

AMENDED EXPLANATION COVER

Subsequent to the initial filing, a mapping misclassification error was discovered resulting in the \$5,702,699 overstatement of Administrative expenses and the understatement of Claims Adjustment expenses by the same amount. Additionally, it was noted on the Cash Flow statement that the Net Cash from Operations was overstated by \$58,375,287 and the Net Cash from Financing and Miscellaneous Sources was understated by the same amount due to erroneous classification of the prior year adjustment related to CMS overpayments.

There was no change to the net loss, capital and surplus, or adjusted capital as previously reported.



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

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

Country of Domicile US

Licensed as business type:

Life, Accident and Health Property/Casualty
Dental Service Corporation Vision Service Corporation
Health Maintenance Organization Is HMO Federally Qualified? Yes No

Hospital, Medical and Dental Service or Indemnity
Other

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

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

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

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

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

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

OFFICERS

Keith Coleman, (Chairperson)
Sister Barbara Hahl (Secretary)

Edward Giese# (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

Sister Barbara Hahl
Secretary

Cynthia Dellecker#
Interim President & CEO

Subscribed and sworn to before me this
24th day of May, 2016

a. Is this an original filing? Yes No

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

2. Date filed May 24, 2016

3. Number of pages attached 15

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		15,637,220	9,262,457
21. General administrative expenses		42,016,800	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

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	465,818,823	422,518,025
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	32,200,686	43,966,029
7. Commissions, expenses paid and aggregate write-ins for deductions .....	.....	.....
8. Dividends paid to policyholders .....	.....	.....
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) .....	.....	.....
10. Total (Line 5 through Line 9)	498,019,509	466,484,054
11. Net cash from operations (Line 4 minus Line 10)	17,771,112	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	5,463,429	77,000,000
16.6 Other cash provided (applied) .....	.....	(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)	5,463,429	(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 - CMS overpayments	9,278,778	.....
20.0002 Line 16.6 - Other	(3,815,349)	.....
20.0003 .....	.....	.....
20.0004 .....	.....	.....
20.0005 .....	.....	.....
20.0006 .....	.....	.....
20.0007 .....	.....	.....
20.0008 .....	.....	.....
20.0009 .....	.....	.....
20.0010 .....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Plan, Inc

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other Health	10 Other Non-Health
1. Net premium income	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											
7. Total revenues (Lines 1 to 6)	509,820,587	XXX	XXX	XXX	XXX	XXX	XXX	509,820,587			
8. Hospital/medical benefits	255,821,987							255,821,987			
9. Other professional services	148,498,575							148,498,575			
10. Outside referrals											
11. Emergency room and out-of-area										XXX	
12. Prescription drugs	53,956,710							53,956,710			
13. Aggregate write-ins for other hospital and medical										XXX	
14. Incentive pool, withhold adjustments, and bonus amounts	1,568,478							1,568,478			
15. Subtotal (Lines 8 to 14)	459,845,750							459,845,750			
16. Net reinsurance recoveries	514,478							514,478			
17. Total hospital and medical (Lines 15 minus 16)	459,331,272	XXX	XXX	XXX	XXX	XXX	XXX	459,331,272			
18. Non-health claims (net)											
19. Claims adjustment expenses including \$ 3,081,856 cost containment expenses	15,637,220							15,637,220			
20. General administrative expenses	42,016,800							42,016,800			
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			
0502. Intercompany management fees	1,549,263							1,549,263			
0503.											
0598. Summary of remaining write-ins for Line 5 from overflow page											
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above)	1,901,639							1,901,639			
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	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	XXX	
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above)											

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Plan, Inc

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 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)

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					
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										

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Plan, Inc

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 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 2011	2 2012	3 2013	4 2014	5 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										

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Plan, Inc

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 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 2011	2 2012	3 2013	4 2014	5 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										

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Plan, Inc

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 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 2011	2 2012	3 2013	4 2014	5 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										

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Plan, Inc

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 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

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					
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										

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Plan, Inc

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Title XVIII Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 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 (Col. 3/2) Percent	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2+3) (Col. 5/1) Percent	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	15,637	3.790	428,254	84.315	43,044	600	471,898	92.908

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Plan, Inc

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 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 2011	2 2012	3 2013	4 2014	5 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										

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Plan, Inc

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 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 2011	2 2012	3 2013	4 2014	5 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										

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Plan, Inc

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 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 - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 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	361,869
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	15,637	3.790	428,254	84.315	43,044	600	471,898	92.908

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
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	11,755,081	14,219,271	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	12,555,365	42,016,800	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	12,555,365	38,023,393	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.

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)	15,637,220	9,262,457	9,186,816	6,841,645	6,215,298
8. Total administrative expenses (Line 21)	42,016,800	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)	17,771,112	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	2.5	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: