



ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2015  
OF THE CONDITION AND AFFAIRS OF THE

Mount Carmel Health Plan, Inc

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

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

Country of Domicile US

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

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

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

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

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

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

Internet Website Address www.medigold.com

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

OFFICERS

Keith Coleman (Chairperson) 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# Chairman of the Board Keith Coleman Treasurer Thomas Davis# Interim President & CEO

Subscribed and sworn to before me this 14th day of March, 2016  
a. Is this an original filing? Yes (X) No ( )  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

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 .....	583,342					583,342
0299999 - TOTAL - Group .....	583,342					583,342
0399999 - Premiums due and unpaid from Medicare entities .....	10,591,000					10,591,000
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15) .....	11,174,342					11,174,342

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						
CVS/Caremark .....	1,744,874	1,744,874	1,744,874	4,708,517	4,708,517	5,234,622
0199999 - Pharmaceutical Rebate Receivables .....	1,744,874	1,744,874	1,744,874	4,708,517	4,708,517	5,234,622
Claim Overpayment Receivables						
.....	11,574	7,469	87,398	47,178	47,178	106,441
0299999 - Claim Overpayment Receivables .....	11,574	7,469	87,398	47,178	47,178	106,441
Risk Sharing Receivables						
.....						
0599998 - Risk Sharing Receivables not Individually Listed .....				5,220,504	5,220,504	
0599999 - Risk Sharing Receivables .....				5,220,504	5,220,504	
Other Receivables						
.....						
0699999 - Other Receivables .....						
.....						
0799999 - Gross Health Care Receivables .....	1,756,448	1,752,343	1,832,272	9,976,199	9,976,199	5,341,063

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 .....	5,863,385	7,565,854	99,716	9,843,423	5,963,101	5,963,101
2. Claim overpayment receivables .....	137,087			153,619	137,087	137,087
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....			3,723,494	1,497,010	3,723,494	1,889,434
6. Other health care receivables .....						1,678,697
7. Totals (Line 1 through Line 6) .....	6,000,472	7,565,854	3,823,210	11,494,052	9,823,682	9,668,319

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 .....	3,874,715					3,874,715
0199999 - Individually listed claims unpaid (Reported) .....	3,874,715					3,874,715
0499999 - Subtotals .....	3,874,715					3,874,715
0599999 - Unreported claims and other claim reserves .....						37,800,000
0799999 - Total claims unpaid .....						41,674,715
0899999 - Accrued medical incentive pool and bonus amounts .....						1,568,478

**Page 22**

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 .....	4,335,535 .....	4,335,535 .....	
0199999 - Subtotal - Individually listed payable .....		4,335,535 .....	4,335,535 .....	
0399999 - TOTAL gross payables .....		4,335,535 .....	4,335,535 .....	

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

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 .....	2,548,130	0.566				2,548,130
2. Intermediaries .....						
3. All other providers .....						
4. Total capitation payments .....	2,548,130	0.566				2,548,130
Other Payments:						
5. Fee-for-service .....	42,966,242	9.545	X X X	X X X		42,966,242
6. Contractual fee payments .....	404,633,624	89.889	X X X	X X X	101,119,351	303,514,273
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 .....	447,599,866	99.434	X X X	X X X	101,119,351	346,480,515
13. Total (Line 4 plus Line 12) .....	450,147,996	100%	X X X	X X X	101,119,351	349,028,645

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

NONE



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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	843,427	20,160	822,860	40,727	40,727	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total .....	843,427	20,160	822,860	40,727	40,727	



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Mount Carmel Health Plan , Inc

2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

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 .....	45,901							45,901		
2. First Quarter .....	49,074							49,074		
3. Second Quarter .....	49,016							49,016		
4. Third Quarter .....	49,080							49,080		
5. Current Year .....	49,042							49,042		
6. Current Year Member Months .....	588,716							588,716		
Total Member Ambulatory Encounters for Year:										
7. Physician .....	510,680							510,680		
8. Non-Physician .....	140,190							140,190		
9. Total .....	650,870							650,870		
10. Hospital Patient Days Incurred .....	163,034							163,034		
11. Number of Inpatient Admissions .....	9,229							9,229		
12. Health Premiums Written (b) .....	509,248,570							509,248,570		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	507,918,948							507,918,948		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	447,599,866							447,599,866		
18. Amount Incurred for Provision of Health Care Services .....	459,845,750							459,845,750		

(a) For health business: number of persons insured under PPO managed care products ..... 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 \$ .... 509,248,570 .



