AMENDED EXPLANATION COVER

Subsequent to the filing of the original December 31, 2015 Annual Statement, an adjustment was made to reduce Cash on the Assets page by $145,226 and increase Hospital and Medical expenses by the same amount on the Statement of Revenue and Expenses due to a corrected account reconciliation. It was also discovered that the Net Cash from Operations was overstated by $1,160,349 and the Net Cash from Financing and Miscellaneous Sources was understated by $1,015,123 due to erroneous classification of the prior year adjustment related to the CMS overpayments.

1 3 1 2 3 2 0 1 5 2 0 1 0 0 1 0 5

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

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

Country of Domicile US

Licensed as business type:

Life, Accident and Health [X]
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 (614) 546-3211
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

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

Internet Website Address www.medigold.com

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

OFFICERS

Keith Coleman (Chairperson)
Sister Barbara Hahl (Secretary)
Edward Griese# (Interim President & CEO)
Hugh Jones (Treasurer)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Franklin } SS

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

Roger Spoelman#
Chairman of the Board

Sister Barbara Hahl
Secretary

Cynthia Dellecker#
Interim President & CEO

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

a. Is this an original filing? Yes ( ) No (X)
b. If no: 1. State the amendment number 1
2. Date filed May 24, 2016
3. Number of pages attached 32

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Mount Carmel Health Insurance Company 2. Ohio

(LOCATION)

NAIC Group Code: 2838 NAIC Company Code: 13123

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2015

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,370							1,370		
2. First Quarter	1,409							1,409		
3. Second Quarter	1,409							1,409		
4. Third Quarter	1,419							1,419		
5. Current Year	1,437							1,437		
6. Current Year Member Months	17,010							17,010		
Total Member Ambulatory Encounters for Year:										
7. Physician	19,916							19,916		
8. Non-Physician	6,165							6,165		
9. Total	26,081							26,081		
10. Hospital Patient Days Incurred	5,105							5,105		
11. Number of Inpatient Admissions	312							312		
12. Health Premiums Written (b)	14,224,623							14,224,623		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	14,167,638							14,167,638		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	13,760,789							13,760,789		
18. Amount Incurred for Provision of Health Care Services	14,234,781							14,234,781		

(a) For health business: number of persons insured under PPO managed care products 1,437 and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 14,224,623 .

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Mount Carmel Health Insurance Company 2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 13123

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2015

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,370							1,370		
2. First Quarter	1,409							1,409		
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(a) For health business: number of persons insured under PPO managed care products 1,437 and number of persons insured under indemnity only products .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 14,224,623 .

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SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12)	5,195,993		5,195,993
2. Accident and health premiums due and unpaid (Line 15)	358,697		358,697
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	XXX		
5. All other admitted assets (Balance)	1,045,346		1,045,346
6. Total assets (Line 28)	6,600,036		6,600,036
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	1,518,140		1,518,140
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	1,464,492		1,464,492
15. Total liabilities (Line 24)	2,982,632		2,982,632
16. Total capital and surplus (Line 33)	3,617,404	XXX	3,617,404
17. Total liabilities, capital and surplus (Line 34)	6,600,036		6,600,036
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized insurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance			