



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2015

OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Insurance Company

NAIC Group Code 2838 , 2838 NAIC Company Code 13123 Employer's ID Number 25-1912781
(Current Period) (Prior Period)

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

Country of Domicile US

Licensed as business type:

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

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

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

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

OFFICERS

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

Edward Grieser# (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 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)	2,710,104		2,710,104	2,664,426
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 (less \$, encumbrances)				
4.2 Properties held for the production of income (less \$, encumbrances)				
4.3 Properties held for sale (less \$, encumbrances)				
5. Cash (\$ 26,345 , Schedule E-Part 1) , cash equivalents (\$ 2,520,872 , Schedule E-Part 2) and short-term investments (\$ 83,898 ,Schedule DA)	2,631,115		2,631,115	3,643,997
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)	5,341,219		5,341,219	6,308,423
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	13,144		13,144	11,776
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	26,697		26,697	201,334
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$ 332,000) and contracts subject to redetermination (\$)	332,000		332,000	26,611
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	16,161		16,161	
17. Amounts receivable relating to uninsured plans	713,525		713,525	466,105
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				26,516
24. Health care (\$ 201,940) and other amounts receivable	529,841	327,901	201,940	113,821
25. Aggregate write-ins for other-than-invested assets	100,576		100,576	119,246
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	7,073,163	327,901	6,745,262	7,273,832
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	7,073,163	327,901	6,745,262	7,273,832
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	100,576		100,576	119,246
2502.....				
2503.....				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	100,576		100,576	119,246

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
	1,518,140		1,518,140	1,189,374
1. Claims unpaid (less \$ reinsurance ceded)				
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	21,951		21,951	13,575
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance				5,124
9. General expenses due or accrued	115,708		115,708	196,157
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates	240,590		240,590	
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	71,120		71,120	
23. Aggregate write-ins for other liabilities (including \$ 1,015,123 current)	1,015,123		1,015,123	
24. Total liabilities (Lines 1 to 23)	2,982,632		2,982,632	1,404,230
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX	1,000,000	1,000,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	7,500,000	7,500,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(4,737,370)	(2,630,398)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Line 25 to 31 minus Line 32)	XXX	XXX	3,762,630	5,869,602
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	6,745,262	7,273,832
DETAILS OF WRITE-INS				
2301. Due to Centers for Medicare & Medicaid Services	1,015,123		1,015,123	
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	1,015,123		1,015,123	
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	17,010	16,062
2. Net premium income (including \$non-health premium income)	XXX	14,172,762	12,803,420
3. Change in unearned premium reserves and reserve for rate credits	XXX	(5,124)	(347,578)
4. Fee-for-service (net of \$medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Aggregate write-ins for other non-health revenues	XXX		
8. Total revenues (Lines 2 to 7)	XXX	14,167,638	12,455,842
Hospital and Medical:			
9. Hospital/medical benefits		7,418,960	6,529,751
10. Other professional services		4,320,466	3,873,828
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs		2,350,129	1,777,845
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		14,089,555	12,181,424
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)		14,089,555	12,181,424
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 19,788 cost containment expenses		291,844	286,986
21. General administrative expenses		954,603	1,018,119
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)		15,336,002	13,486,529
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,168,364)	(1,030,687)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		69,595	62,132
26. Net realized capital gains (losses) less capital gains tax of \$		(18,266)	
27. Net investment gains (losses) (Lines 25 plus 26)		51,329	62,132
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(1,117,035)	(968,555)
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	(1,117,035)	(968,555)
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
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		
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.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2
	Current Year	Prior Year
33. Capital and surplus prior reporting year	5,869,602	6,886,629
34. Net income or (loss) from Line 32	(1,117,035)	(968,555)
35. Change in valuation basis of aggregate policy and claims reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(8,806)	(41,767)
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(190,584)	(6,705)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in		
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Tranferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	(790,547)	
48. Net change in capital and surplus (Lines 34 to 47)	(2,106,972)	(1,017,027)
49. Capital and surplus end of reporting year (Line 33 plus 48)	3,762,630	5,869,602
DETAILS OF WRITE-INS		
4701. SSAP No. 3 - Adjustment for prior years' Centers for Medicare & Medicaid overpayments	(790,547)	
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	(790,547)	

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	13,803,012	12,508,254
2. Net investment income	64,343	43,596
3. Miscellaneous income		
4. Total (Line 1 through Line 3)	13,867,355	12,551,850
5. Benefit and loss related payments	14,132,376	11,779,272
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	(51,191)	1,336,904
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10. Total (Line 5 through Line 9)	14,081,185	13,116,176
11. Net cash from operations (Line 4 minus Line 10)	(213,830)	(564,326)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	550,000	
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	550,000	
13. Cost of investments acquired (long-term only):		
13.1 Bonds	610,060	322,190
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Line 13.1 through Line 13.6)	610,060	322,190
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)	(60,060)	(322,190)
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		
16.6 Other cash provided (applied)	(738,992)	(65,161)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(738,992)	(65,161)
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)	(1,012,882)	(951,677)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	3,643,997	4,595,674
19.2 End of year (Line 18 plus Line 19.1)	2,631,115	3,643,997

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		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company

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	14,172,762							14,172,762			
2. Change in unearned premium reserves and reserve for rate credit	(5,124)							(5,124)			
3. Fee-for-service (net of \$ medical expenses)										XXX	
4. Risk revenue										XXX	
5. Aggregate write-ins for other health care related revenues										XXX	
6. Aggregate write-ins for other non-health care related revenues										XXX	
7. Total revenues (Lines 1 to 6)	14,167,638	XXX	XXX	XXX	XXX	XXX	XXX	14,167,638			
8. Hospital/medical benefits	7,418,960							7,418,960			
9. Other professional services	4,320,466							4,320,466			
10. Outside referrals										XXX	
11. Emergency room and out-of-area										XXX	
12. Prescription drugs	2,350,129							2,350,129			
13. Aggregate write-ins for other hospital and medical										XXX	
14. Incentive pool, withhold adjustments, and bonus amounts										XXX	
15. Subtotal (Lines 8 to 14)	14,089,555							14,089,555			
16. Net reinsurance recoveries										XXX	
17. Total hospital and medical (Lines 15 minus 16)	14,089,555	XXX	XXX	XXX	XXX	XXX	XXX	14,089,555			
18. Non-health claims (net)										XXX	
19. Claims adjustment expenses including \$ 19,788 cost containment expenses	291,844							291,844			
20. General administrative expenses	954,603							954,603			
21. Increase in reserves for accident and health contracts										XXX	
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX			XXX	
23. Total underwriting deductions (Lines 17 to 22)	15,336,002							15,336,002			
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(1,168,364)							(1,168,364)			
DETAILS OF WRITE-INS											
0501											XXX
0502											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)											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	14,224,623		51,862	14,172,761
7. Title XIX - Medicaid				
8. Other health				
9. Health subtotal (Lines 1 through 8)	14,224,623		51,862	14,172,761
10. Life				
11. Property/casualty				
12. Totals (Lines 9 to 11)	14,224,623		51,862	14,172,761

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company

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	14,039,492						14,039,492			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	14,039,492						14,039,492			
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,518,140						1,518,140			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	1,518,140						1,518,140			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net health care receivables (a)	278,703						278,703			
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	1,189,374						1,189,374			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	1,189,374						1,189,374			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	14,089,555						14,089,555			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	14,089,555						14,089,555			
13. Incurred medical incentive pools and bonuses										

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company

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	258,140						258,140			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	258,140						258,140			
2. Incurred but Unreported:										
2.1 Direct	1,260,000						1,260,000			
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	1,260,000						1,260,000			
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	1,518,140						1,518,140			
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	1,518,140						1,518,140			

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company

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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	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		
1. Comprehensive (hospital and medical).....						
2. Medicare Supplement						
3. Dental Only						
4. Vision Only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	1,174,969	12,585,820	13,118	1,505,022	1,188,087	1,189,374
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8).....	1,174,969	12,585,820	13,118	1,505,022	1,188,087	1,189,374
10. Healthcare receivables (a).....						
11. Other non-health.....						
12. Medical incentive pools and bonus amounts.....						
13. Totals (Lines 9-10+11+12).....	1,174,969	12,585,820	13,118	1,505,022	1,188,087	1,189,374

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company

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 Insurance Company

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 Insurance Company

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 Insurance Company

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 Insurance Company

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 Insurance Company

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	6,186	6,692	6,691	6,691	6,691
3. 2012	XXX	4,195	4,628	4,629	4,629
4. 2013	XXX	XXX	5,652	6,277	8,120
5. 2014	XXX	XXX	XXX	13,200	14,239
6. 2015	XXX	XXX	XXX	XXX	15,262

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	6,160	6,665	6,665	6,665	6,665
3. 2012	XXX	3,928	4,361	4,361	4,361
4. 2013	XXX	XXX	5,837	6,462	6,462
5. 2014	XXX	XXX	XXX	12,296	14,252
6. 2015	XXX	XXX	XXX	XXX	16,767

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)	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	8,742	6,691			6,691	76.539			6,691	76.539
2. 2012	7,270	4,629			4,629	63.673			4,629	63.673
3. 2013	9,287	6,277	153	2.437	6,430	69.237			6,430	69.237
4. 2014	12,456	14,239	287	2.016	14,526	116.618	13		14,539	116.723
5. 2015	14,168	15,262	292	1.913	15,554	109.783	1,505	22	17,081	120.560

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company

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 Insurance Company

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 Insurance Company

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	6,186	6,692	6,691	6,691	6,691
3. 2012	XXX	4,195	4,628	4,629	4,629
4. 2013	XXX	XXX	5,652	6,277	8,120
5. 2014	XXX	XXX	XXX	13,200	14,239
6. 2015	XXX	XXX	XXX	XXX	15,262

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	6,160	6,665	6,665	6,665	6,665
3. 2012	XXX	3,928	4,361	4,361	4,361
4. 2013	XXX	XXX	5,837	6,462	6,462
5. 2014	XXX	XXX	XXX	12,296	14,252
6. 2015	XXX	XXX	XXX	XXX	16,767

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	8,742	6,691			6,691	76.539			6,691	76.539
2. 2012	7,270	4,629			4,629	63.673			4,629	63.673
3. 2013	9,287	8,120	153	1.884	8,273	89.082			8,273	89.082
4. 2014	12,456	14,239	287	2.016	14,526	116.618	13	1,505	14,539	116.723
5. 2015	14,168	15,262	292	1.913	15,554	109.783	22	22	17,081	120.560

Page 13
Underwriting and Investment Exhibit, Part 2D
NONE

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)					
2. Salaries, wages and other benefits					
3. Commissions (less \$ ceded plus \$ assumed)					
4. Legal fees and expenses					
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	277		120,101		120,378
7. Traveling expenses	48				
8. Marketing and advertising					
9. Postage, express, and telephone	556	111	69,948		69,996
10. Printing and office supplies			39,606		40,273
11. Occupancy, depreciation and amortization					
12. Equipment					
13. Cost or depreciation of EDP equipment and software					
14. Outsourced services including EDP, claims, and other services	14,982	271,070	706,250		992,302
15. Boards, bureaus and association fees		49	2,855		2,904
16. Insurance, except on real estate			1,618		1,618
17. Collection and bank service charges			5,579		5,579
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		24	28,370		28,394
23.2 State premium taxes					
23.3 Regulator authority licenses and fees			(983)		(983)
23.4 Payroll taxes	3,925	802	10,974		15,701
23.5 Other (excluding federal income and real estate taxes)			450		450
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses			(30,164)		(30,164)
26. Total expenses incurred (Line 1 to Line 25)	19,788	272,056	954,604	(a)	1,246,448
27. Less expenses unpaid December 31, current year			115,708		115,708
28. Add expenses unpaid December 31, prior year			196,157		196,157
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)	19,788	272,056	1,035,053		1,326,897
DETAILS OF WRITE-INS					
2501. Other			(30,164)		(30,164)
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)			(30,164)		(30,164)