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Mount Carmel Health Plan , Inc

2. Ohio

(LOCATION)

NAIC Group Code: 2838

NAIC Company Code: 95655

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 .....	45,901							45,901		
2. First Quarter .....	49,074							49,074		
3. Second Quarter .....	49,016							49,016		
4. Third Quarter .....	49,080							49,080		
5. Current Year .....	49,042							49,042		
6. Current Year Member Months .....	588,716							588,716		
Total Member Ambulatory Encounters for Year:										
7. Physician .....	510,680							510,680		
8. Non-Physician .....	140,190							140,190		
9. Total .....	650,870							650,870		
10. Hospital Patient Days Incurred .....	163,034							163,034		
11. Number of Inpatient Admissions .....	9,229							9,229		
12. Health Premiums Written (b) .....	509,248,570							509,248,570		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	507,918,948							507,918,948		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	447,599,866							447,599,866		
18. Amount Incurred for Provision of Health Care Services .....	459,845,750							459,845,750		

(a) For health business: number of persons insured under PPO managed care products ..... 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 \$ .... 509,248,570 .

**Page 31**

Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health

**NONE**

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health , Non-Affiliates , U.S. Non-Affiliates						
11835	04-1590940	01/01/2015	PartnerRe America Insurance Company	DE	176,460	
1999999	- Accident and Health, Non-Affiliates, U.S. Non-Affiliates				176,460	
2199999	- Accident and Health, Total Non-Affiliates				176,460	
2299999	- Total Accident and Health				176,460	
2399999	- Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)				176,460	
9999999	- Total (Sum of 1199999 and 2299999)				176,460	

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 America Insurance Company	DE	SSL/A/I	MR	1,221,193						
0899999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							1,221,193						
1099999 - General Account, Total Authorized Non-Affiliates							1,221,193						
1199999 - Total General Account Authorized							1,221,193						
3499999 - Total General Account Authorized, Unauthorized and Certified							1,221,193						
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,221,193						
9999999 - TOTAL (Sum of 3499999 and 6899999)							1,221,193						

**Page 34**

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

Sch. S, Pt. 4, Bank Footnote  
**NONE**

**Page 35**

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	1,221	1,135			
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	176	170			
9. Experience rating refunds due or unpaid	276	126			
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)
<b>ASSETS (Page 2, Column 3)</b>			
1. Cash and invested assets (Line 12)	252,463,310		252,463,310
2. Accident and health premiums due and unpaid (Line 15)	11,174,342		11,174,342
3. Amounts recoverable from reinsurers (Line 16.1)	176,460		176,460
4. Net credit for ceded reinsurance	X X X	(176,460)	(176,460)
5. All other admitted assets (Balance)	11,436,066		11,436,066
6. Total assets (Line 28)	275,250,178	(176,460)	275,073,718
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1)	41,674,715	(176,460)	41,498,255
8. Accrued medical incentive pool and bonus payments (Line 2)	1,568,478		1,568,478
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)	76,931,190		76,931,190
15. Total liabilities (Line 24)	120,174,383	(176,460)	119,997,923
16. Total capital and surplus (Line 33)	155,075,795	X X X	155,075,795
17. Total liabilities, capital and surplus (Line 34)	275,250,178	(176,460)	275,073,718
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	(176,460)		
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables	(176,460)		
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	(176,460)		

**Page 39**

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	IA	Mount Carmel Health System	Ownership	100.000	Trinity Health Corporation	
2838	Mount Carmel Health Syste	95655	31-1471229				Mount Carmel Health Plan, Inc.	OH	RE	Mount Carmel Health System	Ownership	100.000	Trinity Health Corporation	

Asterisk	Explanation
----------	-------------

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 .....	31-1471299	Mount Carmel Health Plan .....					(111,041,299)				(111,041,299)	
.....	31-1147122	Mount Carmal 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:

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

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?		SEE EXPLANATION
EXPLANATION: As per discussions with the Ohio Department of Insurance, will be filed on or before March 15.		
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: Document Identifier 205:	9565520152050000000000
--------------------------------------	------------------------

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: Document Identifier 207:	9565520152070000000000
--------------------------------------	------------------------

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

BARCODE: Document Identifier 420:	9565520154200000000000
--------------------------------------	------------------------

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: Document Identifier 371:	9565520153710000000000
--------------------------------------	------------------------

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: Document Identifier 370:	9565520153700000000000
--------------------------------------	------------------------


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:	956552015365000000	
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:	956552015224000000	
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:	956552015225000000	
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:	956552015226000000	
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:	956552015306000000	
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:	956552015211000000	
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:	956552015213000000	
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:	956552015216000000	

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:	9 5 6 5 5 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:	9 5 6 5 5 2 0 1 5 2 2 3 0 0 0 0 0	
		



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		