

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.



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 [X] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [] Is HMO Federally Qualified? Yes () No ()

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

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

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

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

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

Internet Website Address www.medigold.com

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

OFFICERS

Keith Coleman (Chairperson) Edward Griesse# (Interim President & CEO)
Sister Barbara Hahl (Secretary) 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# Sister Barbara Hahl Cynthia Dellecker#
Chairman of the Board Secretary Interim President & CEO

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0299998 - Premiums due and unpaid not individually listed	26,697					26,697
0299999 - TOTAL - Group	26,697					26,697
0399999 - Premiums due and unpaid from Medicare entities	332,000					332,000
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	358,697					358,697

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
Caremark	65,701	65,701	65,702	219,630	219,630	197,104
0199999 - Pharmaceutical Rebate Receivables	65,701	65,701	65,702	219,630	219,630	197,104
Claim Overpayment Receivables						
0299998 - Claim Overpayment Receivables not Individually Listed	703	3,539	594	108,271	108,271	4,836
0299999 - Claim Overpayment Receivables	703	3,539	594	108,271	108,271	4,836
0799999 - Gross Health Care Receivables	66,404	69,240	66,296	327,901	327,901	201,940

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Column 1 + Column 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	238,486	346,987	3,361	413,373	241,847	241,847
2. Claim overpayment receivables	9,291			113,107	9,291	9,291
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Line 1 through Line 6)	247,777	346,987	3,361	526,480	251,138	251,138

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually listed claims unpaid (Reported)						
Caremark	258,140					258,140
0199999 - Individually listed claims unpaid (Reported)	258,140					258,140
0499999 - Subtotals	258,140					258,140
0599999 - Unreported claims and other claim reserves						1,260,000
0799999 - Total claims unpaid						1,518,140

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Exhibit 5, Amounts Due from Parent, Subsidiaries and Affiliates

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payable				
Mount Carmel Health System	General Expenses	240,590	240,590	
0199999 - Subtotal - Individually listed payable		240,590	240,590	
0399999 - TOTAL gross payables		240,590	240,590	

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

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers						
4. Total capitation payments						
Other Payments:						
5. Fee-for-service	2,870,514	20.860	X X X	X X X		2,870,514
6. Contractual fee payments	10,890,275	79.140	X X X	X X X	1,746,110	9,144,165
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	13,760,789	100.000	X X X	X X X	1,746,110	12,014,679
13. Total (Line 4 plus Line 12)	13,760,789	100%	X X X	X X X	1,746,110	12,014,679

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
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NONE

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Exhibit 8, Furniture and Equipment and Supplies Owned
NONE



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

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 .



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

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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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

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Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health
NONE

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Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses
NONE

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

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31 , Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates													
11835	04-1590940	01/01/2015	PartnerRe American Insurance Company	DE	SSL/A/I	MR	51,862						
0899999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							51,862						
1099999 - General Account, Total Authorized Non-Affiliates							51,862						
1199999 - Total General Account Authorized							51,862						
3499999 - Total General Account Authorized, Unauthorized and Certified							51,862						
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 19999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							51,862						
9999999 - TOTAL (Sum of 3499999 and 6899999)							51,862						

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Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies
NONE

Sch. S, Pt. 4, Bank Footnote
NONE

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Sch. S, Pt. 5, Reinsurance Ceded to Certified Reinsurers
NONE

Sch. S, Pt. 5, Bank Footnote
NONE

SCHEDULES S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII - Medicare	52	30			
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid	16				
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					XXX
18. Funds deposited by and withheld from (F)					XXX
19. Letters of credit (L)					XXX
20. Trust agreements (T)					XXX
21. Other (O)					XXX

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	X X X		
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	X X X	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			

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Sch. T, Part 2, Interstate Compact

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
2838	Mount Carmel Health Syste	13123	25-1912781				Mount Carmel Health Insurance Company	OH	RE	Mount Carmel Health System	Ownership	100.000	Trinity Health Corporation	
2838	Mount Carmel Health Syste	95655	31-1471229				Mount Carmel Health Plan, Inc.	OH	IA	Mount Carmel Health System	Ownership	100.000	Trinity Health Corporation	

Asterisk	Explanation
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NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95655	31-1471229	Mount Carmel Health Plan, Inc.					(111,041,299)				(111,041,299)	
.....	31-1147122	Mount Carmel Health System					10,979,034				10,979,034	
13123	25-1912781	Mount Carmel Health Insurance Company					(2,803,197)				(2,803,197)	
.....	20-1983271	Mount Carmel Health Providers II LLC					5,726,070				5,726,070	
.....	20-4145781	Mount Carmel Health Providers III					29				29	
.....	26-2037946	Diley Medical Group, LLC					138,730				138,730	
.....	26-2729300	Mount Carmel Home Care					5,100,647				5,100,647	
.....	31-1382442	Mount Carmel Health Providers Inc					3,065,011				3,065,011	
.....	31-1439334	Mount Carmel Health System Physicians					88,213,873				88,213,873	
.....	31-4379602	Mount Carmel Health					64,228				64,228	
.....	34-2032340	Diley Ridge Medical Center					556,874				556,874	
9999999 - CONTROL TOTALS												

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....
.....
.....
.....

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?		SEE EXPLANATION
EXPLANATION: As per discussions with the Ohio Department of Insurance, will be filed on or before March 15.		
BARCODE: Document Identifier 460:		
2. Will an actuarial opinion be filed by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 440:		
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		SEE EXPLANATION
EXPLANATION: As per discussions with the Ohio Department of Insurance, will be filed on or before March 15.		
BARCODE: Document Identifier 390:		
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?		SEE EXPLANATION
EXPLANATION: As per discussions with the Ohio Department of Insurance, will be filed on or before March 15.		
BARCODE: Document Identifier 390:		
	APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 350:		
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 285:		
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 210:		
	JUNE FILING	
8. Will an audited financial report be filed by June 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 220:		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

JUNE FILING	RESPONSE
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 221:	

AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 222:	

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION:	
N/A	
BARCODE:	
Document Identifier 360:	



12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	
N/A	

BARCODE:	1 3 1 2 3 2 0 1 5 2 0 5 0 0 0 0 0
Document Identifier 205:	



13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	
N/A	

BARCODE:	1 3 1 2 3 2 0 1 5 2 0 7 0 0 0 0 0
Document Identifier 207:	



14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
EXPLANATION:	
N/A	

BARCODE:	1 3 1 2 3 2 0 1 5 4 2 0 0 0 0 0 0
Document Identifier 420:	



15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	
N/A	

BARCODE:	1 3 1 2 3 2 0 1 5 3 7 1 0 0 0 0 0
Document Identifier 371:	



16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	
N/A	

BARCODE:	1 3 1 2 3 2 0 1 5 3 7 0 0 0 0 0 0
Document Identifier 370:	



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

MARCH FILING	RESPONSE
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 365:	131232015365000000
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18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 224:	131232015224000000
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19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 225:	131232015225000000
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20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 226:	131232015226000000
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APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 306:	131232015306000000
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22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 211:	131232015211000000
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23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 213:	131232015213000000
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24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
EXPLANATION: N/A	

BARCODE: Document Identifier 216:	131232015216000000
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

APRIL FILING		RESPONSE
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?		NO
EXPLANATION: N/A		
BARCODE: Document Identifier 217:		1 3 1 2 3 2 0 1 5 2 1 7 0 0 0 0 0 

AUGUST FILING		
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?		NO
EXPLANATION: N/A		
BARCODE: Document Identifier 223:		1 3 1 2 3 2 0 1 5 2 2 3 0 0 0 0 0 

Health

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