(a) Includes management fees of \$ 1,057,061 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1. U.S. Government bonds			
1.1 Bonds exempt from U.S. tax	(a)	5,900	8,054
1.2 Other bonds (unaffiliated)	(a)	50,972	48,454
1.3 Bonds of affiliates	(a)		
2.1 Preferred stocks (unaffiliated)	(b)		
2.11 Preferred stocks of affiliates	(b)		
2.2 Common stocks (unaffiliated)			
2.21 Common stocks of affiliates			
3. Mortgage loans	(c)		
4. Real estate	(d)		
5. Contract loans			
6. Cash, cash equivalents and short-term investments	(e)	3	3
7. Derivative instruments	(f)		
8. Other invested assets			
9. Aggregate write-ins for investment income			13,084
10. Total gross investment income		56,875	69,595
11. Investment expenses			(g)
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)			
17. Net investment income (Line 10 minus Line 16)			69,595
DETAILS OF WRITE-INS			
0901. Amortization of Bond Prem/Disc			13,084
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)			13,084
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 \$	accrual of discount less \$	14,382	amortization of premium and less \$
(b) Includes \$	accrual of discount less \$	1,732	paid for accrued interest on purchases.
(c) Includes \$	accrual of discount less \$		amortization of premium and less \$
(d) Includes \$	accrual of discount less \$		paid for accrued dividends on purchases.
(e) Includes \$	accrual of discount less \$		amortization of premium and less \$
			paid for accrued interest on purchases.
			for company's occupancy of its own buildings; and excludes interest on encumbrances.
			(f) Includes \$
			accrual of discount less \$
			amortization of premium and less \$
			paid for accrued interest on purchases.
			(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	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax	(18,266)		(18,266)	(8,806)	
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
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)	(18,266)		(18,266)	(8,806)	
10. Total capital gains (losses)					
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			
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	327,901	137,317	(190,584)
25. Aggregate write-ins for other-than-invested assets			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	327,901	137,317	(190,584)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Line 26 and Line 27)	327,901	137,317	(190,584)
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.			
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)			

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations	1,370	1,409	1,409	1,419	1,437	17,010
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. Total	1,370	1,409	1,409	1,419	1,437	17,010
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	(1,117,035)	(968,555)
01A04 - Net Income, NAIC SAP (1-2-3=4)	OH	(1,117,035)	(968,555)
01A05 - Surplus, state basis (Page 3, Line 33, Columns 3 and 4)	OH	3,762,630	5,869,602
01A08 - Surplus, NAIC SAP (5-6-7=8)	OH	3,762,630	5,869,602

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.

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 capital and surplus for the prior year impact by \$790,547 to account for the estimated impact of the repayment for the years 2009 through 2014. The

NOTES TO FINANCIAL STATEMENTS

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 398%, well above the required regulatory requirement of 200%. The impact of the correcting adjustment was \$224,576 and \$130,356 for 2015 and 2014, respectively.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

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)

(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	2,794,003	2,753,241	40,762	2,794,003	39.501	41.422
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						

NOTES TO FINANCIAL STATEMENTS

o. Total Restricted Assets.....	2,794,003	2,753,241	40,762	2,794,003	
---------------------------------	-----------	-----------	--------	-----------	--

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

Not Applicable.

(3) Detail of Other Restricted Assets

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 is provided by agreement certain management, administrative, and marketing services by Mount Carmel Health Plan, Inc. ("MCHP") . Expenses related to services provided to the Company by MCHP were \$1,057,087 and \$948,857 in 2015 and 2014, respectively.

Medical expenses incurred by the Company provided by Mount Carmel Health System ("MCHS") were \$1,746,110 and \$1,298,136 in 2015 and 2014, respectively.

D. The Company owed MCHS \$240,590 as of December 31, 2015 and was due \$26,516 from MCHS as of December 31, 2014.

E. Not Applicable.

F. Not Applicable.

G. All outstanding shares of the Company are 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.

NOTES TO FINANCIAL STATEMENTS**B. Federal Home Loan Bank (FHLB) Agreements**

The Company does not have any FHLB agreements.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**A.-D. Defined Benefit Plan**

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

Not Applicable.

