 (100% Ownership by Immediate Parent)

One Thousand Corporation; FEIN: 06-0922325 (100% Ownership by Immediate Parent)

Collaborative Laboratory Services, LLC; FEIN: 06-1520109 (100% Ownership by Immediate Parent)

Mount Sinai Hospital Foundation, Inc.; FEIN: 22-2584082 (100% Ownership by Immediate Parent)

Women's Auxiliary of Saint Francis Hospital and Medical Center, Inc.; FEIN: 06-0660403 (100% Ownership by Immediate Parent)

Saint Francis GI Endoscopy, LLC (49% SFHMC); FEIN: 20-5540278

Greater Hartford Lithotripsy, LLC (31.8% SFHMC); FEIN: 06-1578891

Medworks, LLC (51% SFHMC); FEIN: 06-1490483

Masonicare Partners Home Health and Hospice, Inc. (35% SFHMC); FEIN:26-0758992

Total Laundry Collaborative, LLC (86% SFHMC); FEIN: 20-8335788

New Directions, Inc. of North Central Connecticut (50% SFHMC); FEIN: 06-1019039

Saint Francis Hospital and Medical Center Foundation, Inc.; FEIN: 06-1008255 (100% Ownership by Immediate Parent)

Saint Francis Behavioral Health Group, P.C. (Nominee Shareholder - Director of Behavioral Health); FEIN: 06-1384686 (100% Ownership by Immediate Parent)

Saint Francis Care Medical Group, PC (Nominee Shareholder, SVP Medical Affairs); FEIN: 06-1432373 (100% Ownership by Immediate Parent)

Collins Medical Associates, 2, P.C. (25% SFMG); FEIN: 06-1539549

Mount Sinai Rehabilitation Hospital, Inc.; FEIN: 06-1422973 (100% Ownership by Immediate Parent)

SFH/FF, LLC (49% MSRH); FEIN: 06-1489749

Saint Francis Medical Group, Inc.; FEIN: 06-1450168 (100% Ownership by Immediate Parent)

Saint Francis Emergency Medical Group, Inc.; FEIN: 45-1994612 (100% Ownership by Immediate Parent)

Total Health Connecticut, LLC (40% SFC); FEIN: 47-4070024

Asylum Hill Family Medicine Center, Inc.; FEIN: 06-1450170 (100% Ownership by Immediate Parent)

Saint Francis HealthCare Partners, Inc. (50% Trinity Health -New England, Inc.); FEIN: 06-1391257

Saint Francis Healthcare Partners ACO, Inc.; FEIN: 46-1315402 (100% Ownership by Immediate Parent)

Saint Francis PHO Foundation, Inc.; FEIN: 20-8176133 (100% Ownership by Immediate Parent)

Connecticut Occupational Medicine Partners, LLC (One-Third by Immediate Parent); FEIN: 06-1586674

Johnson Memorial Medical Center; FEIN: 22-2541974 (100% Ownership by Immediate Parent)

Johnson Memorial Hospital; FEIN: 06-0646696 (100% Ownership by Immediate Parent)

Northeast Regional Radiation Oncology Associates; FEIN: 06-1426856 (25% Ownership by Immediate Parent)

Tolland Imaging Center, LLC; FEIN: 20-8688982 (15% Ownership by Immediate Parent)

Johnson Health Care, Inc. dba Johnson Occupational Medicine Center; FEIN: 22-2541981 (100% Ownership by Immediate Parent)

Home & Community Health Services, Inc.; FEIN: 06-0646620 (100% Ownership by Immediate Parent)

The Mercy Hospital, Inc.; FEIN: 04-3398280 (100% Ownership by Immediate Parent)

Sisters of Providence Health System, Inc. [Massachusetts]; FEIN: 04-3398374 (100% owned by Immediate Parent)

Acone LLC; FEIN: 45-4565187 (100% Ownership by Immediate Parent)

Brightside, Inc.; FEIN: 04-2182395 (100% Ownership by Immediate Parent)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

The Mercy Hospital, Inc.; FEIN: 04-3398280 (100% Ownership by Immediate Parent)
- Providence HomeCare, Inc.; FEIN: 04-3317426 (100% Ownership by Immediate Parent)
  - System Coordinated Services, Inc. dba Life Laboratories; FEIN: 04-2938161(100% Ownership by Immediate Parent)
    - Mercy Inpatient Medical Associates, Inc.; FEIN: 04-3029929 (100% Ownership by Immediate Parent)
    - MRI - PT/CT (JV with Alliance Imaging - (50% Ownership by Immediate Parent); FEIN: 04-2938161
    - Physicians Medical Office Building Condominium Trust (Management Agreement); FEIN: 04-6608649
    - The Life Path Partners, LLC (JV with NEPA; 50% Ownership by Immediate Parent); FEIN: 26-0021080
    - Catherine Horan Building Corporation; FEIN: 04-2938160 (100% Ownership by Immediate Parent)

Sisters of Providence Care Centers, Inc.; FEIN: 22-2541103 (100% Ownership by Immediate Parent)
- Providence Place (Management Agreement); FEIN: 04-3404084
- Mary's Meadow (Management Agreement); FEIN: 26-2043754
- Mercy Life, Inc.; FEIN: 45-3086711 (100% Ownership by Immediate Parent)

Pioneer Valley Cardiology Associates, Inc.; FEIN: 45-4208896 (100% Ownership by Immediate Parent)

Mercy Specialist Physicians, Inc.; FEIN: 26-4033168 (100% Ownership by Immediate Parent)

Mercy Medical Group, Inc.; FEIN: 45-4884805 (100% Ownership by Immediate Parent)

Farren Care Center, Inc.; FEIN: 04-2501711 (100% Ownership by Immediate Parent)

MercyCare Alliance, LLC; FEIN: 47-1561725 (100% Ownership by Immediate Parent)

Physician Practice Partners, LLC (JV with Riverbend; 50% Ownership by Immediate Parent); FEIN: 04-3473929

Diversified Community Services, Inc.; FEIN: 043128890 (100% Ownership by Immediate Parent)

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