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 1,000 shares of \$1,000 par value common stock authorized, issued and outstanding. All shares are common stock shares.

(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) No dividends were 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 \$(67,317) and \$(58,510) 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

NOTES TO FINANCIAL STATEMENTS

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

Not Applicable.

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 \$12,721,122 and \$11,156,715, respectively for medical and hospital related services and \$1,310,507 and \$1,131,949, respectively for administrative expenses.
- (2) As of December 31, 2015 and 2014, the Company has recorded receivables from CMS of \$713,525 and \$466,105 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 \$200 and \$0- at December 31, 2015 and 2014, respectively.
- (4) The Company reduced surplus \$130,356 for 2014 and \$660,191 for 2009-2013 resulting from an audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurement

A. (1) The fair value of financial assets at December 31, 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				
Money market funds	83,898			83,898
20A1A99 - Assets at fair value		83,898		83,898
(2) Rollforward of Level 3 Items				

NOTES TO FINANCIAL STATEMENTS

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.

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

(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	595,074	607,767	595,074			
U.S. Special revenue obligations	2,114,546	2,102,337	2,114,546			
Cash, cash equivalents, and short-term securities	2,631,115	2,631,115	2,631,115			
20C999 - 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.

NOTES TO FINANCIAL STATEMENTS**23. Reinsurance****A. Ceded Reinsurance Report****Section 1 - General Interrogatories**

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

Yes () No (x)

If yes, give full details.

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

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? \$16,161.

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

Yes () No (x)

If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$16,161.

(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 \$11,460,714 and \$10,129,926, respectively. That represented 91% and 92% 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 \$1,202,949. As of December 31, 2015, \$1,174,969 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$ 13,308 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$14,672 favorable

NOTES TO FINANCIAL STATEMENTS

prior-year development since December 31, 2014 to December 31, 2015. The xxcrease 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.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivable

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	197,105				
09/30/2015	196,124		21,274		
06/30/2015	186,575	186,575	5,607	147,111	
03/31/2015	180,557	180,557	5,392	96,401	71,202
12/31/2014	104,530	112,761		64,359	46,892
09/30/2014	114,057	107,396		57,467	48,532
06/30/2014	141,514	103,842		81,529	21,808
03/31/2014	137,136	102,136		46,596	55,539
12/31/2013	58,689	66,215		33,644	32,571
09/30/2013	69,469	61,047		26,516	34,531
06/30/2013	52,090	51,705		23,612	28,093
03/31/2013	59,897	58,589		23,787	34,853
28A - Pharmaceutical Rebate Receivables					

B. Risk Sharing Receivables

Not Applicable.

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 12/31/15

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, Officer, 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?
(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. Yes (X) No ()

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 () 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	\$
25.29 On deposit with other regulatory bodies	\$
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$
25.32 Other	\$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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

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

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

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

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

PNC 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 () No (X)

29.2 If yes, complete the following schedule:

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

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
--	--	---	------------------------

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	\$ 2,710,104	\$ 2,709,620	\$ (484)
30.2 Preferred stocks	\$	\$	\$
30.3 Totals.....	\$ 2,710,104	\$ 2,709,620	\$ (484)

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? \$.....

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
.....	\$
.....	\$
.....	\$
.....	\$

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 policies:

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

2. Health Test:

	1	2
	Current Year	Prior Year
2.1 Premium Numerator	\$ 14,172,762	\$ 12,803,420
2.2 Premium Denominator	\$ 14,172,762	\$ 12,803,420
2.3 Premium Ratio (2.1 / 2.2)	1.00	1.00
2.4 Reserve Numerator	\$ 1,518,140	\$ 1,189,374
2.5 Reserve Denominator	\$ 1,518,140	\$ 1,189,374
2.6 Reserve Ratio (2.4 / 2.5)	1.00	1.00

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:

.....

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 () No (X)

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,
 11.13 An Individual Practice Association (IPA), or
 11.14 A Mixed Model (combination of above)?

Yes () No (X)
 Yes () No (X)
 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.

\$ 2,500,000

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

Clark County, OH
 Delaware County, OH
 Fairfield County, OH
 Fayette County, OH
 Franklin County, OH
 Greene County, OH
 Knox County, OH
 Licking County, OH
 Madison County, OH
 Montgomery County, OH
 Pickaway County, OH
 Richland County, OH
 Ross County, OH
 Union 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 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

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

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

\$
 \$

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

FIVE - YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
BALANCE SHEET (Page 2 and Page 3)					
1. Total admitted assets (Page 2, Line 28)	6,745,262	7,273,832	7,890,373	7,466,118	6,810,173
2. Total liabilities (Page 3, Line 24)	2,982,632	1,404,230	1,003,744	643,770	959,062
3. Statutory minimum capital and surplus requirement	2,500,000	2,500,000	5,000,000	5,000,000	5,000,000
4. Total capital and surplus (Page 3, Line 33)	3,762,630	5,869,602	6,886,629	6,822,348	5,851,111
INCOME STATEMENT (Page 4)					
5. Total revenues (Line 8)	14,167,638	12,455,842	9,287,325	7,269,573	8,741,666
6. Total medical and hospital expenses (Line 18)	14,089,555	12,181,424	8,236,075	5,658,221	8,221,357
7. Claims adjustment expenses (Line 20)	291,844	286,986	153,496	129,962	154,570
8. Total administrative expenses (Line 21)	954,603	1,018,119	826,663	588,116	594,268
9. Net underwriting gain (loss) (Line 24)	(1,168,364)	(1,030,687)	71,091	893,274	(228,529)
10. Net investment gain (loss) (Line 27)	51,329	62,132	58,896	63,892	4,785
11. Total other income (Line 28 plus Line 29)					
12. Net income or (loss) (Line 32)	(1,117,035)	(968,555)	129,987	957,166	(223,744)
CASH FLOW (Page 6)					
13. Net cash from operations (Line 11)	(213,830)	(564,326)	(191,519)	596,834	(297,852)
RISK-BASED CAPITAL ANALYSIS					
14. Total adjusted capital	3,762,630	5,869,602	6,886,629	6,822,348	5,851,111
15. Authorized control level risk-based capital	945,560	916,280	750,852	750,497	750,551
ENROLLMENT (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,437	1,370	887	613	706
17. Total members months (Column 6, Line 7)	17,010	16,062	10,253	7,356	8,345
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)	99.4	97.8	88.7	77.8	94.0
20. Cost containment expenses	0.1	0.1	0.5	0.5	0.6
21. Other claims adjustment expenses	1.9	2.2	1.1	1.2	1.2
22. Total underwriting deductions (Line 23)	108.2	108.3	99.2	87.7	102.6
23. Total underwriting gain (loss) (Line 24)	(8.2)	(8.3)	0.8	12.3	(2.6)
UNPAID CLAIMS ANALYSIS (U and I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Column 5)	1,188,087	625,064	462,255	560,293	721,617
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	1,189,374	739,657	516,993	832,980	826,942
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
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		14,224,623					14,224,623
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		14,224,623				14,224,623
60. Reporting entity contributions for Employee Benefit Plans		XXX						
61. Total (Direct Business)	(a) 1		14,224,623					14,224,623

DETAILS OF WRITE-INS

58001.	
58002.	
58003.	
58998.	Summary of remaining write-ins for Line 58 from overflow page
58999.	Total (Line 5801 through Line 5803 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.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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

Mount Carmel Health 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 Health 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 HealthProviders 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)

Mediludent 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)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Mercy Medical Center - Sioux City Foundation; FEIN: 14-1880022 (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. Nyland 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 Health 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 Health 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)
SIRMC 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)
SI-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)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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 Health 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: 20-18555647 (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 Health 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)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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 Health 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)

Langhome 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)

Langhome Services, Inc.; FEIN: 23-2625981 (100% Ownership by Immediate Parent)

Langhome Services II, Inc.; FEIN: 23-3795549 (100% Ownership by Immediate Parent)

Langhome MRI, Inc.; FEIN: 23-2519529 (100% Ownership by Immediate Parent)

Langhome 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)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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 Partner 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)

 SIM 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)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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: 16-1523353 (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 Dunderi 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: 58-1748484 (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 Pine, 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)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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)
SILS, LLC (51% SIMCS, 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)
SYPE 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% Cashflow, LLC; 11% FIP Properties, LLC; 34% Burdick Street Properties, LLC); FEIN: 14-1844259
HHS 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% MSH); 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)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Mount Carmel Health Insurance Company
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

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)

Health

Annual Statement Blank Alphabetical Index

Analysis of Operations By Lines of Business	7	Schedule E - Verification Between Years	SI15
Assets	2	Schedule S - Part 1 - Section 2	31
Cash Flow	6	Schedule S - Part 2	32
Exhibit 1 - Enrollment By Product Type for Health Business Only	17	Schedule S - Part 3 - Section 2	33
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18	Schedule S - Part 4	34
Exhibit 3 - Health Care Receivables	19	Schedule S - Part 5	35
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20	Schedule S - Part 6	36
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule S - Part 7	37
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule T - Part 2 - Interstate Compact	39
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule T - Premiums and Other Considerations	38
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24	Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24	Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Exhibit 8 - Furniture, Equipment and Supplies Owned	25	Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Exhibit of Capital Gains (Losses)	15	Statement of Revenue and Expenses	4
Exhibit of Net Investment Income	15	Summary Investment Schedule	SI01
Exhibit of Nonadmitted Assets	16	Supplemental Exhibits and Schedules Interrogatories	43
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Underwriting and Investment Exhibit - Part 1	8
Five-Year Historical Data	29	Underwriting and Investment Exhibit - Part 2	9
General Interrogatories	27	Underwriting and Investment Exhibit - Part 2A	10
Jurat Page	1	Underwriting and Investment Exhibit - Part 2B	11
Liabilities, Capital and Surplus	3	Underwriting and Investment Exhibit - Part 2C	12
Notes To Financial Statements	26	Underwriting and Investment Exhibit - Part 2D	13
Overflow Page For Write-ins	44	Underwriting and Investment Exhibit - Part 3	14
Schedule A - Part 1	E01		
Schedule A - Part 2	E02		
Schedule A - Part 3	E03		
Schedule A - Verification Between Years	SI02		
Schedule B - Part 1	E04		
Schedule B - Part 2	E05		
Schedule B - Part 3	E06		
Schedule B - Verification Between Years	SI02		
Schedule BA - Part 1	E07		
Schedule BA - Part 2	E08		
Schedule BA - Part 3	E09		
Schedule BA - Verification Between Years	SI03		
Schedule D - Part 1	E10		
Schedule D - Part 1A - Section 1	SI05		
Schedule D - Part 1A - Section 2	SI08		
Schedule D - Part 2 - Section 1	E11		
Schedule D - Part 2 - Section 2	E12		
Schedule D - Part 3	E13		
Schedule D - Part 4	E14		
Schedule D - Part 5	E15		
Schedule D - Part 6 - Section 1	E16		
Schedule D - Part 6 - Section 2	E16		
Schedule D - Summary By Country	SI04		
Schedule D - Verification Between Years	SI03		
Schedule DA - Part 1	E17		
Schedule DA - Verification Between Years	SI10		
Schedule DB - Part A - Section 1	E18		
Schedule DB - Part A - Section 2	E19		
Schedule DB - Part A - Verification Between Years	SI11		
Schedule DB - Part B - Section 1	E20		
Schedule DB - Part B - Section 2	E21		
Schedule DB - Part B - Verification Between Years	SI11		
Schedule DB - Part C - Section 1	SI12		
Schedule DB - Part C - Section 2	SI13		
Schedule DB - Part D - Section 1	E22		
Schedule DB - Part D - Section 2	E23		
Schedule DB - Verification	SI14		
Schedule DL - Part 1	E24		
Schedule DL - Part 2	E25		
Schedule E - Part 1 - Cash	E26		
Schedule E - Part 2 - Cash Equivalents	E27		
Schedule E - Part 3 - Special Deposits	E28		